

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2018**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018**

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

**C** Name of organization  
FRANCISCAN ALLIANCE INC

% MARGUERITE EICHELBERGER  
Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1515 DRAGOON TRAIL

City or town, state or province, country, and ZIP or foreign postal code  
MISHAWAKA, IN 46544710

**D** Employer identification number  
35-1330472

**E** Telephone number  
(574) 256-3935

**G** Gross receipts \$ 3,161,001,330

**F** Name and address of principal officer  
KEVIN D LEAHY  
1515 DRAGOON TRAIL  
MISHAWAKA, IN 46544

**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: ▶ WWW.FRANCISCANHEALTH.ORG

**K** Form of organization  Corporation  Trust  Association  Other ▶

**L** Year of formation 1974

**M** State of legal domicile IN

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities  
SEE SCHEDULE O

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b> Total number of individuals employed in calendar year 2018 (Part V, line 2a)	<b>5</b>	22,482
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	1,568
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	5,529,025
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	6,086,262	4,976,529
<b>9</b> Program service revenue (Part VIII, line 2g)	2,779,324,389	2,964,191,691
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	151,830,351	171,789,418
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,052,408	5,118,774
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,943,293,410	3,146,076,412

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,387,129,094	1,418,623,960
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,407,001,145	1,470,618,953
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,794,130,239	2,889,242,913
<b>19</b> Revenue less expenses Subtract line 18 from line 12	149,163,171	256,833,499

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	5,192,782,915	5,106,168,565
<b>21</b> Total liabilities (Part X, line 26)	2,032,064,049	1,970,061,989
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,160,718,866	3,136,106,576

**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: SISTER LETHIA MARIE LEVEILLE SECRETARY  
Date: 2019-04-16

**Paid Preparer Use Only**  
Print/Type preparer's name: PricewaterhouseCoopers LLP  
Preparer's signature: [Signature]  
Date: [Date]  
Check  if self-employed  
PTIN: P00460263  
Firm's name: PricewaterhouseCoopers LLP  
Firm's EIN: [EIN]  
Firm's address: 2001 MARKET ST SUITE 1800 PHILADELPHIA, PA 19103  
Phone no: (267) 330-3000

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission

THE PURPOSES FOR WHICH FRANCISCAN ALLIANCE, INC ("FRANCISCAN") IS FORMED ARE TO CONTINUE THE HEALING MINISTRY OF CHRIST IN ACCORDANCE WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND, IN PARTNERSHIP WITH OTHERS, TO PROVIDE A FULL CONTINUUM OF HEALTH CARE SERVICES, TO CARRY ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH, TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO HEALTH CARE, AND TO PARTICIPATE IN ANY ACTIVITY DESIGNED AND CONDUCTED TO PROMOTE THE GENERAL HEALTH OF THOSE SERVED BY FRANCISCAN THE REVENUES OF FRANCISCAN ALLOW FOR THE OPERATION OF HEALTH CARE FACILITIES WHERE THE PURPOSE IS TO RESPECT LIFE AND TO PRESERVE HEALTH AS WELL AS TREAT ILLNESS AND INJURY THIS ALLOWS FOR THE ACCOMPLISHMENT OF THE CORPORATE MINISTRY WHICH HAS THE FOLLOWING CENTRAL CONCERNS COMPASSION FOR THOSE IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS, WELLNESS AND THE PREVENTION OF ILLNESS, RESTORATION TO HEALTH, AND THE ACCEPTANCE OF DEATH AS THE FINAL STEP TOWARDS WHO

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 [X] 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 [X] 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 \$ 2,387,098,083 including grants of \$ 0 ) (Revenue \$ 2,955,959,031 )
See Additional Data

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 2,387,098,083

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>23</b>	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? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	Yes	
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	Yes	
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		No
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		No
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	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? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	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)		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	Yes	
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	22,482							
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	Yes		<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	Yes			
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O . . . . .</i>	<b>3b</b>		No	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	Yes			
<b>b</b> If "Yes," enter the name of the foreign country ▶AR, AS, AU, BE, BR, CA, CI, CH, CO, EZ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		No		
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		No	<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>				
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		No	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>				
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>				<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>		No		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>			<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		No		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>								
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		No	<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		No		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>			<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>				
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>			<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>				
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>			<b>10 Section 501(c)(7) organizations.</b> Enter					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>								
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>								
<b>11 Section 501(c)(12) organizations.</b> Enter				<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>				
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	<b>11b</b>								
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>				
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>				
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>								
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>								
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		No	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O . . . . .</i>	<b>14b</b>				
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .	<b>15</b>	Yes		<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .	<b>16</b>		No		

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (17); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (Yes); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes)

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (CA, IL, IN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 (MARGUERITE EICHELBERGER 1515 DRAGON TRAIL MISHAWAKA, IN 465444710 (574) 254-6268)

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... List all of the organization's current key employees... List the organization's five current highest compensated employees... List all of the organization's former officers... List all of the organization's former directors or trustees...

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (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.

**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			
See Additional Data Table										

<b>1b Sub-Total . . . . .</b>	▶			
<b>1c Total from continuation sheets to Part VII, Section A . . . . .</b>	▶			
<b>1d Total (add lines 1b and 1c) . . . . .</b>	▶		13,308,503	0 -488,253

**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 ▶ **1,719**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual . . . . .</i>	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person . . . . .</i>	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
METT THERAPY, 801 S BRIGGS STREET SECOND FLOOR JOLIET, IL 60433	THERAPY SERVICES	7,625,048
NORTHSTAR ANESTHESIA OF ILLINOIS L, 6225 N STATE HWY 161 SUITE 200 IRVING, TX 75038	PHYSICIAN SERVICES	6,282,458
INPATIENT CONSULTANTS OF ILLINOIS, PO BOX 844929 LOS ANGELES, CA 90084	PHYSICIAN SERVICES	6,096,501
HEALTHTRUST WORKFORCE SOLUTIONS LL, PO BOX 742696 ATLANTA, GA 30374	CONTRACT LABOR	6,022,696
EMCARE INC, 7032 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	PHYSICIAN SERVICES	6,017,805

**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 ▶ **245**



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>			
	<b>d</b> Related organizations . . . . .	<b>1d</b>	4,620,754		
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	100,000		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	255,775		
	<b>g</b> Noncash contributions included in lines 1a - 1f \$ _____				
	<b>h Total.</b> Add lines 1a-1f . . . . .		4,976,529		

<b>Program Service Revenue</b>			Business Code				
	<b>2a</b> PATIENT SERVICE AND OTHER REVENUES		900099	2,941,565,464	2,939,537,436	2,028,028	
<b>b</b> PREMIUM REVENUE		900099	16,547,879	16,547,879			
<b>c</b> CAFETERIA		722310	5,594,774		1,982	5,592,792	
<b>d</b> LAUNDRY		812300	483,574	-126,284	609,858		
<b>e</b> _____							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f . . . . .			2,964,191,691				

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			172,229,065		0	172,229,065
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0			
	<b>5</b> Royalties . . . . .			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		8,312,118					
	<b>b</b> Less rental expenses	5,965,432					
	<b>c</b> Rental income or (loss)	2,346,686	0				
	<b>d</b> Net rental income or (loss) . . . . .			2,346,686			2,346,686
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			8,215,011				
	<b>b</b> Less cost or other basis and sales expenses		8,654,658				
	<b>c</b> Gain or (loss)		-439,647				
	<b>d</b> Net gain or (loss) . . . . .			-439,647			-439,647
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>		0			
	<b>b</b> Less direct expenses . . . . .	<b>b</b>		0			
<b>c</b> Net income or (loss) from fundraising events . . . . .			0				
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>		0				
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0				
<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		187,759				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		304,828				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			-117,069			-117,069	
Miscellaneous Revenue	Business Code						
<b>11a</b> OTHER OPERATING REVENUE	900099		2,889,157		2,889,157		
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			2,889,157				
<b>12 Total revenue.</b> See Instructions . . . . .			3,146,076,412	2,955,959,031	5,529,025	179,611,827	

**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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	0			
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees	17,777,026	9,716,040	8,060,986	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
<b>7</b> Other salaries and wages	1,104,145,322	842,175,992	261,969,330	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	55,578,568	48,239,448	7,339,120	0
<b>9</b> Other employee benefits	163,522,289	120,112,301	43,409,988	
<b>10</b> Payroll taxes	77,600,755	61,546,242	16,054,513	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management	10,905,952	10,264,949	641,003	
<b>b</b> Legal	5,200,636		5,200,636	
<b>c</b> Accounting	1,680,894		1,680,894	
<b>d</b> Lobbying	501,838	1,261	500,577	
<b>e</b> Professional fundraising services. See Part IV, line 17	0			
<b>f</b> Investment management fees	0			
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	62,439,666	54,450,889	7,988,777	
<b>12</b> Advertising and promotion	14,281,811	758,643	13,523,168	
<b>13</b> Office expenses	12,909,219	8,810,457	4,098,762	
<b>14</b> Information technology	147,390,080	147,390,080		
<b>15</b> Royalties	0			
<b>16</b> Occupancy	33,800,122	32,283,621	1,516,501	
<b>17</b> Travel	4,035,565	2,422,709	1,612,856	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings	1,202,637	746,239	456,398	
<b>20</b> Interest	21,237,775	21,237,775		
<b>21</b> Payments to affiliates	0			
<b>22</b> Depreciation, depletion, and amortization	154,967,351	130,482,510	24,484,841	
<b>23</b> Insurance	33,773,602	27,538,244	6,235,358	
<b>24</b> 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.)				
<b>a</b> MEDICAL SUPPLIES/DRUGS	405,689,459	405,689,459		
<b>b</b> PURCHASED SERVICES	291,685,129	239,030,266	52,654,863	
<b>c</b> HAF	91,590,397	91,590,397		
<b>d</b> FEDERAL AND STATE UBTI TAXES	14,211		14,211	
<b>e</b> All other expenses	177,312,609	132,610,561	44,702,048	
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,889,242,913	2,387,098,083	502,144,830	0
<b>26</b> 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 <input type="checkbox"/> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	79,777,507	<b>2</b>	90,000,958
	<b>3</b> Pledges and grants receivable, net . . . . .	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net . . . . .	364,596,438	<b>4</b>	371,182,857
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	20,900,616	<b>7</b>	21,700,319
	<b>8</b> Inventories for sale or use . . . . .	49,117,437	<b>8</b>	48,958,085
	<b>9</b> Prepaid expenses and deferred charges . . . . .	0	<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	<b>10a</b> 3,553,087,122		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 1,603,589,461	1,826,071,713	<b>10c</b> 1,949,497,661
	<b>11</b> Investments—publicly traded securities . . . . .	2,459,434,855	<b>11</b>	2,207,656,756
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	167,740,645	<b>12</b>	170,153,475
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	19,735,823	<b>14</b>	19,195,355
	<b>15</b> Other assets See Part IV, line 11 . . . . .	205,407,881	<b>15</b>	227,823,099
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	5,192,782,915	<b>16</b>	5,106,168,565	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	249,624,347	<b>17</b>	234,991,327
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,208,186,545	<b>20</b>	1,184,011,960
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	574,253,157	<b>25</b>	551,058,702
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,032,064,049	<b>26</b>	1,970,061,989
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	3,153,166,150	<b>27</b>	3,128,502,287
	<b>28</b> Temporarily restricted net assets . . . . .	0	<b>28</b>	0
	<b>29</b> Permanently restricted net assets	7,552,716	<b>29</b>	7,604,289
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	3,160,718,866	<b>33</b>	3,136,106,576	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	5,192,782,915	<b>34</b>	5,106,168,565	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,146,076,412
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,889,242,913
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	256,833,499
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,160,718,866
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-272,791,974
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-8,653,815
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,136,106,576

**Part XII Financial Statements and Reporting**

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

- 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?  
 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?  
 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?  
 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?
- 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

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>	Yes	
<b>3b</b>	Yes	

**Software ID:****Software Version:****EIN:** 35-1330472**Name:** FRANCISCAN ALLIANCE INC

Form 990 (2018)

**Form 990, Part III, Line 4a:**

FOR OVER 140 YEARS, FRANCISCAN ALLIANCE, INC ("FRANCISCAN") HAS ENDEAVORED TO STAY TRUE TO OUR FOUNDING MISSION OF CARING FOR PATIENTS WHO COME THROUGH OUR DOORS AND WE CONTINUE TO LOOK FOR OPPORTUNITIES TO SERVE OUR COMMUNITIES THROUGH THE VERY BEST IN MEDICAL CARE AND SERVICE TO THE LESS FORTUNATE AMONG US. FRANCISCAN'S PURPOSE IS TO CONTINUE THE HEALING MINISTRY OF CHRIST IN ACCORDANCE WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND IN PARTNERSHIP WITH OTHERS TO PROVIDE A FULL CONTINUUM OF HEALTH CARE SERVICES, TO CARRY ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH, TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO HEALTH CARE, AND TO PARTICIPATE IN ACTIVITIES DESIGNED AND CONDUCTED TO PROMOTE THE GENERAL HEALTH OF THOSE SERVED BY FRANCISCAN. FRANCISCAN DIRECTLY OR INDIRECTLY OPERATES 12 HOSPITAL CAMPUSES (ONE IN ILLINOIS AND ELEVEN IN INDIANA) ALONG WITH NUMEROUS PHYSICIAN CLINICS AND ANCILLARY SERVICES CENTERS AND OFFERS NUMEROUS COMMUNITY HEALTH IMPROVEMENT PROGRAMS THAT ARE FURTHER DESCRIBED BELOW. IN 2018, FRANCISCAN SERVED OVER 2.3 MILLION PERSONS AND PROVIDED OVER \$721 MILLION IN CHARITY CARE AND OTHER COMMUNITY BENEFITS. FRANCISCAN PROVIDES SIGNIFICANT BENEFITS THAT REFLECT THE ORGANIZATION'S COMMITMENT TO HEALTHCARE AND THE COMMUNITIES IT IS PRIVILEGED TO SERVE. IN 2018, FRANCISCAN PROVIDED COMMUNITY BENEFITS WHICH INCLUDED UNREIMBURSED COSTS OF MEDICAID AND OTHER INDIGENT CARE PROGRAMS \$131,803,000. COST OF CHARITY CARE PROVIDED \$96,426,000. OTHER BENEFITS FOR THE POOR AND UNDERSERVED \$6,256,000. SUBSIDIZED HEALTH SERVICES \$40,091,000. HEALTH PROFESSIONS EDUCATION \$14,657,000. COMMUNITY HEALTH IMPROVEMENT SERVICES \$5,508,000. FINANCIAL AND IN-KIND CONTRIBUTIONS \$1,408,000. RESEARCH \$1,639,000. COMMUNITY BUILDING ACTIVITIES \$1,783,000. COMMUNITY BENEFIT OPERATIONS \$315,000. UNREIMBURSED COSTS OF MEDICARE \$421,646,000. TOTAL \$721,532,000.

WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN, IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE. WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN, IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE. THE FOLLOWING IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS POPULATION HEALTH IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED BY ONE OR MORE OF FRANCISCAN'S HEALTHCARE FACILITIES: - INPATIENT HOSPITAL SERVICES INCLUDING MEDICAL SERVICES, SURGICAL SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS, JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES, COLON AND RECTAL SERVICES, ANESTHESIA SERVICES, HOSPICE SERVICES, INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS, ETC. - EMERGENCY SERVICES INCLUDING 24 HOUR EMERGENCY ROOM SERVICES, AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, TRAUMA SERVICES, ETC. - OUTPATIENT SERVICES INCLUDING LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEART FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING, DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE SERVICES, HOME HEALTH SERVICES, SKILLED NURSING SERVICES, SOCIAL SERVICES, DURABLE MEDICAL EQUIPMENT - PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS SUBSIDIZED HEALTHCARE SERVICES OFFERED BY FRANCISCAN - FRANCISCAN HAS NEIGHBORHOOD HEALTH CLINICS THAT OFFER FAMILY PRACTICE SERVICES DESIGNED FOR FAMILIES WITHOUT ACCESS TO AFFORDABLE HEALTH CARE. THE FOCUS IS ON PROVIDING PRIMARY AND PREVENTIVE CARE AS WELL AS HEALTH EDUCATION. THESE CLINICS OFFER FREE IMMUNIZATIONS - FRANCISCAN'S SEXUAL ASSAULT CLINICS THAT PROVIDE MEDICAL AND FORENSIC ASSISTANCE THAT IS SENSITIVE TO THE SPECIAL NEEDS OF THE VICTIM AS WELL AS A VICTIM ADVOCATE PROGRAM AND CRISIS INTERVENTION COUNSELORS - FRANCISCAN'S BLOOD AND MARROW TRANSPLANT PROGRAM IS ONE OF TWO PROGRAMS IN INDIANA OFFERING FULL SERVICE TRANSPLANT CARE AND SPECIALIZES IN THE TREATMENT OF PATIENTS WITH LEUKEMIA, HODGKIN'S OR NON-HODGKIN'S LYMPHOMA, MULTIPLE MYELOMA, AND MANY OTHER MALIGNANCIES AND BLOOD DISORDERS - FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES CLASSES AND INDIVIDUALIZED SESSIONS TO HELP PATIENTS TAKE CONTROL OF THEIR HEALTH WITH A FOCUS ON NUTRITIONAL, EXERCISE, MEDICATIONS, CHRONIC CONDITIONS, PRECONCEPTION AND PREGNANCY, BLOOD GLUCOSE MONITORING, GOAL SETTING, PROBLEM SOLVING, PSYCHOSOCIAL ADJUSTMENT, DETECTION/TREATMENT OF HIGH AND LOW BLOOD SUGAR, AND INSULIN ADMINISTRATION - FRANCISCAN'S WOMEN'S AND CHILDREN'S SERVICES INCLUDE PREVENTIVE MEDICAL CARE AND HEALTH SCREENINGS TO GYNECOLOGICAL CARE, MATERNITY, LACTATION CONSULTATION SERVICES, AND BEYOND WITH A FOCUS ON KEEPING WOMEN HEALTHY - FRANCISCAN'S HOSPICE CARE SERVICES PROVIDE A SENSE OF DIGNITY AND COMPASSION TO BOTH THE PATIENT AND THEIR FAMILY IN CARING FOR PATIENTS WITH A LIFE EXPECTANCY OF SIX MONTHS OR LESS. OUR PROGRAMS AFFIRM AND CELEBRATE LIFE AND REGARD DYING AS A NATURAL PROCESS, RECOGNIZING THAT EVERY PERSON HAS THE RIGHT TO DIE WITH DIGNITY, PEACE, AND COMFORT REGARDLESS OF THEIR ETHNICITY, FAITH BACKGROUND, OR ABILITY TO PAY - LEVEL III NICU - AMBULANCE SERVICE - PHYSICIAN SERVICES - INPATIENT PSYCHIATRIC UNITS - HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS - CLINICAL CARE COORDINATORS TO SUPPORT FRANCISCAN'S VARIOUS ACCOUNTABLE CARE ORGANIZATIONS WHICH ARE DESIGNED TO IMPROVE QUALITY AND REDUCE COST - FRANCISCAN SENIOR HEALTH & WELLNESS IS A COMPLETE HEALTH CARE SOLUTION FOR SENIORS WHO WANT TO REMAIN AT HOME. OUR PROGRAM ENABLES SENIORS TO LIVE AS INDEPENDENTLY AS POSSIBLE BY PROVIDING TRULY ALL-INCLUSIVE SERVICES. FRANCISCAN SENIOR HEALTH & WELLNESS IS A PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE), A COMMUNITY-BASED HEALTHCARE PROGRAM CREATED FOR PEOPLE 55 OR OLDER WHO ARE ELIGIBLE FOR NURSING-HOME LEVEL CARE BUT PREFER TO RECEIVE THEIR CARE IN THEIR OWN FAMILIAR SURROUNDINGS. THE FRANCISCAN SENIOR HEALTH & WELLNESS - PACE PROGRAM DELIVERS ALL THE SERVICES NEEDED TO KEEP PEOPLE HEALTHY, SAFE AND COMFORTABLE IN THE PLACE THEY CALL HOME. COVERED BENEFITS INCLUDE - PRIMARY MEDICAL AND NURSING CARE - OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY - MEDICATIONS AND DURABLE MEDICAL EQUIPMENT - LABORATORY AND DIAGNOSTIC SERVICES - ALL NECESSARY PRESCRIPTION DRUGS - SKILLED HOME CARE AND PERSONAL CARE AIDES - HOSPITALIZATION AND SKILLED NURSING FACILITY CARE - CARE FROM MEDICAL SPECIALISTS IN CARDIOLOGY, NEPHROLOGY, OPHTHALMOLOGY, DERMATOLOGY, ORTHOPEDICS, SURGERY, PODIATRY, AND MORE - MEDICALLY NECESSARY TRANSPORTATION. OUR BROAD RANGE OF SERVICE PROVIDERS, INCLUDING DOCTORS, NURSES, PHARMACISTS, THERAPISTS AND PERSONAL CARE AIDES ARE READILY ACCESSIBLE THROUGH THESE MEDICAL SERVICES, WE CAN MANAGE THE CARE OF AN AGING LOVED ONE, AND HELP AVOID THE ILLNESSES AND HOSPITALIZATIONS THAT SENIORS OFTEN FACE. IN ADDITION TO ADDRESSING EACH PARTICIPANT'S UNIQUE MEDICAL NEEDS, FRANCISCAN SENIOR HEALTH & WELLNESS ALSO HELPS WITH THE SOCIAL, EMOTIONAL, AND PRACTICAL CHALLENGES THAT OLDER ADULTS OFTEN FACE THROUGH INTERACTIONS WITH PEERS, STIMULATIVE ACTIVITIES AND OTHER SUPPORTIVE SERVICES. PARTICIPANTS WILL ENJOY A BETTER QUALITY OF LIFE - BEHAVIORAL HEALTH SERVICES AT FRANCISCAN HEALTH DYER TOUCHES ALL FACETS OF EMOTIONAL, MENTAL HEALTH, BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS. WE OFFER TREATMENTS IN PSYCHIATRIC DISORDERS, SUBSTANCE ABUSE AND ADDICTION, FAMILY CONFLICTS, AND EMOTIONAL DISORDERS, INCLUDING TESTING FOR PSYCHOLOGICAL DISORDERS AND CONSULTATIONS. OUR BEHAVIORAL HEALTH SERVICES AND P

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

(A) Name and Title	(B) Average hours per week (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			
SISTER M ALINE SHULTZ ..... TRUSTEE AND VP ADMIN SERVICES	45 0 ..... 0 0	X						0	0	0
SISTER M CLARE REUILLE ..... TRUSTEE	5 0 ..... 0 0	X						0	0	0
SISTER ROSE AGNES PFAUTSCH ..... TRUSTEE	5 0 ..... 15 0	X						0	0	0
SISTER M ANGELA MELLADY ..... TRUSTEE	5 0 ..... 0 0	X						0	0	0
SISTER M MARLENE SHAPLEY ..... TRUSTEE AND VP OF MISSION	45 0 ..... 0 0	X						0	0	0
SISTER MARILYN OLIVER ..... TRUSTEE	5 0 ..... 0 0	X						0	0	0
KATHLEEN GOEPPINGER PHD ..... TRUSTEE	5 0 ..... 0 0	X						0	0	0
SISTER M MADONNA ROUGEAU ..... TRUSTEE	5 0 ..... 15 0	X						0	0	0
SISTER JANE MARIE KLEIN ..... CHAIRPERSON AND TRUSTEE	40 0 ..... 21 0	X		X				0	0	0
SISTER M ANN KATHLEEN MAGIERA ..... TREAS/TRUSTEE/VP MISSION-FHLA	40 0 ..... 16 0	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
KEVIN D LEAHY ..... PRESIDENT AND TRUSTEE	40 ..... 21	X		X				1,934,452	0	7,332
DONALD J KERNER MD ..... TRUSTEE	5 ..... 0	X						0	0	0
JAIRO CRUZ MD ..... PHYSICIAN (UNPAID TRUSTEE)	45 ..... 0	X						256,086	0	15,794
ERNEST IANNOTTA ..... TRUSTEE	5 ..... 0	X						0	0	0
JAMES MONKS MD ..... TRUSTEE (THROUGH 8/31/2018)	5 ..... 0	X						0	0	0
KENNETH HERLIN ..... TRUSTEE	5 ..... 0	X						0	0	0
SISTER M PETRA NIELSEN ..... TRUSTEE/VP MISSION INTEGR NIR	45 ..... 0	X						0	0	0
BISHOP DONALD HYING ..... TRUSTEE	5 ..... 0	X						0	0	0
SISTER LETHIA MARIE LEVEILLE ..... SECRETARY	40 ..... 16			X				0	0	0
EUGENE C DIAMOND ..... SR VP/COO INPATIENT SERVICES	40 ..... 0				X			1,079,158	0	-176,232

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

(A) Name and Title	(B) Average hours per week (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			
ROBERT J BRODY ..... SR VP/COO AMBULATORY SERVICES	40 0 ..... 0 0				X			1,072,096	0	-5,298
JENNIFER P MARION ..... SENIOR VP FINANCE, CFO	40 0 ..... 0 0				X			1,197,086	0	-154,469
THOMAS GRYZBEK ..... SR VP OF POST ACUTE SRVCS DIV	40 0 ..... 0 0				X			678,667	0	-180,163
ROWLAND O MBAOMA ..... PHYSICIAN	40 0 ..... 0 0					X		1,839,519	0	28,687
NADEEM IKHLAQUE ..... PHYSICIAN	40 0 ..... 0 0					X		1,420,184	0	23,444
TERRENCE E WILSON ..... PRESIDENT/CEO - LAFAYETTE	40 0 ..... 0 0					X		1,264,649	0	-84,922
JAMES J SIEGERT ..... PHYSICIAN	40 0 ..... 0 0					X		1,126,686	0	23,310
NEEL JAIN ..... PHYSICIAN	40 0 ..... 0 0					X		1,125,503	0	21,843
ARNOLD KIMMEL ..... FMR PRES/CEO - OLYMPIA FIELDS	0 0 ..... 0 0						X	314,417	0	-7,579



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

**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.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2018**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number  
35-1330472

**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 12, 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 (Form 990 or 990-EZ) )
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)**

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

	Calendar year (or fiscal year beginning in) ►	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
<b>7</b>	Amounts from line 4						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc (see instructions)					<b>12</b>	

**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**

<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b>	

- 16a 33 1/3% support test—2018.** 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—2017.** 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—2018.** 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—2017.** 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

<b>15</b>	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) 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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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?		
<b>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>	Yes	No
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ) See instructions	
<b>9</b> Distributable amount for 2018 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2018</b>	<b>(iii) Distributable Amount for 2018</b>
<b>1</b> Distributable amount for 2018 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
<b>3</b> Excess distributions carryover, if any, to 2018			
<b>a</b> From 2013. . . . .			
<b>b</b> From 2014. . . . .			
<b>c</b> From 2015. . . . .			
<b>d</b> From 2016. . . . .			
<b>e</b> From 2017. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2018 distributable amount			
<b>i</b> Carryover from 2013 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2018 from Section D, line 7			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2018 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
<b>6</b> Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
<b>7 Excess distributions carryover to 2019.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b> Excess from 2014. . . . .			
<b>b</b> Excess from 2015. . . . .			
<b>c</b> Excess from 2016. . . . .			
<b>d</b> Excess from 2017. . . . .			
<b>e</b> Excess from 2018. . . . .			

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-1330472

**Name:** FRANCISCAN ALLIANCE INC

**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



**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.  
▶Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2018**  
  
**Open to Public Inspection**

**If the organization answered "Yes" on 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" on 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" on 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 FRANCISCAN ALLIANCE INC	Employer identification number 35-1330472
---	--

**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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) \_\_\_\_\_

**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-
1				
2				
3				
4				
5				
6				

**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

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

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a If zero or less, enter -0-
- i** Subtract line 1f from line 1c If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?


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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
<b>1</b>	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b>	Volunteers?		No	
<b>b</b>	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
<b>c</b>	Media advertisements?		No	
<b>d</b>	Mailings to members, legislators, or the public?		No	
<b>e</b>	Publications, or published or broadcast statements?		No	
<b>f</b>	Grants to other organizations for lobbying purposes?		No	
<b>g</b>	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		351,373
<b>h</b>	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b>	Other activities?	Yes		150,465
<b>j</b>	Total Add lines 1c through 1i			501,838
<b>2a</b>	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b>	If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b>	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b>	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

**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."**

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

**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
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF LOBBYING ACTIVITIES FRANCISCAN ALLIANCE, INC ("FRANCISCAN") ENGAGES IN INSUBSTANTIAL AMOUNTS OF LOBBYING ACTIVITIES FRANCISCAN MAKES GRANTS TO OTHER ORGANIZATIONS THAT LOBBY ON ITS BEHALF INCLUDING VARIOUS HEALTH AND HOSPITAL ASSOCIATIONS FRANCISCAN ALSO ENGAGES IN DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFFS ON TOPICS RELATED TO FRANCISCAN'S HEALTHCARE MISSION

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

**Supplemental Financial Statements**  
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

**Name of the organization**  
FRANCISCAN ALLIANCE INC

**Employer identification number**  
35-1330472

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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" on 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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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 on 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 on 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" on 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 |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	3,718,716	8,127,360	8,051,417	8,262,909	13,300,275
<b>b</b> Contributions . . . . .		10,000	15,000	10,000	15,000
<b>c</b> Net investment earnings, gains, and losses	39,140	153,000	90,000	-193,000	182,000
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	173,049	4,571,644	29,057	28,492	104,051
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	3,584,807	3,718,716	8,127,360	8,051,417	13,393,224

- 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 ▶ 100 000 %
  - c** Temporarily restricted endowment ▶
- The percentages on 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 |
|--|-------------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b> Yes  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> Yes |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b> Yes     |    |
- 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" on 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
<b>1a</b> Land . . . . .		156,200,280		156,200,280
<b>b</b> Buildings . . . . .		1,312,729,159	911,476,160	401,252,999
<b>c</b> Leasehold improvements		43,930,656	28,563,871	15,366,785
<b>d</b> Equipment . . . . .		1,788,931,642	663,549,430	1,125,382,212
<b>e</b> Other . . . . .		251,295,385	0	251,295,385
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				1,949,497,661

**Part VII Investments—Other Securities.** Complete if the organization answered "Yes" on 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 . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments—Program Related.** Complete if the organization answered "Yes" on 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION LIABILITY	199,677,616
ACCRUED PAYROLL	114,868,961
SWAP VALUATION	53,215,294
DUE TO THIRD PARTY PAYORS	44,775,989
ACCRUED PROF & GEN'L LIABILITY	17,524,106
ACCRUED INTEREST PAYABLE	6,088,600
OTHER SHORT & LONG TERM LIABIL	114,908,136
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	551,058,702

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' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	2,856,967,135
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		-272,791,974
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		-22,282,735
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	-295,074,709
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	3,152,041,844
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		-5,965,432
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	-5,965,432
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	3,146,076,412

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	2,895,208,345
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		5,965,432
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	5,965,432
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	2,889,242,913
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	2,889,242,913

**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
See Additional Data Table	

**Part XIII Supplemental Information** *(continued)*

Return Reference	Explanation



## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-1330472

**Name:** FRANCISCAN ALLIANCE INC

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4	FRANCISCAN ALLIANCE, INC USES ITS ENDOWMENT FUNDS FOR CAPITAL EXPENDITURES FOR EQUIPMENT, CAPITAL PROJECTS, OR OTHER CAPITAL NEEDS, MEDICAL EDUCATION PROGRAMS, AND HEALTH CARE PROGRAMS FOR MEDICAL AND PATIENT SERVICES IN ACCORDANCE WITH ANY STIPULATED DONOR RESTRICTIONS SCHEDULE D, PART X, LINE 2 THE TAX CUTS AND JOBS ACT ("TCJA") WAS ENACTED ON DECEMBER 22, 2017 FOR TAX-EXEMPT ENTITIES, TCJA REQUIRES ORGANIZATIONS TO CATEGORIZE CERTAIN FRINGE BENEFITS AS A SOURCE OF UNRELATED BUSINESS INCOME SUBJECT TO TAX, PAY AN EXCISE TAX ON COMPENSATION ABOVE CERTAIN THRESHOLDS, AND FOR TAX DETERMINATION PURPOSES, RECORD INCOME OR LOSSES FROM UNRELATED BUSINESS ACTIVITIES ON AN ACTIVITY-BY-ACTIVITY BASIS, AMONG OTHER PROVISIONS REGULATIONS NECESSARY TO IMPLEMENT CERTAIN ASPECTS OF TCJA ARE EXPECTED TO BE PROMULGATED BY THE INTERNAL REVENUE SERVICE ("IRS") IN 2019 AS OF AND FOR THE YEAR ENDED DECEMBER 31, 2018, THE CORPORATION HAS MADE REASONABLE ESTIMATES OF THE PROVISION FOR INCOME TAXES AND THE COMPENSATION EXCISE TAX BASED ON GUIDANCE INCLUDED IN ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES THE CORPORATION WILL CONTINUE TO REFINE ITS CALCULATIONS IN FUTURE PERIODS, AS ADDITIONAL REGULATIONS AND GUIDANCE ARE ISSUED BY THE IRS

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 2D	EQUITY IN EARNINGS OF AFFILIATES \$ 40,935,707 MINORITY INTEREST IN AFFILIATES 185,200 EQUITY TRANSFERS TO/FROM AFFILIATES (10,220,980) UNREALIZED GAIN ON SWAP CONTRACTS 4,226,575 UNREALIZED LOSS ON HILLS (16,354,339) DIVIDENDS RECEIVED FROM AFFILIATES 3,897,409 OTHER COMPREHENSIVE INCOME (25,802,823) OTHER CHANGES IN NET ASSETS (404,837) ----- TOTAL REVENUE/EXPENSE ON BOOKS NOT ON RETURN (22,282,735)

## Supplemental Information

Return Reference	Explanation
SCHEDULE D, PART XI, LINE 4B	RENT EXPENSE \$ (5,965,432) ----- TOTAL EXPENSE ON RETURN NOT ON BOOKS (5,965,432) SC
	CHEDULE D, PART XII, LINE 2D RENT EXPENSE \$ 5,965,432 ----- TOTAL EXPENSE ON RETURN N OT ON BOOKS 5,965,432

**SCHEDULE H (Form 990)**  
 Department of the Treasury  
 Internal Revenue Service  
**Name of the organization**  
 FRANCISCAN ALLIANCE INC

**Hospitals**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**

**Employer identification number**  
 35-1330472

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<b>1a</b> Yes	
<b>b</b> If "Yes," was it a written policy?	<b>1b</b> Yes	
<b>2</b> 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 <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	<b>3a</b> Yes	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	<b>3b</b> Yes	
<b>c</b> 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		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<b>4</b> Yes	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<b>5a</b> Yes	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	<b>5b</b> Yes	
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	<b>5c</b>	No
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	<b>6a</b> Yes	
<b>b</b> If "Yes," did the organization make it available to the public?	<b>6b</b> Yes	

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)			95,046,602		95,046,602	3 310 %
<b>b</b> Medicaid (from Worksheet 3, column a)			469,474,477	341,688,707	127,785,770	4 450 %
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)			293,103		293,103	0 010 %
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			564,814,182	341,688,707	223,125,475	7 770 %
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)			10,388,310	244,086	10,144,224	0 350 %
<b>f</b> Health professions education (from Worksheet 5)			22,437,303	7,780,226	14,657,077	0 510 %
<b>g</b> Subsidized health services (from Worksheet 6)			103,222,550	62,688,690	40,533,860	1 410 %
<b>h</b> Research (from Worksheet 7)			1,639,079		1,639,079	0 060 %
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)			1,791,911	5,535	1,786,376	0 060 %
<b>j Total</b> Other Benefits			139,479,153	70,718,537	68,760,616	2 390 %
<b>k Total</b> Add lines 7d and 7j			704,293,335	412,407,244	291,886,091	10 160 %

**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			108,910		108,910	0 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			481		481	0 %
7 Community health improvement advocacy			1,934		1,934	0 %
8 Workforce development			7,460,221	5,838,729	1,621,492	0.060 %
9 Other			50,540		50,540	0 %
<b>10 Total</b>			<b>7,622,086</b>	<b>5,838,729</b>	<b>1,783,357</b>	<b>0.060 %</b>

**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 Healthcare Financial Management Association Statement No. 15?	1 Yes	
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	49,458,441
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	
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	772,521,953
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	1,193,254,697
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-420,732,744
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:  <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> 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 SEE PART VI				
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?

**12**

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)

See Additional Data Table	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

**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** \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	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 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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V-C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V-C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on 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)

**Financial Assistance Policy (FAP)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
	Did the hospital facility have in place during the tax year a written financial assistance policy that		
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients?	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		



**Part V Facility Information** (continued)**Billing and Collections**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No	
<b>17</b>	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 nonpayment? . . . . .	17	Yes	
<b>18</b>	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			
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted			
<b>19</b>	Did the hospital facility or other authorized 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19		No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)			
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party			
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP			
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process			
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)			
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)			
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs			
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications			
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations			
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)			
<b>f</b>	<input type="checkbox"/> None of these efforts were made			

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	Yes	
<b>a</b>	<input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing			
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)			

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No

**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)

**B**

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

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

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	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? . . . . .		No
<b>2</b>	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 . . . . .		No
<b>3</b>	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 . . . . . If "Yes," indicate what the CHNA report describes (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
<b>5</b>	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 . . . . .	Yes	
<b>6 a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	Yes	
<b>b</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 . . . . .	Yes	
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . . If "Yes," indicate how the CHNA report was made widely available (check all that apply)	Yes	
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE PART V-C</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url) _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	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 . . . . .	Yes	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . . If "Yes" (list url) <u>SEE PART V-C</u>	Yes	
<b>a</b>			
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	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		
<b>12a</b>	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)? . . . . .		No
<b>12b</b>	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" on 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)**Financial Assistance Policy (FAP)**

B

Name of hospital facility or letter of facility reporting group \_\_\_\_\_

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
<b>13</b>	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	<b>13</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b>	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b>	<input checked="" type="checkbox"/> Asset level		
<b>d</b>	<input checked="" type="checkbox"/> Medical indigency		
<b>e</b>	<input type="checkbox"/> Insurance status		
<b>f</b>	<input checked="" type="checkbox"/> Underinsurance discount		
<b>g</b>	<input type="checkbox"/> Residency		
<b>h</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>14</b>	Explained the basis for calculating amounts charged to patients? . . . . .	<b>14</b> Yes	
<b>15</b>	Explained the method for applying for financial assistance? . . . . . 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)	<b>15</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b>	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b>	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b>	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>16</b>	Was widely publicized within the community served by the hospital facility? . . . . . If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	<b>16</b> Yes	
<b>a</b>	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>b</b>	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>c</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE SECTION C</u>		
<b>d</b>	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b>	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b>	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b>	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b>	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b>	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Billing and Collections**

B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

		Yes	No
<b>17</b>	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 nonpayment? . . . . .	17	Yes
<b>18</b>	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		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>f</b>	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b>	Did the hospital facility or other authorized 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? . . . . . If "Yes," check all actions in which the hospital facility or a third party engaged	19	No
<b>a</b>	<input type="checkbox"/> Reporting to credit agency(ies)		
<b>b</b>	<input type="checkbox"/> Selling an individual's debt to another party		
<b>c</b>	<input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
<b>d</b>	<input type="checkbox"/> Actions that require a legal or judicial process		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b>	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
<b>a</b>	<input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs		
<b>b</b>	<input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process		
<b>c</b>	<input checked="" type="checkbox"/> Processed incomplete and complete FAP applications		
<b>d</b>	<input checked="" type="checkbox"/> Made presumptive eligibility determinations		
<b>e</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>f</b>	<input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b>	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? . . . . . If "No," indicate why	21	No
<b>a</b>	<input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
<b>b</b>	<input type="checkbox"/> The hospital facility's policy was not in writing		
<b>c</b>	<input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** *(continued)*

**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

B

**Name of hospital facility or letter of facility reporting group** \_\_\_\_\_

**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 a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b  The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c  The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d  The hospital facility used a prospective Medicare or Medicaid method

**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? . . . . .

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? . . . . .

If "Yes," explain in Section C

	Yes	No
<b>23</b>		No
<b>24</b>		No



**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? 179

Name and address	Type of Facility (describe)
<b>1</b> See Additional Data Table	
<b>2</b>	
<b>3</b>	
<b>4</b>	
<b>5</b>	
<b>6</b>	
<b>7</b>	
<b>8</b>	
<b>9</b>	
<b>10</b>	



**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
SUPPLEMENTAL INFORMATION	<p>SCHEDULE H, PART VI, ITEM 2 NEEDS ASSESSMENT FRANCISCAN ALLIANCE, INC ("FRANCISCAN") HOSPITALS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH PUBLIC AND PRIVATE AGENCIES TO DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. FRANCISCAN'S CORPORATE COMMUNITY BENEFIT COMMITTEE, AS WELL AS COMMITTEES IN THE LOCAL FACILITIES, COMMITTED TO AN ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES BASED UPON HEALTH INITIATIVES OF THE MUNICIPAL, COUNTY, AND STATE HEALTH DEPARTMENTS, COMMUNITY-BASED ASSESSMENTS BY OTHER PUBLIC SECTOR PARTNERS, PROFESSIONAL RESEARCH CONSULTANTS, AND FAITH-BASED PARTNERS WITHIN THE COMMUNITIES SERVED. IN ADDITION, OUR HOSPITALS ADDRESS PUBLIC AGENCY AND COMMUNITY GROUP REQUESTS TO PROVIDE COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT MEET CERTAIN SPECIALTY OR HYBRID NEEDS OR POPULATIONS. THE DETAILED CHNACTIVITIES FOR EACH OF FRANCISCAN'S HOSPITALS CAN BE FOUND IN PART V OF THIS SCHEDULE H.</p> <p>----- SCHEDULE H, PART VI, ITEM 3 FINANCIAL ASSISTANCE POLICY</p> <p>FRANCISCAN'S HOSPITALS INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER FRANCISCAN'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY. FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS: 1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION. 2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL. 3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE PROGRAMS, HEALTH INSURANCE EXCHANGES, AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS. 4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. 5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES. 6. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS. 7. FRANCISCAN SENDS 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.</p> <p>----- SCHEDULE H, PART VI, ITEM 4 COMMUNITY INFORMATION</p> <p>THE FRANCISCAN ALLIANCE SERVES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 18 COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, HAMILTON, JASPER, JOHNSON, LAKE, LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER, SHELBY, STARKE, TIPPACANOE, WARREN, AND WHITE) AND 3 COUNTIES IN ILLINOIS (COOK, KANKAKEE, AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE SERVE WAS ESTIMATED CLOSE TO 3.9 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD INCOME ABOVE \$59,000 IN 2018. FOR THESE COMMUNITIES, THE PERCENTAGE OF RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 13.8%. THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY MEDICAID WAS 21.6%. AND THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE UNINSURED WAS APPROXIMATELY 3.1%. IN COMPARISON, THE PERCENTAGES OF MEDICAID AND UNINSURED INPATIENTS TREATED BY THE HOSPITALS OF THE FRANCISCAN ALLIANCE WERE 19.4% AND 2.1% RESPECTIVELY IN 2018. THERE ARE 58 OTHER HOSPITALS THAT SERVE WITHIN THESE COMMUNITIES AS WELL.</p> <p>----- SCHEDULE H, PART VI, ITEM 5 &amp; PART I, LINE 6A OTHER INFORMATION</p> <p>WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN, IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE. THE FOLLOWING IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS POPULATION HEALTH IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED BY ONE OR MORE OF FRANCISCAN'S HEALTHCARE FACILITIES - INPATIENT HOSPITAL SERVICES INCLUDING MEDICAL SERVICE.</p>

Form and Line Reference	Explanation
SUPPLEMENTAL INFORMATION	<p>ES, SURGICAL SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS, JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES, COLON AND RECTAL SERVICE S, ANESTHESIA SERVICES, HOSPICE SERVICES, INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS, ETC - EMERGENCY SERVICES INCLUDING 24 HOUR EMERGENCY ROOM SERVICES, AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, TRAUMA SERVICES, ETC - OUTPATIENT SERVICES INCLUDING LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI) , NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEART FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING, DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE SERVICES, HOME HEALTH SERVICES , SKILLED NURSING SERVICES, SOCIAL SERVICES, DURABLE MEDICAL EQUIPMENT - PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS SUBSIDIZED HEALTHCARE SERVICES OFFERED BY FRANCISCAN - FRANCISCAN HAS NEIGHBORHOOD HEALTH CLINICS THAT OFFER FAMILY PRACTICE SERVICES DESIGNED FOR FAMILIES WITHOUT ACCESS TO AFFORDABLE HEALTH CARE THE FOCUS IS ON PROVIDING PRIMARY AND PREVENTIVE CARE AS WELL AS HEALTH EDUCATION THESE CLINICS OFFER FREE IMMUNIZATIONS - FRANCISCAN'S SEXUAL ASSAULT CLINICS THAT PROVIDE MEDICAL AND FORENSIC ASSISTANCE THAT IS SENSITIVE TO THE SPECIAL NEEDS OF THE VICTIM AS WELL AS A VICTIM ADVOCATE PROGRAM AND CRISIS INTERVENTION COUNSELORS - FRANCISCAN'S BLOOD AND MARROW TRANSPLANT PROGRAM IS ONLY ONE OF TWO PROGRAMS IN INDIANA OFFERING FULL SERVICE TRANSPLANT CARE AND SPECIALIZES IN THE TREATMENT OF PATIENTS WITH LEUKEMIA, HODGKIN'S OR NON-HODGKIN'S LYMPHOMA, MULTIPLE MYELOMA, AND MANY OTHER MALIGNANCIES AND BLOOD DISORDERS - FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES CLASSES AND INDIVIDUALIZED SESSIONS TO HELP PATIENTS TAKE CONTROL OF THEIR HEALTH WITH A FOCUS ON NUTRITIONAL, EXERCISE, MEDICATIONS, CHRONIC CONDITIONS, PRECONCEPTION AND PREGNANCY, BLOOD GLUCOSE MONITORING, GOAL SETTING, PROBLEM SOLVING, PSYCHOSOCIAL ADJUSTMENT, DETECTION/TREATMENT OF HIGH AND LOW BLOOD SUGAR, AND INSULIN ADMINISTRATION - FRANCISCAN'S WOMEN'S AND CHILDREN'S SERVICES INCLUDE PREVENTIVE MEDICAL CARE AND HEALTH SCREENINGS TO GYNECOLOGICAL CARE, MATERNITY, LACTATION CONSULTATION SERVICES, AND BEYOND WITH A FOCUS ON KEEPING WOMEN HEALTHY - FRANCISCAN'S HOSPICE CARE SERVICES PROVIDE A SENSE OF DIGNITY AND COMPASSION TO BOTH THE PATIENT AND THEIR FAMILY IN CARING FOR PATIENTS WITH A LIFE EXPECTANCY OF SIX MONTHS OR LESS OUR PROGRAMS AFFIRM AND CELEBRATE LIFE AND REGARD DYING AS A NATURAL PROCESS, RECOGNIZING THAT EVERY PERSON HAS THE RIGHT TO DIE WITH DIGNITY, PEACE, AND COMFORT REGARDLESS OF THEIR ETHNICITY, FAITH BACKGROUND, OR ABILITY TO PAY - LEVEL III NICU - AMBULANCE SERVICE - PHYSICIAN SERVICES - INPATIENT PSYCHIATRIC UNITS - HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS - CLINICAL CARE COORDINATORS TO SUPPORT FRANCISCAN'S VARIOUS ACCOUNTABLE CARE ORGANIZATIONS WHICH ARE DESIGNED TO IMPROVE QUALITY AND REDUCE COSTS</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>COMMUNITY BUILDING ACTIVITIES FOLLOWING NATIONAL GUIDANCE ON COMMUNITY BUILDING AS A CATEGORY REPRESENTING INVESTMENTS IN SOCIAL DETERMINANTS IN THE COMMUNITY, FRANCISCAN ALLIANCE REPORTS ACCURATE DOLLARS IN THIS CATEGORY. FRANCISCAN ALLIANCE HAS ENGAGED IN COMMUNITY BUILDING THROUGH SUPPORTING LOCAL PARTNERS IN THEIR WORK. FRANCISCAN ALLIANCE DOES ENGAGE IN REDUCING BARRIERS TO HEALTH CARE ACCESS. MOST ACTIVITIES IN THIS AREA ARE INCLUDED IN THE FINANCIAL ASSISTANCE AND OTHER COMMUNITY BENEFIT CATEGORIES. EXAMPLES INCLUDE FREE OR LOW COST HEALTH SCREENING IN SPECIFIC NEIGHBORHOODS, IMMUNIZATION SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS, ENROLLMENT ASSISTANCE IN MEDICAID, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE, AND REFERRAL ASSISTANCE. ADDITIONALLY, SEVERAL OF OUR HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT AS DESIGNATED REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE, AND LOCAL NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR EPIDEMIC/PANDEMICS, WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD DISASTER STRIKE. ----- SCHEDULE H, PART III, LINE 2 THROUGHOUT THE YEAR, THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY AND UNEMPLOYMENT RATES, WHICH HAS AN IMPACT ON THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE CORPORATION. ----- SCHEDULE H, PART III, LINE 3 THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY, HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS, USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY, AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE NOR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS FOR THE SAME AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 2 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION. ----- SCHEDULE H, PART III, LINE 4 THE CORPORATION'S UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS FOOTNOTE FROM ITS AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS: THE CORPORATION ALSO PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE TO PATIENTS WHICH IS NOT REPORTED IN THE SUMMARY OF QUANTIFIABLE COMMUNITY BENEFITS. EFFECTIVE JANUARY 1, 2018, THE CORPORATION ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARD UPDATE ("ASU") 2014-9, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) WHICH REQUIRES REVENUE TO BE RECOGNIZED IN AN AMOUNT THAT REFLECTS THE CONSIDERATION THE ENTITY EXPECTS TO BE ENTITLED TO IN AN EXCHANGE FOR GOODS OR SERVICES. ADOPTION OF THIS ASU DOES NOT ALLOW THE SEPARATE REPORTING OF THE UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS, HOWEVER, THE IDENTIFICATION OF THIS AMOUNT IS NEEDED FOR OTHER PURPOSES INCLUDING GOVERNMENTAL REPORTING AND REIMBURSEMENT CALCULATIONS. THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY THAT INCLUDES ADMINISTRATIVE PROCEDURES FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS. THE CORPORATION ALSO USES VARIOUS ANALYTICAL PROGRAMS TO ASSESS A PATIENT'S ABILITY TO PAY AND IT UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT FINANCIAL ASSISTANCE. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE NOR CHOOSE TO ENROLL IN MEDICAID OR OTHER FINANCIAL ASSISTANCE PROGRAMS. FOR THESE AND</p>

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>OTHER REASONS, THE CORPORATION BELIEVES A PORTION OF ITS UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTH CARE MISSION DURING THE YEARS ENDED DECEMBER 31, 2018 AND 2017, THE CORPORATION INCURRED APPROXIMATELY \$50.4 MILLION AND \$34.6 MILLION, RESPECTIVE LY, AS UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS BASED ON ACCUMULATED CHARGES ----- SCHEDULE H, PART III, LINE 8 CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545 AND THE REQUIREMENTS OF IRC SECTION 501(R), FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT FRANCISCAN SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES LIKE MEDICAID, PAYMENT RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS THESE PAYMENT RATES ARE CURRENTLY SET BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS MEDICARE RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE HOWEVER INPATIENT UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE IN RECENT YEARS RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME THE COMPOUNDING ISSUE THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES HOSPITALS' ABILITY TO SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED COSTS PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE SHORTFALL BURDEN ON OTHERS THAT DO, SUCH AS FRANCISCAN GIVEN THAT FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE SHORTFALL REPORTED ON LINE 7 OF PART III SHOULD BE VIEWED AS COMMUNITY BENEFIT PROVIDED BY FRANCISCAN ----- SCHEDULE H, PART III, LINE 9B FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT DISCOUNT POLICY AND PATIENT COLLECTION PROCEDURES INCLUDE VARIOUS PROVISIONS ON THE COLLECTION PRACTICES TO BE FOLLOWED FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR CHARITY OR FINANCIAL ASSISTANCE IF A PATIENT QUALIFIES FOR CHARITY OR FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY ----- SCHEDULE H, PART IV NAME OF ENTITY MOORESVILLE ENDOSCOPY CENTER LLC DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY ENDOSCOPY SERVICES ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP % 50 00000 OFFICERS, DIRECTORS, TRUSTEES ETC PROFIT % OR STOCK OWNERSHIP % 0 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP % 50 00000 NAME OF ENTITY INDIANA SLEEP CENTER LLC DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY SLEEP CENTER ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP % 50 00000 OFFICERS, DIRECTORS, TRUSTEES ETC PROFIT % OR STOCK OWNERSHIP % 0 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP % 50 00000 NAME OF ENTITY FRANCISCAN SURGERY CENTER LLC DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY SURGICAL SERVICES ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP % 50 59000 OFFICERS, DIRECTORS, TRUSTEES ETC PROFIT % OR STOCK OWNERSHIP % 0 PHYSICIANS' PROFIT % OR STOCK OWNERSHIP % 49 4100 0 NAME OF ENTITY SOUTH EMERSON SURGERY CENTER LLC DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY SURGICAL SERVICES ORGANIZATION'S PRO</p>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 35-1330472  
**Name:** FRANCISCAN ALLIANCE INC

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b> (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>12</b>		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
1	FRANCISCAN HEALTH INDIANAPOLIS 8111 SOUTH EMERSON AVENUE INDIANAPOLIS, IN 46217 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 11-004972-1	X	X		X		X	X			A
2	FRANCISCAN HEALTH LAFAYETTE 1701 S CREASY LANE LAFAYETTE, IN 47905 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005096-1	X	X		X			X			A
3	FRANCISCAN HEALTH OLYMPIA FIELDS 20201 SOUTH CRAWFORD AVE OLYMPIA FIELDS, IL 60461 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 0005074	X	X		X			X			A
4	FRANCISCAN HEALTH HAMMOND 5454 HOHMAN AVENUE HAMMOND, IN 46320 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005004-1	X	X		X			X			A
5	FRANCISCAN HEALTH MICHIGAN CITY 301 W HOMER STREET MICHIGAN CITY, IN 46360 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005015-1	X	X					X	X		A

**Form 990 Schedule H, Part V Section A. Hospital Facilities**

<b>Section A. Hospital Facilities</b>		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
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <b>12</b>											
Name, address, primary website address, and state license number											
6	FRANCISCAN HEALTH CROWN POINT 1201 SOUTH MAIN STREET CROWN POINT, IN 46307 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005107-1	X	X		X			X			A
7	FRANCISCAN HEALTH DYER 24 JOLIET STREET DYER, IN 46311 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005080-1	X	X		X			X			A
8	FRANCISCAN HEALTH MOORESVILLE 1201 HADLEY ROAD MOORESVILLE, IN 46158 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005052-1	X	X		X		X	X			A
9	FRANCISCAN HEALTH MUNSTER 701 SUPERIOR STREET MUNSTER, IN 46321 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005615-1	X	X		X			X			A
10	FRANCISCAN HEALTH CHICAGO HEIGHTS 1423 CHICAGO ROAD CHICAGO HEIGHTS, IL 60411 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 002436	X	X		X			X		FACILITY CLOSED IN 10/2018	A





**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>SCHEDULE H, PART V, SECTION B - SUPPLEMENTAL INFORMATION</p>	<p>LINE 3E PLEASE SEE THE RESPONSE TO SCHEDULE H, PART V, LINE 11 BELOW FOR AN EXPLANATION OF HOW THE HEALTH NEEDS IDENTIFIED IN THE CHNA WERE PRIORITIZED LINE 5 INPUT FROM INDIVIDUALS IN THE COMMUNITY IN INDIANA, A STATEWIDE FOCUS GROUP WAS HELD TO DISCUSS REGIONAL ISSUES WITH STATE PUBLIC HEALTH LEADERS THE FOCUS GROUP WAS CO-SPONSORED BY INDIANA UNIVERSITY HEALTH, ST VINCENT HEALTH, COMMUNITY HEALTH NETWORK, AND FRANCISCAN ALLIANCE ATTENDEES INCLUDED - FRANCISCAN ALLIANCE, INC - KATE HILL-JOHNSON, ADMINISTRATIVE DIRECTOR, COMMUNITY HEALTH IMPROVEMENT - HEALTH BY DESIGN/ALLIANCE FOR HEALTH PROMOTION KIM IRWIN, EXECUTIVE DIRECTOR - HEALTH OCCUPATION STUDENT ASSOCIATION (INDIANA) EDDIE ERICKSON, STATE COORDINATOR, HOLLI FRODGE, STATE PRESIDENT - HOOSIER ENVIRONMENTAL COUNCIL INDRA FRANK, ENVIRONMENTAL HEALTH PROJECT DIRECTOR - INDIANA AREA HEALTH EDUCATION CENTERS DR JENNIFER TAYLOR, DIRECTOR OF EVALUATION - INDIANA ASSOCIATION OF AREA AGENCIES ON AGING KRISTEN LAEACE, CEO, DAWNE LYON, ELVA JAMES, EXECUTIVE DIRECTOR, AREA 4 AGENCY OF AGING - LEADING AGE INDIANA JIM LEICH, EXECUTIVE DIRECTOR, KATHY JOHNSON, DIRECTOR OF TRAINING - INDIANA CARDIOVASCULAR AND DIABETES COALITION SHARA WESLEY, COALITION MANAGER, JENNIFER PFERRER, CHAIRPERSON - INDIANA COALITION AGAINST DOMESTIC VIOLENCE COLLEEN YEAKLE, COORDINATOR OF PREVENTION INITIATIVES - INDIANA CANCER CONSORTIUM KEYLEE WRIGHT, CANCER CONTROL SECTION DIRECTOR - INDIANA JOINT ASTHMA COALITION - KELLI MCCRARY, COALITION COORDINATOR - IU HEALTH - JOYCE HERTKO - INDIANA HEALTHY WEIGHT INITIATIVE - ERIC BEERS, COALITION COORDINATOR - INDIANA HOSPITAL ASSOCIATION - BERNIE ULRICH, VICE PRESIDENT - INDIANA IMMUNIZATION COALITION - LISA ROBERSON, DIRECTOR - INDIANA MINORITY HEALTH COALITION - ANITA OHMIT, DIRECTOR OF RESEARCH, CALVIN ROBERSON, VP OF PLANNING AND PROGRAM DEVELOPMENT - INDIANA NURSES ASSOCIATION - B LAYNE MILEY, DIRECTOR OF POLICY AND ADVOCACY - INDIANA PSYCHOLOGICAL ASSOCIATION - DR KAT HLEEN VOGLER, PAST PRESIDENT, TABITHA ARNETTE, EXECUTIVE DIRECTOR - INDIANA PRIMARY HEALTH CARE ASSOCIATION - PHIL MORPHEW, CEO, ELAINE WILLIAMS, RESOURCE DEVELOPMENT PROGRAM DIRECTOR - INDIANA SCHOOL NURSES ASSOCIATION - CAROLYN SNYDER, EXECUTIVE DIRECTOR - INDIANA STATE DEPARTMENT OF HEALTH - DR JOAN DUWVE, CHIEF MEDICAL OFFICER, KATELIN RYAN, DIRECTOR OF PROGRAM EVALUATION, J DAVID HOPPER, DIRECTOR, LOCAL HEALTH DEPARTMENT OUTREACH DIVISION - INDIANA SOCIETY FOR PUBLIC HEALTH EDUCATION - HEIDI HANCHER-RAUCH, ADVOCACY CHAIR, JENNIFER CONNER, PRESIDENT - IUPUI FAIRBANKS SCHOOL OF PUBLIC HEALTH - SULA HOOD, CYNTHIA STONE - IUPUI POLIS CENTER - KAREN COMER - YMCA OF GREATER INDIANA - CHELSY WINTERS, ASSOCIATE DIRECTOR OF HEALTH PARTNERSHIPS PROGRAMS, ANN GRAVES, DIRECTOR OF HEALTH INITIATIVES AND PARTNERSHIPS IN ADDITION, LOCAL PUBLIC HEALTH AND SOCIAL LEADERS WERE CONSULTED ON THE COMMUNITY HEALTH ISSUES, PRIORITIZATION OF NEEDS, AND COMMUNITY STRENGTHS THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH C</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>SCHEDULE H, PART V, SECTION B - SUPPLEMENTAL INFORMATION</p>	<p>ARMEL, FRANCISCAN HEALTH INDIANAPOLIS, AND FRANCISCAN HEALTH MOORESVILLE INCLUDED - DAN H ODGKINS, VICE PRESIDENT OF HEALTH PROMOTION AND COMMUNITY BENEFIT, COMMUNITY HEALTH NETWORK K - ANN YEAKLE, COMMUNITY BENEFIT COORDINATOR, COMMUNITY HEALTH NETWORK - JOHN WHITCOMB, CONSULTANT, FRANCISCAN ALLIANCE - KATE HILL-JOHNSON, COMMUNITY BENEFIT AND ENGAGEMENT, FRANCISCAN HEALTH INDIANAPOLIS - PAYGE LIGGETT, COMMUNITY BENEFIT ASSISTANT, FRANCISCAN HEALTH INDIANAPOLIS - MANDI EGGERT, SERVICE EXCELLENCE, FRANCISCAN HEALTH CROWN POINT - RACHEL B UCKMAN, HEALTH EDUCATOR, HENDRICKS COUNTY HEALTH DEPARTMENT - STEPHANIE BERRY, COMMUNITY OUTREACH AND ENGAGEMENT, INDIANA UNIVERSITY HEALTH - ANYAH LAND, COMMUNITY OUTREACH AND ENGAGEMENT, INDIANA UNIVERSITY HEALTH - REBECCA YORK, DIRECTOR OF NURSING, MORGAN COUNTY HEALTH DEPARTMENT - KELLY PEISKLER, COMMUNITY BENEFIT, ST VINCENT HEALTH - STEPHANIE ULLIANA, COMMUNITY BENEFIT, ST VINCENT HEALTH - AMBER BLACKMON, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON - HEATHER DOLNE, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON - VIDHI JOSHI, INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH BLOOMINGTON - ASHLEY WEISHAAR, INDIANA UNIVERSITY SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS BLOOMINGTON - ZACH LOTFALION, INDIANA UNIVERSITY SCHOOL OF PUBLIC AND ENVIRONMENTAL AFFAIRS BLOOMINGTON - LAYNIE MASON, MARION UNIVERSITY SCHOOL OF MEDICINE - H705 PUBLIC HEALTH CAPSTONE COURSE SPRING 2015 STUDENTS, INDIANA UNIVERSITY, RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH AT IUPUI, DR CINDY STONE, CLINICAL ASSOCIATE PROFESSOR - HEALTHIER MORGAN COUNTY INITIATIVE - HENDRICKS COUNTY HEALTH PARTNERSHIP - PARTNERSHIP FOR HEALTHY HAMILTON COUNTY - JERRY KING, INDIANA PUBLIC HEALTH ASSOCIATION - CAROLYN M MUEGGE, INDIANA UNIVERSITY RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH AT IUPUI - JOE GIBSON, MARION COUNTY HEALTH DEPARTMENT - TAMMY NELSON, MARION COUNTY HEALTH DEPARTMENT - KAREN COMER-FREDRICKSON, THE POLIS CENTER AT IUPUI THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH CRAWFORDSVILLE INCLUDED - MAYOR TODD BARTON, CITY OF CRAWFORDSVILLE, MAYORS OFFICE - FAWN JOHNSON, DIRECTOR, CITY OF CRAWFORDSVILLE PARKS &amp; RECREATION - STEVE HOUSE, DIRECTOR, CHAMBER OF COMMERCE - REX RYKER, ASSISTANT SUPERINTENDENT, CRAWFORDSVILLE SCHOOL CORPORATION - TERRY KLEIN, VP/COO, FRANCISCAN HEALTH CRAWFORDSVILLE - SISTER M RUTH LUTHMAN OSF, DIRECTOR OF MISSION INTEGRATION, FRANCISCAN HEALTH CRAWFORDSVILLE - MATT OATES, MARKETING SPECIALIST, FRANCISCAN HEALTH CRAWFORDSVILLE - JOBETH MCCARTHY -JEAN, MPH, DIRECTOR, CENTER FOR PUBLIC HEALTH PRACTICE, - INDIANA PUBLIC HEALTH TRAINING CENTER, AND LIAISON, PUBLIC HEALTH CORPS - DR CYNTHIA STONE, DRPH, RN, CLINICAL ASSOCIATE PROFESSOR, HEALTH POLICY AND MANAGEMENT CONCENTRATION DIRECTOR, INDIANA UNIVERSITY INDIANAPOLIS - RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH - ZACH CHURNEY, DEPUTY DIRECTOR, INDIANA WEST ADVANTAGE - JILL ROG</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>SCHEDULE H, PART V, SECTION B - SUPPLEMENTAL INFORMATION</p>	<p>ERS, PRESIDENT OF THE BOARD OF MCT (MEDICAL CARE TRUST) - NANCY SENNETT, PRESIDENT, MONTGO MERY COUNTY HEALTH BOARD - DR SCOTT DOUGLAS, VICE-PRESIDENT, MONTGOMERY COUNTY HEALTH BOA RD - MONICA NAGELE, DIRECTOR, MONTGOMERY COUNTY PURDUE EXTENSION - AMBER REED, ADMINISTRAT OR, MONTGOMERY COUNTY HEALTH DEPARTMENT - LUKE WREN, ACCREDITATION COORDINATOR, MONTGOMERY COUNTY HEALTH DEPARTMENT - SAMANTHA SWEARINGEN, HEALTH EDUCATOR, MONTGOMERY COUNTY HEALTH DEPARTMENT - REBECCA LANG, PUBLIC HEALTH NURSE, MONTGOMERY COUNTY HEALTH DEPARTMENT - MAR K DAVIDSON, MONTGOMERY COUNTY COUNCIL - LEAH SINNET, NUCOR STEEL - DAVID JOHNSON, EXECUTIV E DIRECTOR, MUFFY - DR SARA DRURY, STRATEGIC PLANNING FACILITATOR, WABASH COLLEGE - KYLE STUCKER, WABASH STUDENT - KATE HILL-JOHNSON, ADMINISTRATIVE DIRECTOR OF COMMUNITY HEALTH I MPROVEMENT, FRANCISCAN HEALTH - JESS CORBIN, DIRECTOR, ACO CARE MANAGEMENT, FRANCISCAN HEA LTH CRAWFORDSVILLE - RAYMOND P MILLER, DIVISION CHIEF OF EMS CRAWFORDSVILLE FIRE DEPARTME NT - JOSHUA S KRUMENACKER, M D , MEDICAL DIRECTOR FOR PARAMEDICINE AND FRANCISCAN PHYSICIAN AN NETWORK ("FPN") PHYSICIAN THE ASSESSMENT TASK FORCE FOR FRANCISCAN HEALTH LAFAYETTE INC LUDED REPRESENTATIVES FROM - ACTION FOR HEALTHY KIDS - AMERICAN HEALTH NETWORK - AREA IV ON AGING AND COMMUNITY ACTION PROGRAMS - CITY OF LAFAYETTE - CITY OF WEST LAFAYETTE - COMM UNITY VOLUNTEERS - DRUG FREE COALITION OF TIPPECANOE COUNTY - EMPLOYEE BENEFITS SOLUTIONS - EMPLOYERS HEALTH NETWORK - FRANCISCAN HEALTH LAFAYETTE - GREATER LAFAYETTE COMMERCE - GR EATER LAFAYETTE PARISH NURSE - GROUP HOMES FOR CHILDREN - HANNA/MINORITY HEALTH COALITION - HENRIOTT GROUP - KATHRYN WEIL CENTER - PHOENIX GROUP - IU HEALTH ARNETT - KIRBY RISK - L AFAYETTE SCHOOL CORPORATION WELLNESS COMMITTEE - LAFAYETTE FAMILY YMCA - LAFAYETTE YWCA - LAFAYETTE URBAN MINISTRY - MENTAL HEALTH AMERICA - MISSION COMMITTEE OF THE WESTERN INDIAN A BOARD OF FRANCISCAN HEALTH LAFAYETTE - NUTRIPLEDGE - PARISH NURSES - PURDUE EXTENSION - PURDUE DEPARTMENT OF HEALTH &amp; KINESIOLOGY - RIGGS COMMUNITY HEALTH CENTER - TIPPECANOE COU NTY HEALTH DEPARTMENT - TOBACCO FREE PARTNERSHIP - UNITED WAY OF GREATER LAFAYETTE - UNITY HEALTHCARE - WOMEN, INFANT, CHILDREN (WIC) PROGRAM THE ASSESSMENT TASK FORCE FOR FRANCISC AN HEALTH DYER, FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN HEALT H CROWN POINT INCLUDED REPRESENTATIVES FROM - 411 NEWSPAPER - COMMUNITY CARE NETWORK, INC (CCNI) - CITY OF EAST CHICAGO HEALTH DEPARTMENT - CITY OF EAST CHICAGO - CITY OF GARY CO MMUNITY DEVELOPMENT DEPARTMENT - COMMUNITY HEALTHNET INC - EDGEWATER BEHAVIORAL HEALTH SE RVICES - FRANCISCAN ALLIANCE - FRANCISCAN HEALTH - DYER, HAMMOND, MUNSTER, AND CROWN POINT - GARY HEALTH AND HUMAN SERVICES DEPARTMENT - GARY MENTAL HEALTH - GEMINUS CORPORATION - GREATER PORTAGE CHAMBER OF COMMERCE - HEALTHLINC - HOOSIER ENVIRONMENTAL COUNCIL - HOBART FAMILY YMCA - IVY TECH COMMUNITY COLLEGE - JASPER COUNTY HEALTH DEPARTMENT - LAKE AREA UNI TED WAY - LAKESHORE CHAMBER OF</p>

**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 1j, 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
LINES 6A AND 6B ALL FACILITIES	IN INDIANA, ALL FRANCISCAN ALLIANCE HOSPITAL FACILITIES COLLABORATED IN A STATEWIDE PARTNERSHIP WITH ST VINCENT HEALTH, INDIANA UNIVERSITY HEALTH, COMMUNITY HEALTH NETWORK, INDIANA UNIVERSITY RICHARD M FAIRBANKS SCHOOL OF PUBLIC HEALTH AT INDIANAPOLIS, AND WITH EACH FACILITY WITHIN THE FRANCISCAN HEALTH SYSTEM LINES 6A AND 6B FRANCISCAN HEALTH DYER, FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN HEALTH CROWN POINT ALSO COLLABORATED WITH METHODIST HEALTH SYSTEMS AND COMMUNITY HEALTH SYSTEM A THIRD PARTY, PROFESSIONAL RESOURCE CONSULTANT, WAS USED FOR KEY LEADER SURVEYS AND INTERVIEWS LINES 6A AND 6B FRANCISCAN HEALTH CHICAGO HEIGHTS AND FRANCISCAN HEALTH OLYMPIA FIELDS ALSO PARTNERED WITH THE COOK COUNTY COLLABORATIVE, WHICH INCLUDES THE HEALTH DEPARTMENTS AND HOSPITALS SYSTEMS IN CHICAGO AND CHICAGO SUBURBS LINE 6B FRANCISCAN HEALTH MOORESVILLE PARTNERED WITH THE HENDRICKS COUNTY HEALTH DEPARTMENT AND THE MORGAN COUNTY HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS LINE 6B FRANCISCAN HEALTH CRAWFORDSVILLE PARTNERED WITH THE MONTGOMERY COUNTY HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS LINE 6B FRANCISCAN HEALTH LAFAYETTE PARTNERED WITH THE TIPPECANOE HEALTH DEPARTMENT TO MEET THE LOCAL HEALTH DEPARTMENT ACCREDITATION STANDARDS AND THE COMMUNITY BENEFIT REQUIREMENTS

**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 1j, 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
LINE 7 ALL FACILITIES	ALL CHNA REPORTS ARE AVAILABLE ON FRANCISCAN ALLIANCES WEBSITE AT HTTPS //WWW FRANCISCANHEALTH ORG/COMMUNITYHEALTH LINE 10 ALL FACILITIES ALL IMPLEMENTATION PLANS ARE AVAILABLE ON FRANCISCAN ALLIANCES WEBSITE AT HTTPS //WWW FRANCISCANHEALTH ORG/COMMUNITYHEALTH

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>LINE 11 COMMUNITY HEALTH NEEDS ASSESSMENT</p>	<p>FRANCISCAN ALLIANCE PARTNERED WITH MULTIPLE COMMUNITY PARTNERSHIPS AND ADDITIONAL HEALTH SYSTEMS TO COMPLETE THE COMMUNITY HEALTH NEEDS ASSESSMENT. THE PARTNERSHIP WITH THE LARGEST HEALTH SYSTEMS IN INDIANA AND THE COMMUNITY PARTNERSHIPS ALLOWED FOR BETTER DATA COLLECTION, REDUCED BURDEN ON RESIDENTS TO COMPLETE SURVEYS, AND A PLATFORM TO COMBINE EFFORTS ON VARIOUS COMMUNITY HEALTH NEEDS THROUGHOUT THE STATE. READERS WILL FIND THAT CHNAS FROM THE SE SYSTEMS ARE ALIGNED, THOUGH EACH MAY HAVE PARTICULAR AREAS OF EMPHASIS DEPENDING ON THE SPECIFIC POPULATION SERVED AND THE GEOGRAPHIC LOCATION OF HOSPITALS. BECAUSE INDIANA OPERATES AS A HOME RULE STATE (THE INDIANA STATE CONSTITUTION ALLOWS FOR MUNICIPALITIES TO PASS LAWS TO GOVERN THEMSELVES AS THEY SEE FIT, WHICH LEADS TO A DECENTRALIZED GOVERNMENT), EACH COUNTY HAS A DIFFERENT PUBLIC HEALTH INFRASTRUCTURE AND RESOURCES. IN ADDITION TO THE VARIATIONS BASED ON URBAN/RURAL STATUS, POPULATION, AND ECONOMIC MIX DATA ON ZIP CODE OR CENSUS TRACK IS HIGHLY LACKING, THEREFORE THE DESIGN WAS BUILT ON A COUNTY BASIS. ELEVEN COUNTIES OF 28 INCLUDED IN THE ASSESSMENT ARE HOME TO MORE THAN ONE OF THE HEALTH SYSTEMS IN THE COLLABORATIVE. IN THESE COUNTIES, A COUNTY 'CAPTAIN' WAS ELECTED TO COORDINATE THE CHNA PROCESS ON BEHALF OF THE PARTNERSHIP. IN THE REMAINING COUNTIES WHERE ONLY ONE HEALTH SYSTEM WAS REPRESENTED, THE HEALTH SYSTEM IN THE COUNTY USED THE COLLABORATIVE MATERIALS AND RESOURCES, BUT COMPLETED THE WORK INDEPENDENTLY. THE MOBILIZING FOR ACTION THROUGH PLANNING AND PARTNERSHIP (MAPP) MODEL, DEVELOPED BY THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS (NACCHO), GUIDED THE ASSESSMENT PROCESS IN HENDRICKS AND MORGAN COUNTIES, AS BOTH COUNTY HEALTH DEPARTMENTS ARE WORKING ON ACCREDITATION THROUGH THE PUBLIC HEALTH ACCREDITATION BOARD (PHAB). THE MAPP MODEL INCLUDES SEVERAL COMPONENTS FOR COMMUNITY ASSESSMENT. FRANCISCAN PARTICIPATED IN ALL OF THE ASSESSMENT ACTIVITIES THAT WERE IN PROCESS DURING THE PERIOD OF THE HOSPITAL PARTNERSHIPS TIME FRAME. MARION COUNTY IS SEEKING ACCREDITATION, BUT HAD ALREADY COMPLETED THEIR COMMUNITY HEALTH ASSESSMENT PRIOR TO THE COLLABORATIVE TIME FRAME. INDIANA DOES NOT REQUIRE PHAB ACCREDITATION BY COUNTY HEALTH DEPARTMENTS AND A VAST MAJORITY OF HEALTH DEPARTMENTS ARE NOT SEEKING ACCREDITATION. IN THE REMAINING COUNTIES IDENTIFIED IN THIS ASSESSMENT, THE PRECEDE PROCEDURE METHOD WAS UTILIZED. THIS ASSESSMENT REFLECTS PHASES 1 THROUGH 5. COMMUNITY BENEFIT PROFESSIONALS FROM EACH HEALTH SYSTEM WORKED TOGETHER ON DATA COLLECTED IN FOUR WAYS: 1. COMMUNITY HEALTH SURVEY: A CORE OF 20 MANDATORY QUESTIONS BASED ON PERCEPTION OF COMMUNITY AND PERSONAL NEEDS WAS CREATED. IN ADDITION, PROFESSIONALS ASSIGNED TO EACH COUNTY WORKED WITH ESTABLISHED COMMUNITY HEALTH COLLABORATIVES, LOCAL HOSPITALS, AND THE LOCAL HEALTH DEPARTMENT TO DEVELOP VOLUNTARY QUESTIONS SPECIFIC TO THE COUNTY. THIS RESULTED IN A SURVEY WITH 20 TO 29 QUESTIONS, DEPENDENT ON THE RESPONDENT'S COUNTY OF RESIDENCE.</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>LINE 11 COMMUNITY HEALTH NEEDS ASSESSMENT</p>	<p>SIDENCE 2 THE SURVEY WAS DISTRIBUTED ELECTRONICALLY AND ON PAPER THE GOAL WAS TO ATTAIN A SAMPLE SIZE WITH A 95% CONFIDENCE LEVEL AND + OR 5% MARGIN OF ERROR IN MOST COUNTIES, THE SAMPLE SIZE MET THIS GOAL, HOWEVER, PARTICULAR EMPHASIS ON VULNERABLE POPULATIONS MEAN S THE SURVEY RESULTS ARE NOT A TRUE REPRESENTATION OF THE ENTIRE COUNTY POPULATION, BUT SK EWED TO REPRESENT THE MOST IN NEED IN ADDITION TO THE QUANTITATIVE DATA, FREE TEXT RESPON SES WERE CODED AND CALCULATED TO PROVIDE FURTHER CLARIFICATION OF THE QUANTITATIVE DATA 3 FOCUS GROUPS BECAUSE FOCUS GROUPS ARE FACILITATED BASED ON THE CONVERSATION OF THE PART ICIPANTS, THE COLLABORATIVE DETERMINED OUTCOMES TO BE ACHIEVED DURING THE TWO-HOUR SESSION S MOST FOCUS GROUPS INCLUDED 15-60 COMMUNITY LEADERS FROM GOVERNMENTAL PUBLIC HEALTH, HEA LTH CARE, SOCIAL SERVICE AGENCIES, RELATED NON-PROFITS, AND GRASSROOTS/NEIGHBORHOOD ORGANI ZATIONS IN LARGER FOCUS GROUPS, SUB- GROUPS WERE UTILIZED TO GIVE ALL PARTICIPANTS A VOIC E EACH FOCUS GROUP DETERMINED THE TOP FOUR TO SIX HEALTH NEEDS IN THE COMMUNITY, POTENTIA L RESOURCES OR PARTNERS, AND SOME ACTIONS/INTERVENTIONS THAT MIGHT WORK BEST 4 SECONDARY DATA COLLECTION WITH THE ASSISTANCE OF PUBLIC HEALTH UNDERGRADUATE AND GRADUATE STUDENTS , DATA ON HEALTH AND WELLNESS ISSUES WAS COLLECTED SOURCES INCLUDE COUNTY HEALTH RANKINGS , CENSUS BUREAU DATA, VARIOUS REPORTS FROM THE INDIANA STATE DEPARTMENT OF HEALTH, AND OTH ER NATIONAL REPORTS INDIANA INDICATORS, COMMUNITY COMMONS, AND HEALTHY COMMUNITIES INSTIT UTE DATA MANAGEMENT SYSTEMS ALSO CONTRIBUTED TO THE SECONDARY DATA USED SOURCES OF THE SE CONDARY DATA ARE IDENTIFIED THROUGHOUT THIS REPORT IN ADVANCE OF THE FOCUS GROUPS, A FOCU S GROUP FOR STATE-WIDE ORGANIZATIONS WAS HELD FOR INDIANA LEADERS FROM ORGANIZATIONS THAT SERVE THE ENTIRE STATE OF INDIANA GATHERED TO DISCUSS TRENDS AND GROWING CONCERNS BY PREP AREDNESS DISTRICT AND BY AGE OF THE POPULATION THE RESULTS WERE USED AS A PROBE IN THE RE MAINING FOCUS GROUPS AND AS AREAS FOR FURTHER STUDY IN SECONDARY DATA A FOCUS GROUP OF HI GH SCHOOL STUDENTS CONVENED BY THE INDIANA CHAPTER OF HEALTH OCCUPATION STUDENT ASSOCIATIO N DURING THEIR ANNUAL CONFERENCE ALSO OFFERED SOME INSIGHT THIS FOCUS GROUP YIELDED SOME INTERESTING INSIGHTS FROM THE TEEN PERSPECTIVE IN DETERMINING COMMUNITY HEALTH INTERVENTI ONS FOR THE SELECTED PRIORITY HEALTH NEEDS, HEALTH EQUITY, SUSTAINABILITY, AND CONSIDERATI ON OF THE SOCIAL DETERMINANTS OF HEALTH ARE KEY PRINCIPLES WHILE MOST INTERVENTIONS FOCU S ON THE INDIVIDUAL LIFESTYLE FACTORS, KNOWLEDGE, SKILLS, AND BEHAVIORS, CONSIDERATION OF THE CULTURAL AND ENVIRONMENTAL CONTEXTS ARE JUST AS IMPORTANT FRANCISCAN ALLIANCE ACKNOWL EDGES THAT TRUE CHANGE COMES WITH MAJOR SHIFTS IN ALL AREAS THE FIRST CRITERIA USED TO DE TERMINE IMPLEMENTATION STRATEGIES IS THE CONNECTION TO THE SOCIO-ECOLOGICAL MODEL AND SOCI AL DETERMINANTS OF HEALTH INTERVENTIONS IMPLEMENTED BY FRANCISCAN ALLIANCE ARE PERSON- CEN TERED AND DESIGNED TO CREATE L</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
<p>LINE 11 COMMUNITY HEALTH NEEDS ASSESSMENT</p>	<p>ASTING CHANGE MALCOLM KNOWLES PRINCIPLES OF ANDRAGOGY PROVIDED THE FRAMEWORK WHILE THIS MODEL IS BASED ON EDUCATIONAL PROGRAMMING, IT APPLIES TO ALL TYPES OF INTERVENTIONS FOR EXAMPLE, IN THE PROVISION OF CLINICAL CARE OR MEDICATION ASSISTANCE, PARTICIPANTS NOT ONLY RECEIVE THE CARE OR MEDICATION, THEY ALSO LEARN TO BETTER MANAGE THEIR OWN HEALTH OR ACCESS COMPONENTS OF THE HEALTH SYSTEM OR ASSISTANCE PROGRAM REFLECTION, TEACH-BACK, AND COMMUNICATION TECHNIQUES ARE UTILIZED TO EMPOWER THE PARTICIPANT TO MOVE BEYOND A ONE-TIME INTERACTION OR ASSISTANCE FRANCISCAN ALLIANCE USES EVIDENCE-BASED PRACTICES IN PLANNING INTERVENTIONS WHENEVER POSSIBLE, AS THESE PROGRAMS HAVE BEEN THOROUGHLY TESTED AND HAVE PROVEN EFFICACY WHEN EVIDENCE-BASED PROGRAMS ARE NOT AVAILABLE, BEST PRACTICES AND DOCUMENTED RESEARCH GUIDES THE DEVELOPMENT AND IMPLEMENTATION OF THE INTERVENTION IMPLEMENTATION ACTIVITIES WILL BE EVALUATED TO THE FULLEST EXTENT USING THE KIRKPATRICK MODEL (A STANDARDIZED EVALUATION SYSTEM BASED ON REACTION, LEARNING, BEHAVIOR, AND RESULTS) AS A GUIDE, EVALUATION OF NOT ONLY THE PROGRAM, BUT ITS IMPACT AND RESULTS WILL BE REVIEWED THIS PROCESS ALLOWS FOR CHANGES TO BE MADE TO IMPROVE THE PROGRAM ON AN ONGOING BASIS WHILE IT CAN BE DIFFICULT TO DETERMINE THE EXACT CAUSE OF INDIVIDUAL BEHAVIORAL CHANGE, BIOMETRICS, POST-FOLLOW UP SURVEYS, AND OTHER METHODS WERE USED TO CAPTURE QUALITATIVE AND QUANTITATIVE DATA THE FRANCISCAN ALLIANCE HOSPITALS MADE THE FOLLOWING PROGRESS DURING 2018 IN ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS FROM ITS MOST RECENT CHNA FRANCISCAN HEALTH CARMEL - PHYSICAL ACTIVITY - COMPLETED AS INDICATED PROGRAM WILL END DUE TO TAX ID/STRUCTURE AT THIS HOSPITAL - ACCESS TO HEALTH CARE - COMPLETED AND EXCEEDED DETERMINED GOALS FRANCISCAN HEALTH CRAWFORDSVILLE - PARAMEDICINE - COMPLETED AND EXCEEDED DETERMINED GOALS DUE TO SUCCESS OF THIS PROGRAM, IT HAS BEEN EXPANDED AND WILL CONTINUE THROUGH A HOSPITAL-CITY PARTNERSHIP AND SUPPORT - PHYSICAL ACTIVITY - COMPLETED AS INDICATED THIS PROGRAM WILL END REDIRECTING RESOURCES TO OTHER PROGRAMS FRANCISCAN HEALTH CROWN POINT - STEPPING ON FALL PREVENTION - UNMET ONLY 13 PEOPLE ATTENDED THE PROGRAM HAD DIFFICULTY RECRUITING PARTICIPANTS - DIABETES PREVENTION PROGRAM ("DPP") - COMPLETED PROGRAM WILL CONTINUE AS A ONE-ON-ONE PROGRAM INSTEAD OF GROUP FORMAT TO BETTER MEET THE NEEDS OF THE PARTICIPANTS - ACCESS TO HEALTH CARE FOR UNINSURED - COMPLETED, WITH SOME STRUCTURAL CHANGES DUE TO MOVING PROGRAMS TO FRANCISCAN PHYSICIAN NETWORK NOW INTEGRATED AS STANDARD PRACTICE FRANCISCAN HEALTH HAMMOND AND FRANCISCAN HEALTH DYER - ADOLESCENTS COPING WITH DEPRESSION - COMPLETED AS INDICATED PROGRAM WILL NOT CONTINUE - ASTHMA SCHOOL PROGRAM - COMPLETED AS INDICATED PROGRAM WILL NOT CONTINUE - PERIOD OF PURPLE CRYING - COMPLETED AS INDICATED AND NOW INTEGRATED AS STANDARD PRACTICE FRANCISCAN HEALTH INDIANAPOLIS AND MOORESVILLE - MEDICATION ASSISTANCE - SHIFTED TO MEDI</p>



**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
LINES 15 AND 16 ALL FACILITIES	<p>THROUGH FRANCISCAN ALLIANCE, INC ("FRANCISCAN"), WE CONTINUE THE HEALING MINISTRY OF CHRIST IN A CATHOLIC HEALTH CARE SYSTEM THAT UPHOLDS THE MORAL VALUES AND TEACHINGS OF THE CATHOLIC CHURCH. CENTRAL CONCERNS OF THIS CORPORATE MINISTRY INCLUDE COMPASSION FOR THOSE IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS. FRANCISCAN BELIEVES IN THE DIGNITY, UNIQUENESS, AND WORTH OF EACH INDIVIDUAL AND, WITHIN THE LIMITS OF OUR RESOURCES, FRANCISCAN OFFERS A COMPREHENSIVE RANGE OF HEALTH CARE SERVICES TO ALL REGARDLESS OF RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, HANDICAP OR AN INDIVIDUAL'S FINANCIAL CAPABILITY. IN LIGHT OF THIS BELIEF, WE CONSIDER OUR HEALTH CARE SERVICES TO BE REACHING OUT AND RESPONDING, IN A CHRIST-LIKE MANNER, TO THOSE WHO ARE PHYSICALLY, MATERIALLY, OR SPIRITUALLY IN NEED. FRANCISCAN IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF CHARITY CARE OR UNINSURED DISCOUNTS, TO PERSONS WHO ARE UNINSURED OR UNDERINSURED, WHO ARE INELIGIBLE FOR GOVERNMENTAL OR SOCIAL SERVICE PROGRAMS, AND WHO OTHERWISE ARE UNABLE TO PAY FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, FRANCISCAN STRIVES TO ENSURE THE FINANCIAL CAPACITY OF PEOPLE WHO NEED MEDICALLY NECESSARY HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING THAT CARE. FRANCISCAN'S FINANCIAL ASSISTANCE POLICY IS DESIGNED TO ALLOW RELIEF FROM ALL OR PART OF THE CHARGES RELATED TO EMERGENCY OR MEDICALLY NECESSARY HEALTH CARE SERVICES THAT EXCEED A PATIENT'S REASONABLE ABILITY TO PAY. IN ORDER TO ENSURE TRANSPARENCY, CONSISTENCY AND FAIRNESS, WE ASK PATIENTS TO COOPERATE BY PROVIDING NECESSARY INFORMATION TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE. FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS: 1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION. 2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL. 3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE, AND HEALTH INSURANCE EXCHANGE PROGRAMS AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS. 4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE. 5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
LINES 15 AND 16 ALL FACILITIES	<p>THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES 6 PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS 7 INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS 8 PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS PATIENTS WHO MAY QUALIFY FOR MEDICAID OR A NY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO RECEIVING APPROVAL FOR CHARITY CARE AS SUCH, FRANCISCAN OFFERS PATIENTS ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS A PATIENT WILL NEED TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND LIABILITIES FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE CONFIDENTIALLY MAINTAINED FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR, SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR GUARANTOR'S ABILITY TO PAY (IE CREDIT SCORING) ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE (IE PRIOR TO THE PROVISION OF SERVICES, DURING THE NORMAL COLLECTIONS CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER THEY HAVE BEEN DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A THIRD PARTY COLLECTION AGENCY) ONCE APPROVED, THE PATIENT WILL REMAIN ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS THE ELIGIBILITY PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY CARE CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY FOR FINANCIAL ASSISTANCE LINES 16A, 16B, AND 16C ALL FACILITIES THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP ARE AVAILABLE AT THE FOLLOWING ADDRESS <a href="https://FRANCISCANHEALTH.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-AND-COUNSELING">HTTPS //FRANCISCANHEALTH.ORG/PATIENTS-AND-VISITORS/BILLING-INSURANCE/FINANCIAL-ASSISTANCE-AND-COUNSELING</a> LINE 22 FR</p>

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 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
LINES 15 AND 16 ALL FACILITIES	<p>ANCISCAN HEALTH CHICAGO HEIGHTS, FRANCISCAN HEALTH OLYMPIA FIELDS FRANCISCAN HEALTH CHICAGO HEIGHTS AND FRANCISCAN HEALTH OLYMPIA FIELDS COMPUTE THE MAXIMUM AMOUNTS CHARGED TO FAP- ELIGIBLE INDIVIDUALS BASED ON THE ILLINOIS UNINSURED DISCOUNT ACT UNDER THIS ACT, ILLINOIS FACILITIES CANNOT CHARGE GREATER THAN 135% OF COST THIS METHOD RESULTS IN A LARGER DISCOUNT THAN THAT DETERMINED BY THE FEDERAL CALCULATION</p>

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>1</b> FRANCISCAN SURGERY CENTER 5255 E STOP 11 ROAD SUITE 100 INDIANAPOLIS, IN 46237	AMBULATORY SURGERY CENTER
<b>1</b> ST FRANCIS RADIATION THERAPY CENTERS 8111 S EMERSON AVENUE INDIANAPOLIS, IN 46239	RADIATION THERAPY
<b>2</b> INDIANA HEART PHYSICIANS 5330 E STOP 11 ROAD INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>3</b> IIMC 701 E COUNTY LINE ROAD SUITE 101 GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>4</b> FRANCISCAN HAMMOND CLINIC 7905 CALUMET AVENUE MUNSTER, IN 46321	SPECIALTY CENTER/URGENT CARE
<b>5</b> FPN MC - ORTHOPEDIC HEALTH PARTNERS 1225 E COOLSPRING AVENUE MICHIGAN CITY, IN 46360	PHYSICIAN PRACTICE
<b>6</b> FRANCISCAN MEDICAL SPECIALISTS 761 45TH STREET MUNSTER, IN 46321	PHYSICIAN PRACTICE
<b>7</b> THE ENDOSCOPY CENTER AT ST FRANCIS 8051 S EMERSON AVENUE SUITE 150 INDIANAPOLIS, IN 46237	ENDOSCOPY CENTER
<b>8</b> FRANCISCAN HAMMOND CLINIC 9800 VALPARAISO DRIVE MUNSTER, IN 46321	FAMILY WELLNESS CENTER
<b>9</b> MOORESVILLE SURGERY CENTER 1215 HADLEY ROAD SUITE 100 MOORESVILLE, IN 46260	AMBULATORY SURGERY CENTER
<b>10</b> FRANCISCAN MEDICAL SPECIALISTS 919 MAIN STREET DYER, IN 46311	PHYSICIAN PRACTICE
<b>11</b> FPN OBSTETRICSGYNECOLOGY 3900 SAINT FRANCIS WAY LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>12</b> FRANCISCAN PHYSICIANS NETWORK - FMS 759 45TH STREET MUNSTER, IN 46321	ORTHO/PT
<b>13</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 3700 W 203RD STREET OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>14</b> ONCOLOGY AND HEMATOLOGY SPECIALISTS 8111 S EMERSON AVENUE SUITE 101 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>16</b> SPECIALTY PHYSICIANS OF ILLINOIS 20201 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>1</b> FPN - ST ANTHONY WOODLAND HEALTH CENTER 8865 W 400 NORTH MICHIGAN CITY, IN 46360	PHYSICIAN PRACTICE
<b>2</b> SPECIALTY PHYSICIANS OF ILLINOIS 3800 W 203RD STREET OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>3</b> ORTHOPEDIC SPECIALISTS 5255 E STOP 11 ROAD 300 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>4</b> SPECIALTY PHYSICIANS OF ILLINOIS 3700 W 203RD STREET OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>5</b> FRANCISCAN PHYSICIAN NETWORK - MC 1501 WABASH STREET MICHIGAN CITY, IN 46360	PHYSICIAN PRACTICE
<b>6</b> SOUTH EMERSON SURGERY CENTER 8141 S EMERSON AVENUE SUITE C INDIANAPOLIS, IN 46237	AMBULATORY SURGERY CENTER
<b>7</b> ST FRANCIS IMAGING CENTER 3147 WEST SMITH VALLEY ROAD GREENWOOD, IN 46143	IMAGING
<b>8</b> COOPERATIVE MANAGED CARE SERVICES 9045 RIVER ROAD SUITE 250 INDIANAPOLIS, IN 46240	MANAGED CARE
<b>9</b> INDY SOUTHSIDE SURGICAL 5255 E STOP 11 ROAD 450 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>10</b> FPN DERMATOLOGY FAMILY MEDICINE & PEDS 915 SAGAMORE PARKWAY WEST WEST LAFAYETTE, IN 47906	PHYSICIAN PRACTICE
<b>11</b> KENDRICK COLON & RECTAL CENTER 5255 E STOP 11 RD 250 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>12</b> MOORESVILLE ENDOSCOPY CENTER 1215 HADLEY ROAD SUITE 101 MOORESVILLE, IN 46158	ENDOSCOPY CENTER
<b>13</b> JOINT REPLACEMENT SURGEONS 1199 HADLEY ROAD MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>14</b> FPN CP CROWN POINT PEDIATRICS 1505 SOUTH COURT STREET CROWN POINT, IN 46307	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>31</b> FRANCISCAN HAMMOND CLINIC 11355 WEST 97TH LANE ST JOHN, IN 46373	PRIMARY CARE
<b>1</b> FRANCISCAN MEDICAL SPECIALISTS 2001 US 41 SCHERERVILLE, IN 46375	PT/SPEC CENTER
<b>2</b> FPN CP VALPARAISO CLINIC 2421 LAPORTE AVENUE VALPARAISO, IN 46385	PHYSICIAN PRACTICE
<b>3</b> GREENWOOD IMMEDIATE CARE 1001 N MADISON AVENUE GREENWOOD, IN 46142	IMMEDIATE CARE CENTER
<b>4</b> FPN NEPHROLOGY FPN PULMONARY 2708 FERRY STREET LAFAYETTE, IN 47904	PHYSICIAN PRACTICE
<b>5</b> FPN MEDICAL PAVILION SOUTH 2150 GETTLER STREET DYER, IN 46311	MEDICAL PAVILION
<b>6</b> FPN BROADWAY CLINIC 9470 BROADWAY CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>7</b> FRANCISCAN IMMEDIATE CARE - THOMPSON 5210 E THOMPSON ROAD INDIANAPOLIS, IN 46237	IMMEDIATE CARE
<b>8</b> DIABETES AND ENDOCRINOLOGY SPECIALISTS 5230A E STOP 11 ROAD SUITE 150 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>9</b> FPN DYER FAMILY HEALTH CENTER 840 RICHARD ROAD DYER, IN 46311	PHYSICIAN PRACTICE
<b>10</b> PEDIATRIC ASSOCIATES OF GREENWOOD 900 AVERITT ROAD GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>11</b> FPN CARDIOLOGY ELECTROPHYSIOLOGY 3900 SAINT FRANCIS WAY STE 200 LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>12</b> FRANCISCAN MEDICAL SPECIALISTS 757 45TH STREET MUNSTER, IN 46321	HOME INFUSION
<b>13</b> INDIANA SLEEP CENTER 701 E COUNTY LINE ROAD SUITE 207 GREENWOOD, IN 46143	SLEEP CENTER
<b>14</b> NEUROSURGICAL SPECIALISTS 8051 S EMERSON AVENUE SUITE 300 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>46</b> FRANCISCAN MEDICAL SPECIALISTS 300 W 80TH PLACE MERRILLVILLE, IN 46410	PHYSICIAN PRACTICE
<b>1</b> FPN CP WINFIELD CLINIC 11161 RANDOLPH STREET CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>2</b> REHABILITATION SPECIALISTS 8051 S EMERSON AVENUE SUITE 250 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>3</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 211 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411	EXPRESS CARE CLINIC
<b>4</b> MADISON AVE FAMILY MEDICINE 747 E COUNTY LINE ROAD SUITE D GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>5</b> SOUTHPORT FP AND SPORTS MEDICINE 7825 MCFARLAND LANE A INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>6</b> IMPACT CENTER 1201 HADLEY ROAD MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>7</b> CENTER GROVE FAMILY MEDICINE 362 MERIDIAN PARKE LANE GREENWOOD, IN 46142	PHYSICIAN PRACTICE
<b>8</b> FPN CP SCHERERVILLE CHERRY CREEK CLINIC 7310 W LINCOLN HIGHWAY SCHERERVILLE, IN 46307	PHYSICIAN PRACTICE
<b>9</b> FPN CP - CHESTERTON NEURO 770 INDIAN BOUNDARY ROAD CHESTERTON, IN 46304	PHYSICIAN PRACTICE
<b>10</b> MOORESVILLE FAMILY CARE 1001 HADLEY ROAD SUITE 102 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>11</b> SPECIALTY PHYSICIANS OF ILLINOIS 3900 W 203RD STREET OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>12</b> FPN NORTHSIDE FAMILY MEDICINE 1660 LAFAYETTE ROAD SUITE 170 CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>13</b> FPN FAMILY & GERIATRIC MEDICINE 3920 ST FRANCIS WAY SUITE 209 LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>14</b> COUNTY LINE PEDIATRICS 747 E COUNTY LINE ROAD G GREENWOOD, IN 46143	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>61</b> AMER HEALTH NETWORK - SLEEP (MUNCIE) 3631 N MORRISON ROAD MUNCIE, IN 47304	SLEEP CENTER
<b>1</b> FPN CP EXPRESS CARE 12800 MISSISSIPPI PARKWAY CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>2</b> SPINE SPECIALISTS 8051 S EMERSON AVENUE SUITE 360 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>3</b> PSYCHIATRIC SPECIALISTS 610 E SOUTHPORT ROAD SUITE 200 INDIANAPOLIS, IN 46227	PHYSICIAN PRACTICE
<b>4</b> FPN CRAWFORDSVILLE FAMILY MEDICINE 308 W MARKET STREET CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>5</b> PLASTIC & RECONSTRUCTIVE SURGEONS 8051 S EMERSON AVENUE SUITE 450 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>6</b> HEARTLAND CROSSING PEDIATRICS 1001 HADLEY ROAD SUITE LL 100 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>7</b> FRANCISCAN MEDICAL SPECIALISTS 5529 HOHMAN AVENUE HAMMOND, IN 46320	PHYSICIAN PRACTICE
<b>8</b> FPN CP LOWELL CLINIC 4500 W 181ST AVE LOWELL, IN 46356	PHYSICIAN PRACTICE
<b>9</b> COLUMBUS PRIMARY & SPECIALTY CARE 123 2ND STREET COLUMBUS, IN 47201	PHYSICIAN PRACTICE
<b>10</b> GYNECOLOGIC ONCOLOGY SPECIALISTS 8111 S EMERSON SUITE 204 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>11</b> OMNI REHABILITATION 810 MICHAEL DRIVE CHESTERTON, IN 46304	PHYSICIAN PRACTICE
<b>12</b> INDY SOUTHSIDE FAMILY MEDICINE 4018 E SOUTHPORT ROAD INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>13</b> FRANCISCAN PHYSICIAN NETWORK - MC 8955 W 400 NORTH MICHIGAN CITY, IN 46360	PHYSICIAN PRACTICE CANCER CENTER
<b>14</b> FRANCISCAN IMMEDIATE CARE - VILLAGE PARK 14641-1 THATCHER LANE CARMEL, IN 46032	IMMEDIATE CARE



**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>76</b> FRANCISCAN HEALTH MUNSTER 701 SUPERIOR DRIVE MUNSTER, IN 46321	FPN ONCOLOGY
<b>1</b> FRANKLIN TOWNSHIP FAMILY MEDICINE 8325 E SOUTHPORT ROAD SUITE 100 INDIANAPOLIS, IN 46259	PHYSICIAN PRACTICE
<b>2</b> FPN CP CARDIOLOGY 1205 S MAIN STREET SUITE 101 CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>3</b> SOUTH 31 FAMILY CARE 610 E SOUTHPORT ROAD SUITE 205 INDIANAPOLIS, IN 46227	PHYSICIAN PRACTICE
<b>4</b> GREENWOOD PEDIATRICS 8849 SHELBY STREET B1 INDIANAPOLIS, IN 46227	PHYSICIAN PRACTICE
<b>5</b> FPN DYER SOUTH FAMILY HEALTH CENTER 2150 GETTLER STREET SUITE 255 DYER, IN 46311	PHYSICIAN PRACTICE
<b>6</b> MARTINSVILLE FAMILY & INTERNAL MEDICINE 49 BILLS BLVD MARTINSVILLE, IN 46151	PHYSICIAN PRACTICE
<b>7</b> FPN CP CEDAR LAKE CLINIC 6831 133RD AVENUE D CEDAR LAKE, IN 46303	FAMILY PRACTICE
<b>8</b> BEECH GROVE FAMILY MEDICINE 2030 CHURCHMAN AVENUE A BEECH GROVE, IN 46107	PHYSICIAN PRACTICE
<b>9</b> GREENWOOD PARKE FAMILY MEDICINE 701 E COUNTY LINE ROAD SUITE 204 GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>10</b> FPN CROWN POINT CLINIC 12800 MISSISSIPPI PARKWAY CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>11</b> PLAINFIELD FAMILY MEDICINE 315 DAN JONES ROAD SUITE 150 PLAINFIELD, IN 46168	PHYSICIAN PRACTICE
<b>12</b> CENTRAL INDIANA DERMATOLOGY 5255 E STOP 11 ROAD 310 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>13</b> KENDRICK FAMILY MEDICINE 1001 HADLEY ROAD SUITE 101 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>14</b> IRVINGTON FAMILY MEDICINE 5839 E WASHINGTON STREET INDIANAPOLIS, IN 46219	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>91</b> SOUTH INDY MRI AND REHAB 8141 S EMERSON AVENUE SUITE A INDIANAPOLIS, IN 46237	RADIOLOGY AND PHYSICAL
<b>1</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 20180 S LAGRANGE ROAD FRANKFORT, IL 60423	EXPRESS CARE CLINIC
<b>2</b> WEIGHT LOSS SPECIALISTS 5230A E STOP 11 ROAD SUITE 190 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>3</b> FPN CP SPECIALTY CENTER 1205 S MAIN STREET SUITE 201 CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>4</b> FPN FAMILY MEDICINE KENSINGTON 3875 KENSINGTON DRIVE LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>5</b> HEARTLAND INTERNAL MEDICINE 10701 ALLIANCE DRIVE CAMBY, IN 46113	PHYSICIAN PRACTICE
<b>6</b> FPN CP NORTH POINT INTERNAL MEDICINE 2050 NORTH MAIN STREET CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>7</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 20939 S CICERO AVENUE MATTESON, IL 60443	PHYSICIAN PRACTICE
<b>8</b> SOUTHEAST FAMILY MEDICINE 965 EMERSON PARKWAY SUITE J GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>9</b> FPN NORTHRIDGE INTERNAL MEDICINE 1704 LAFAYETTE ROAD SUITE 8 CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>10</b> CARMEL FAMILY MEDICINE 12188 B NORTH MERIDIAN ST 280 CARMEL, IN 46032	PHYSICIAN PRACTICE
<b>11</b> FPN OBGYN HEALTH CENTER 1205 S MAIN STREET CROWN POINT, IN 46321	PHYSICIAN PRACTICE
<b>12</b> PULMONARY & SLEEP SPECIALISTS 1040 GREENWOOD SPRINGS BLVD GREENWOOD, IN 46143	PHYSICIAN PRACTICE
<b>13</b> FPN ST JOHN HEALTH CENTER 10860 MAPLE LANE ST JOHN, IN 46373	PHYSICIAN PRACTICE
<b>14</b> FRANCISCAN HEALTH OUTPATIENT CENTER 24 JOLIET STREET SUITE 101 DYER, IN 46311	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>106</b> MCFARLAND INTERNAL MEDICINE 7855 S EMERSON AVENUE P INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>1</b> FPN RENSSELAER MED CTR- FM & GEN SURGERY 118 W DREXEL PARKWAY RENSSELAER, IN 47978	PHYSICIAN PRACTICE
<b>2</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 1423 CHICAGO ROAD CHICAGO HEIGHTS, IL 60411	PHYSICIAN PRACTICE
<b>3</b> FPN CP DEMOTTE CLINIC 200 3RD COURT SE DEMOTTE, IN 46310	PHYSICIAN PRACTICE
<b>4</b> MONTICELLO MEDICAL CENTER 826 N 6TH STREET MONTICELLO, IN 47960	MEDICAL PRACTICE
<b>5</b> FPN EASTSIDE FAMILY MEDICINE 2056 LEBANON ROAD CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>6</b> FRANCISCAN PHYSICIAN NETWORK-LAKE RIDGE 1573 N CLINE AVENUE GRIFFITH, IN 46319	PHYSICIAN PRACTICE
<b>7</b> SPECIALTY PHYSICIANS OF ILLINOIS 3649 W 183RD STREET HAZEL CREST, IL 60429	PHYSICIAN PRACTICE
<b>8</b> MAJOR HOSPITAL CARDIAC DIAGNOSTICS 150 WEST WASHINGTON STREET SHELBYVILLE, IN 46176	CARDIOVASCULAR TESTING
<b>9</b> FPN OMNI FAMILY HEALTH CENTER 221 US HWY 41 SUITE I SCHERERVILLE, IN 46375	PHYSICIAN PRACTICE
<b>10</b> FRANCISCAN HEALTH PALLATIVE CARE 8111 S EMERSON AVENUE INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>11</b> SPECIALTY PHYSICIANS OF ILLINOIS 1423 CHICAGO ROAD CHICAGO HEIGHTS, IL 60411	PHYSICIAN PRACTICE
<b>12</b> FPN DYER SPECIALTY HEALTH CENTER 24 JOLIET STREET SUITE 101 DYER, IN 46311	PHYSICIAN PRACTICE
<b>13</b> FPN BREAST SPECIALISTS 8111 S EMERSON 104 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>14</b> FPN - HAMMOND SPECIALTY HEALTH CENTER 5454 HOHMAN AVENUE HAMMOND, IN 46320	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>121</b> RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS 5255 E STOP 11 ROAD SUITE 320 INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>1</b> FPN PHYSICAL MEDICINE & REHABILITATION 1012 N 14TH STREET LAFAYETTE, IN 47904	PHYSICIAN PRACTICE
<b>2</b> CENTER GROVE INTERNAL MEDICINE 107 N STATE ROAD 135 103 GREENWOOD, IN 46142	PHYSICIAN PRACTICE
<b>3</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 20201 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS, IL 60461	DIABETES CLINIC
<b>4</b> FPN SURGICAL SPECIALISTS 1630 LAFAYETTE ROAD SUITE 300 CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>5</b> CITYWAY FAMILY & SPORTS MEDICINE 426 S ALABAMA STREET INDIANAPOLIS, IN 46225	PHYSICIAN PRACTICE
<b>6</b> FPN DYER SOUTH FAMILY HEALTH CENTER 14785 WEST 101ST AVENUE DYER, IN 46311	PHYSICIAN PRACTICE
<b>7</b> FPN CP RADIATION ONCOLOGY BURRELL CANCER CTR 1201 S MAIN STR CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>8</b> FPN BEHAVIOR HEALTH 1501 HARTFORD ST LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>9</b> CENTRAL INDIANA PROCTOLOGY 49 BILLS BOULEVARD MARTINSVILLE, IN 46151	PHYSICIAN PRACTICE
<b>10</b> CENTRAL EXPRESS CARE 1501 HARTFORD STREET LAFAYETTE, IN 47905	URGENT CARE
<b>11</b> FPN CP MEDICAL ARTS INTERNAL MEDICINE 297 WEST FRANCISCAN LANE SUITE 104 CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>12</b> FPN ORTHOPEDIC AND SPORTS MEDICINE 1702 LAFAYETTE ROAD CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>13</b> MOORESVILLE AFTER HOURS CLINIC 1001 HADLEY ROAD SUITE 101 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>14</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 20180 S LAGRANGE ROAD FRANKFORT, IL 60423	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>136</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 18636 DIXIE HIGHWAY HOMEWOOD, IL 60430	PHYSICIAN PRACTICE
<b>1</b> EXPRESS CARE RENSSELAER 919 GRACE STREET RENSSELAER, IN 47978	PHYSICIAN PRACTICE
<b>2</b> AMER HEALTH NETWORK - KOKOMO 2330 S DIXON ROAD KOKOMO, IN 46902	IMAGING
<b>3</b> WOUND CARE SPECIALISTS 8111 S EMERSON AVENUE INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>4</b> FPN CARDIOLOGY LOGANSPOUT 1201 MICHIGAN AVENUE SUITE 50 LOGANSPOUT, IN 46947	PHYSICIAN PRACTICE
<b>5</b> BEECH GROVE INTERNAL MEDICINE 2030 CHURCHMAN AVENUE SUITE A BEECH GROVE, IN 46107	physician practice
<b>6</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 20121 SOUTH CRAWFORD AVENUE OLYMPIA FIELDS, IL 60461	PHYSICIAN PRACTICE
<b>7</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 344 VICTORY DRIVE PARK FOREST, IL 60466	PHYSICIAN PRACTICE
<b>8</b> AMER HEALTH NETWORK - SLEEP (CARMEL) 12425 OLD MERIDIAN STREET SUITE A- CARMEL, IN 46032	SLEEP CENTER
<b>9</b> FPN MICHIGAN CITY EXPRESS CARE 2590 MORTHDAND DRIVE STE I VALPARAISO, IN 46383	PHYSICIAN PRACTICE
<b>10</b> FPN GREENACRES FAMILY MEDICINE 1500 DARLINGTON AVENUE SUITE 300 CRAWFORDSVILLE, IN 47933	PHYSICIAN PRACTICE
<b>11</b> FPN CP MIDWIFE CENTER 297 WEST FRANCISCAN LANE SUITE 203 CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>12</b> FPN MICHIGAN CITY EXPRESS CARE 3325 WILLOWCREEK ROAD PORTAGE, IN 46368	PHYSICIAN PRACTICE
<b>13</b> ORTHOPEDIC FOOT & ANKLE SURGEONS 1199 HADLEY ROAD SUITE 300 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>14</b> FPN ST CLARE HEALTH CLINIC 1121 S INDIANA CROWN POINT, IN 46307	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>151</b> KENDRICK INTERNAL MEDICINE 1001 HADLEY ROAD LLO50 MOORESVILLE, IN 46158	PHYSICIAN PRACTICE
<b>1</b> PLEASANT VIEW FAMILY MEDICINE 12524 SOUTHEASTERN AVENUE INDIANAPOLIS, IN 46259	PHYSICIAN PRACTICE
<b>2</b> FRANCISCAN PHYSICIAN NETWORK - MC 500 W BUFFALO STREET NEW BUFFALO, MI 49117	PHYSICIAN PRACTICE
<b>3</b> WOMEN'S SPECIALTY HEALTH CENTER - DYER 2150 GETTLER STREET SUITE 255 DYER, IN 46311	PHYSICIAN PRACTICE
<b>4</b> AMER HEALTH NETWORK - MUNCIE 3631 N MORRISON ROAD MUNCIE, IN 47304	PT, IMAGING, SURGERY
<b>5</b> FRANCISCAN HEALTH MATERNAL FETAL MED 8111 S EMERSON AVNUE INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>6</b> FRANCISCAN PHYSICIAN NETWORK OF ILLINOIS 30 E 15TH STREET CHICAGO HEIGHTS, IL 60411	RESIDENCY CLINIC
<b>7</b> AFTER HOURS CLINIC - INDY 7855 S Emerson P INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>8</b> CATHERINE MCAULEY CLINIC 5530 HOHMAN AVENUE HAMMOND, IN 46320	PHYSICIAN PRACTICE
<b>9</b> FMS MN SKILLED NURSING 1400 S LAKE PARK AVENUE HOBART, IN 46342	SKILLED NURSING
<b>10</b> FPN CP SKILLED NURSING 1205 S MAIN STREET CROWN POINT, IN 46307	PHYSICIAN PRACTICE
<b>11</b> SPECIALTY PHYSICIANS OF ILLINOIS 4932 W 95th Street OAK LAWN, IL 60453	PHYSICIAN PRACTICE
<b>12</b> SKILLED NURSING FACILITY 4904 WAR ADMIRAL DRIVE INDIANAPOLIS, IN 46237	NURSING FACILITY
<b>13</b> SPECIALTY PHYSICIANS OF ILLINOIS BEECHER 989 DIXIE HIGHWAY BEECHER, IL 60401	PHYSICIAN PRACTICE
<b>14</b> FPN DOUGLAS PARK HEALTH CARE 3831 HOHMAN AVENUE HAMMOND, IN 46327	PHYSICIAN PRACTICE

**Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

**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)
<b>166</b> FRANCISCAN PHYSICIAN NETWORK - MC 900 I STREET LAPORTE, IN 46350	PHYSICIAN PRACTICE
<b>1</b> FPN WOUND CARE 1501 HARTFORD STREET LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>2</b> FPN MICHIGAN CITY 2307 LAPORTE AVENUE SUITE B VALPARAISO, IN 46383	PHYSICIAN PRACTICE
<b>3</b> SPORTS MEDICINE SPECIALISTS 315 DAN JONES ROAD 120 PLAINFIELD, IN 46168	PHYSICIAN PRACTICE
<b>4</b> POST ACUTE TRANSITIONAL CARE 5330 E STOP 11 ROAD INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>5</b> MCFARLAND FAMILY MEDICINE 7855 S EMERSON AVENUE P INDIANAPOLIS, IN 46237	PHYSICIAN PRACTICE
<b>6</b> FPN CP CHESTERTON NEURO SURGERY 770 INDIAN BOUNDARY ROAD CHESTERTON, IN 46304	PHYSICIAN PRACTICE
<b>7</b> FPN ONCOLOGY HEMATOLOGY 1701 S CREAMY LANE SUITE 1W93 LAFAYETTE, IN 47905	PHYSICIAN PRACTICE
<b>8</b> FPN CP MUNSTER NEUROSURGERY 759 45TH STREET MUNSTER, IN 46321	PHYSICIAN PRACTICE
<b>9</b> FPN HAMMOND FAMILY HEALTH CENTER 5500 HOHMAN AVENUE SUITE 2A HAMMOND, IN 46320	physician practice
<b>10</b> FRANCISCAN IMMEDIATE CARE - CASTLE KEY 4527 E 82ND STREET INDIANAPOLIS, IN 46250	IMMEDIATE CARE
<b>11</b> FRANCISCAN HEALTH FITNESS CENTERS CHICAGO HEIGHTS 100 197TH PLACE CHICAGO HEIGHTS, IL 60411	FITNESS CENTER
<b>12</b> FRANCISCAN HEALTH FITNESS CENTERS CHESTERTON 810 MICHAEL DRIVE CHESTERTON, IN 46304	FITNESS CENTER
<b>13</b> FRANCISCAN HEALTH FITNESS CENTERS SCHERERVILLE 221 US HIGHWAY 41 SU SCHERERVILLE, IN 46375	FITNESS CENTER

**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" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No 1545-0047

# 2018

**Open to Public Inspection**

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number  
35-1330472

**Part I Questions Regarding Compensation**

	Yes	No		
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                 </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p><b>b</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</p>	<b>1b</b>			
<p><b>2</b> 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?</p>	<b>2</b>			
<p><b>3</b> 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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee  <input checked="" type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                 </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                 </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>				
<p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No		
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No		
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	<b>4c</b>	No		
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>				
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>				
<p><b>a</b> The organization?</p>	<b>5a</b>	No		
<p><b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	<b>5b</b>	No		
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>				
<p><b>a</b> The organization?</p>	<b>6a</b>	No		
<p><b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	<b>6b</b>	No		
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	<b>7</b>	No		
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	<b>8</b>	No		
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>			



**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 on 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 on 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.

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE J, PART II, COLUMN (C)	Deferred compensation reported in this column includes change in present value of the qualified defined benefit plan. Changes in the amount reflected between years is primarily a function of the fluctuation in the actuarial discount rate used to measure this future liability.



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number

35-1330472

**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
<b>A</b>	INDIANA FINANCE AUTHORITY (08C)	35-1602316	45470YAX9	09-15-2008	291,837,375	REFUND PRIOR ISSUE DATED 5/2/06	X			X		X
<b>B</b>	INDIANA FINANCE AUTHORITY (08F)	35-1602316	45470YBE0	10-10-2008	279,345,000	REFUND PRIOR ISSUE DATED 11/20/03		X		X		X
<b>C</b>	INDIANA FINANCE AUTHORITY (08IJ)	35-1602316	45470YBL4	11-20-2008	81,850,000	REFUND PRIOR ISSUE DATED 5/16/06		X		X		X
<b>D</b>	INDIANA FINANCE AUTHORITY (09A)	35-1602316	45470YCF6	11-05-2009	221,309,385	REFUNDING AND NEW PROJECTS		X		X		X

**Part II Proceeds**

		A	B	C	D
<b>1</b>	Amount of bonds retired . . . . .	66,942,375	234,145,000	9,870,000	217,999,385
<b>2</b>	Amount of bonds legally defeased . . . . .	192,625,000	0	0	0
<b>3</b>	Total proceeds of issue . . . . .	290,462,634	278,919,324	81,693,875	219,392,897
<b>4</b>	Gross proceeds in reserve funds . . . . .	0	0	0	0
<b>5</b>	Capitalized interest from proceeds . . . . .	0	0	0	0
<b>6</b>	Proceeds in refunding escrows . . . . .	0	0	0	0
<b>7</b>	Issuance costs from proceeds . . . . .	1,505,785	503,876	1,120,800	792,500
<b>8</b>	Credit enhancement from proceeds . . . . .	0	0	0	0
<b>9</b>	Working capital expenditures from proceeds . . . . .	0	0	0	0
<b>10</b>	Capital expenditures from proceeds . . . . .	0	124,873,123	0	218,600,397
<b>11</b>	Other spent proceeds . . . . .	288,956,849	151,542,325	80,573,075	0
<b>12</b>	Other unspent proceeds . . . . .	0	0	0	0
<b>13</b>	Year of substantial completion . . . . .	2011		2012	
		Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X	X
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X	X
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X	X

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .			X		X		X	
<b>b</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?			X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .			X		X		X	
<b>d</b> 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?			X		X		X	
<b>4</b> 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 %		0 840 %		0 100 %		1 200 %
<b>5</b> 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 . . . . . ▶				0 030 %		0 020 %		0 130 %
<b>6</b> Total of lines 4 and 5 . . . . .				0 870 %		0 120 %		1 330 %
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .				X		X		X
<b>8a</b> 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		X			X
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .								X
<b>9</b> 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		X		X	

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13	FOR THE INDIANA FINANCE AUTHORITY 2008C, INDIANA FINANCE AUTHORITY 2012A/B, INDIANA FINANCE AUTHORITY 2014A, INDIANA FINANCE AUTHORITY 2016C/D/E, AND INDIANA FINANCE AUTHORITY 2017A BONDS, THESE BONDS SOLELY REFUNDED PRIOR ISSUES, SO THE YEAR OF SUBSTANTIAL COMPLETION HAS NOT BEEN ENTERED SCHEDULE K, PART III FOR THE INDIANA FINANCE AUTHORITY 2008C BONDS, PART III IS NOT COMPLETED SINCE ALL BOND PROCEEDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003 SCHEDULE K, PART III, LINE 8B FOR THE INDIANA FINANCE AUTHORITY 2008F, 2008I/J, AND 2012A/B BONDS, DURING 2012, THE DISPOSITION PROCEEDS FOR THE DISPOSED OF BOND-FINANCED PROPERTY WAS \$1 00, WHICH WAS WELL BELOW A TENTH OF A PERCENT OF EACH ISSUE SCHEDULE K, PART III, LINE 8C FRANCISCAN ALLIANCE, THE INDIANA FINANCE AUTHORITY, AND THE IRS ENTERED INTO A CLOSING AGREEMENT TO ADDRESS THE REQUIRED REMEDIAL ACTION UNDER REGULATIONS SECTION 1 142-12 AND 1 145-2 SCHEDULE K, PART IV, LINE 2C FOR EACH OF THE FOLLOWING BONDS, THE REBATE COMPUTATION WAS PERFORMED SERIES 2008C - JANUARY 2011 AND SERIES 2008I/J - FEBRUARY 2011

<b>Return Reference</b>	<b>Explanation</b>
SCHEDULE K, PART IV, LINE 5	FOR THE INDIANA FINANCE AUTHORITY 2008C AND INDIANA FINANCE AUTHORITY 2008I/J ISSUES, ONLY SMALL AMOUNTS OF PROCEEDS RELATED TO THE COST OF ISSUANCE WERE NOT EXPENDED AT THE END OF THE TEMPORARY PERIODS

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 35-1330472

**Name:** FRANCISCAN ALLIANCE INC

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13	FOR THE INDIANA FINANCE AUTHORITY 2008C, INDIANA FINANCE AUTHORITY 2012A/B, INDIANA FINANCE AUTHORITY 2014A, INDIANA FINANCE AUTHORITY 2016C/D/E, AND INDIANA FINANCE AUTHORITY 2017A BONDS, THESE BONDS SOLELY REFUNDED PRIOR ISSUES, SO THE YEAR OF SUBSTANTIAL COMPLETION HAS NOT BEEN ENTERED SCHEDULE K, PART III FOR THE INDIANA FINANCE AUTHORITY 2008C BONDS, PART III IS NOT COMPLETED SINCE ALL BOND PROCEEDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003 SCHEDULE K, PART III, LINE 8B FOR THE INDIANA FINANCE AUTHORITY 2008F, 2008I/J, AND 2012A/B BONDS, DURING 2012, THE DISPOSITION PROCEEDS FOR THE DISPOSED OF BOND-FINANCED PROPERTY WAS \$1 00, WHICH WAS WELL BELOW A TENTH OF A PERCENT OF EACH ISSUE SCHEDULE K, PART III, LINE 8C FRANCISCAN ALLIANCE, THE INDIANA FINANCE AUTHORITY, AND THE IRS ENTERED INTO A CLOSING AGREEMENT TO ADDRESS THE REQUIRED REMEDIAL ACTION UNDER REGULATIONS SECTION 1 142-12 AND 1 145-2 SCHEDULE K, PART IV, LINE 2C FOR EACH OF THE FOLLOWING BONDS, THE REBATE COMPUTATION WAS PERFORMED SERIES 2008C - JANUARY 2011 AND SERIES 2008I/J - FEBRUARY 2011
SCHEDULE K, PART IV, LINE 5	FOR THE INDIANA FINANCE AUTHORITY 2008C AND INDIANA FINANCE AUTHORITY 2008I/J ISSUES, ONLY SMALL AMOUNTS OF PROCEEDS RELATED TO THE COST OF ISSUANCE WERE NOT EXPENDED AT THE END OF THE TEMPORARY PERIODS



Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number

35-1330472

**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
<b>A</b>	INDIANA FINANCE AUTHORITY (12AB)	35-1602316		05-25-2012	82,620,000	REFUND PRIOR ISSUES DATED '01&'08		X		X		X
<b>B</b>	INDIANA FINANCE AUTHORITY (14A)	35-1602316		06-02-2014	50,000,000	REFUND PRIOR ISSUES DATED '08		X		X		X
<b>C</b>	INDIANA FINANCE AUTHORITY (16AB)	35-1602316	45470YCJ8	02-04-2016	295,426,956	REFUNDING AND NEW PROJECTS		X		X		X
<b>D</b>	INDIANA FINANCE AUTHORITY (16CDE)	35-1602316		10-19-2016	223,085,000	REFUNDING PRIOR ISSUE		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .	9,670,000		0		155,000		19,330,000	
<b>2</b>	Amount of bonds legally defeased . . . . .	0		0		0		0	
<b>3</b>	Total proceeds of issue . . . . .	82,620,000		50,000,000		295,426,956		223,085,000	
<b>4</b>	Gross proceeds in reserve funds . . . . .	0		0		0		0	
<b>5</b>	Capitalized interest from proceeds . . . . .	0		0		0		0	
<b>6</b>	Proceeds in refunding escrows . . . . .	0		0		0		0	
<b>7</b>	Issuance costs from proceeds . . . . .	0		0		2,444,202		0	
<b>8</b>	Credit enhancement from proceeds . . . . .	0		0		0		0	
<b>9</b>	Working capital expenditures from proceeds . . . . .	0		0		0		0	
<b>10</b>	Capital expenditures from proceeds . . . . .	0		0		199,269,999		0	
<b>11</b>	Other spent proceeds . . . . .	82,620,000		50,000,000		93,712,755		223,085,000	
<b>12</b>	Other unspent proceeds . . . . .	0		0		0		0	
<b>13</b>	Year of substantial completion . . . . .								
		Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X		X			X	X	
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X		X	X			X
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X		X			X	X	
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>b</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?	X		X		X		X	
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X		X		X	
<b>d</b> 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?	X		X		X		X	
<b>4</b> 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 . . . . . ▶	0 840 %		0 840 %		0 280 %		0 400 %	
<b>5</b> 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 . . . . . ▶	0 030 %		0 030 %		0 090 %		0 030 %	
<b>6</b> Total of lines 4 and 5 . . . . .	0 870 %		0 870 %		0 370 %		0 430 %	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X		X		X
<b>8a</b> 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		X		X		X	
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .			X		X		X	
<b>9</b> 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		X		X		X	

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule K (Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No 1545-0047

**2018**

**Open to Public Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**  
 ▶ **Attach to Form 990.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number  
35-1330472

**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
<b>A</b> INDIANA FINANCE AUTHORITY (17A)	35-1602316		10-31-2017	45,250,000	REFUND 2008G BONDS		X		X		X
<b>B</b> INDIANA FINANCE AUTHORITY (17BC)	35-1602316	45470YET4	12-28-2017	385,659,962	REFUND 2009A AND NEW PROJECTS		X		X		X

**Part II Proceeds**

		A		B		C		D	
<b>1</b>	Amount of bonds retired . . . . .		0		0				
<b>2</b>	Amount of bonds legally defeased . . . . .		0		0				
<b>3</b>	Total proceeds of issue . . . . .		45,250,000		385,659,962				
<b>4</b>	Gross proceeds in reserve funds . . . . .		0		0				
<b>5</b>	Capitalized interest from proceeds . . . . .		0		0				
<b>6</b>	Proceeds in refunding escrows . . . . .		0		0				
<b>7</b>	Issuance costs from proceeds . . . . .		0		2,374,503				
<b>8</b>	Credit enhancement from proceeds . . . . .		0		0				
<b>9</b>	Working capital expenditures from proceeds . . . . .		0		0				
<b>10</b>	Capital expenditures from proceeds . . . . .		0		84,750,122				
<b>11</b>	Other spent proceeds . . . . .		45,250,000		208,285,459				
<b>12</b>	Other unspent proceeds . . . . .		0		90,249,878				
<b>13</b>	Year of substantial completion . . . . .								
		<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b>	Were the bonds issued as part of a current refunding issue? . . . . .	X			X				
<b>15</b>	Were the bonds issued as part of an advance refunding issue? . . . . .		X	X					
<b>16</b>	Has the final allocation of proceeds been made? . . . . .	X			X				
<b>17</b>	Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

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

**Part III Private Business Use** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .	X		X					
<b>b</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?	X		X					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .	X		X					
<b>d</b> 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?	X		X					
<b>4</b> 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 . . . . . ▶	0 840 %		0 880 %					
<b>5</b> 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 . . . . . ▶	0 030 %		0 120 %					
<b>6</b> Total of lines 4 and 5 . . . . .	0 870 %		1 000 %					
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2? . . . . .		X						
<b>9</b> 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		X					

**Part IV Arbitrage**

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

**Part IV Arbitrage** (Continued)

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

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

Return Reference	Explanation

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

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

OMB No 1545-0047  
**2018**  
**Open to Public Inspection**

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number

35-1330472

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 1	<p>FRANCISCAN ALLIANCE, INC 'S ("FRANCISCAN") PURPOSE IS TO CONTINUE THE HEALING MINISTRY OF CHRIST IN ACCORDANCE WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND IN PARTNERSHIP WITH OTHERS TO PROVIDE A FULL CONTINUUM OF HEALTH CARE SERVICES, TO CARRY ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH, TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO HEALTH CARE, AND TO PARTICIPATE IN ACTIVITIES DESIGNED AND CONDUCTED TO PROMOTE THE GENERAL HEALTH OF THOSE SERVED BY FRANCISCAN PLEASE VIEW WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH WHICH REFLECTS OUR MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION " FORM 990, PART V, LINE 3B FRANCISCAN ALLIANCE, INC HAD UNRELATED BUSINESS TAXABLE GROSS INCOME OVER \$1,000 FRANCISCAN ALLIANCE, INC WILL FILE AN EXTENSION TO EXTEND THE DUE DATE OF ITS FORM 990-T UNTIL NOVEMBER 15, 2019 IT WILL FILE ITS FORM 990-T ON OR BEFORE THE EXTENDED DUE DATE FORM 990, PART V, LINE 4B ADDITIONAL FOREIGN COUNTRIES (CONTINUATION OF ATTACHMENT 3) - DENMARK, EGYPT, EUROPEAN UNION, FINLAND, FRANCE, GERMANY, GREECE, HONG KONG, HUNGARY, INDIA, INDONESIA, ISRAEL, ITALY, JAPAN, REPUBLIC OF KOREA (SOUTH KOREA), MALAYSIA, MEXICO, NETHERLANDS, NEW ZEALAND, NORWAY, PERU, PHILIPPINES, POLAND, PORTUGAL, QATAR, RUSSIAN FEDERATION, SINGAPORE, SOUTH AFRICA, SPAIN, SWEDEN, SWITZERLAND, TAIWAN, THAILAND, TURKEY, UNITED ARAB EMIRATES, UNITED KINGDOM FORM 990, PART VI, SECTION A, LINE 7A THE ENTIRE BOARD OF TRUSTEES SHALL CONSIST OF NO MORE THAN TWENTY (20), AND NO FEWER THAN NINE (9), SEVEN (7) OF WHOM SHALL BE SISTERS OF THE EASTERN PROVINCE ("PROVINCE") OF THE SISTERS OF ST FRANCIS OF PERPETUAL ADORATION, A RELIGIOUS CONGREGATION OF WOMEN OF THE ROMAN CATHOLIC CHURCH ("CONGREGATION") THE TRUSTEES OF THE BOARD SHALL INCLUDE THE FOLLOWING PERSONS (A) THREE TRUSTEES SHALL BE MEMBERS OF THE PROVINCIAL LEADERSHIP OF THE PROVINCE, ONE OF WHOM SHALL BE THE PROVINCIAL, OR HER DESIGNEE, AND THE REMAINING TWO SHALL BE APPOINTED BY THE PROVINCIAL LEADERSHIP, (B) THE MEMBER OF THE CORPORATION SERVING AS TREASURER OF THE PROVINCE WHO MAY ALSO BE ONE OF THE PROVINCIAL LEADERSHIP REPRESENTATIVES AS DESCRIBED IN (A), (C) THE MEMBER OF THE CORPORATION SERVING AS SPONSOR LIAISON FOR HEALTHCARE OF THE PROVINCE WHO MAY ALSO BE ONE OF THE PROVINCIAL LEADERSHIP REPRESENTATIVES AS DESCRIBED IN (A), (D) THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATION, AND (E) THE TRUSTEES ELECTED BY THE MEMBERS TO FILL THE REMAINING POSITIONS</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	NO ACTION ON THE PART OF THE BOARD OF TRUSTEES IN RESPECT OF ANY OF THE FOLLOWING MATTERS SHALL BE EFFECTIVE UNLESS THE ACTION HAS BEEN APPROVED BY A MAJORITY OF THE MEMBERS, NAMELY (A) CORPORATE MISSION AND PHILOSOPHY, (B) APPOINTMENT OR REMOVAL OF THE CHAIRPERSON, PRESIDENT, SECRETARY, OR TREASURER OF THE CORPORATION, (C) ALIENATION OF PROPERTY AS DEFINED IN CANON LAW, OR (D) ENCUMBRANCE OF DEBT AS DEFINED BY CANON LAW



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	THE INFORMATION TO PREPARE THE FORM 990 OF FRANCISCAN ALLIANCE, INC ("FRANCISCAN") IS GATHERED BY FINANCE STAFF AND MISSION REPRESENTATIVES AND PROVIDED TO ITS ACCOUNTING FIRM WHO PREPARES THE RETURN SENIOR MANAGEMENT THEN REVIEWS THE RETURN PRIOR TO FILING THE FORM 990 IS ALSO MADE AVAILABLE TO FRANCISCAN'S BOARD OF TRUSTEES PRIOR TO FILING

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	<p>The Corporation requires annual conflict of interest statements from each director, principal officer, members of committees with board designated powers, key employees, and executive leadership committee members which affirms that they have received, read, and understand the conflict of interest policy and have agreed to comply with the policy. In connection with any actual or possible conflict of interest, a director, principal officer or member of a committee with board designated powers must disclose the existence and nature of the financial interest to the directors and members of committees with board delegated powers considering the proposed transaction or arrangements. After disclosure of the financial interest, the director, principal or committee member shall leave the board or committee meeting while the financial interest is discussed and vote taken. In addition, ongoing reviews and assessments are made to make certain that the Corporation operates in a manner consistent with its charitable purposes. In conducting the ongoing reviews and assessments, the Corporation uses internal and external advisors. Reviews include compensation arrangements, acquisitions, partnerships, joint venture arrangements, and agreements to provide health care products/services, etc.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>Franciscan Alliance, Inc 's ("Franciscan") process for determining compensation for the organization's President/CEO, officers and key employees consists of periodic external reviews completed by national independent compensation consultants. The Executive Committee of the Board of Trustees approves the proposed compensation and benefits at an annual compensation review meeting held each year. The organization's President/CEO recuses himself from the vote on executive compensation.</p> <p>FORM 990, PART VII, SECTION A, COLUMN (F) Deferred compensation reported in this column includes change in present value of the qualified defined benefit plan. Changes in the amount reflected between years is primarily a function of the fluctuation in the actuarial discount rate used to measure this future liability.</p> <p>FORM 990, PART X, LINES 27 AND 29 DURING 2018, FRANCISCAN ALLIANCE, INC ("FRANCISCAN") ADOPTED THE NEW FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARD UPDATE THAT MODIFIED THE PRESENTATION OF NOT-FOR-PROFIT FINANCIAL STATEMENTS. AS SUCH THE ADOPTION OF THIS STANDARD REQUIRED A CHANGE TO THE AMOUNTS OF THE BEGINNING BALANCE OF ITS NET ASSETS. HOWEVER, THE TOTAL NET ASSETS FOR THE BEGINNING OF THE YEAR REMAINS UNCHANGED. LINE 27 REPORTS NET ASSETS WITHOUT DONOR RESTRICTIONS AND LINE 29 REPORTS NET ASSETS WITH DONOR RESTRICTIONS, AS PROVIDED IN THE FORM 990 INSTRUCTIONS.</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF AFFILIATES 40,935,506 MINORITY INTEREST IN AFFILIATES 185,200 EQUITY TRANSFERS TO/FROM AFFILIATES (10,220,980) UNREALIZED GAIN ON SWAP CONTRACTS 4,226,575 UNREALIZED LOSS - HILLS (16,354,339) CHANGE IN NONCONTROLLING INTEREST IN SUBS (5,185,200) CHANGE IN DONOR RESTRICTED NET ASSETS 51,573 DIVIDENDS RECEIVED FROM AFFILIATES 3,897,409 OTHER COMPREHENSIVE INCOME (25,934,196) OTHER CHANGES IN NET ASSETS (404,837) ----- TOTAL OTHER CHANGES IN NET ASSETS (8,653,815)

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No 1545-0047

**2018**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
FRANCISCAN ALLIANCE INC

Employer identification number

35-1330472

**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
<b>(1)</b> ST FRANCIS INSURANCE SERVICES LLC 1600 ALBANY STREET BEECH GROVE, IN 46107 20-0048077	INSURANCE	IN	874,038	0	FRANCISCAN
<b>(2)</b> SPECIALTY PHYSICIANS OF ILLINOIS LLC 333 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411 05-0540914	PHYSICIAN	IL	20,313,000	5,500,000	FRANCISCAN
<b>(3)</b> FAITH HOPE AND LOVE CANCER CENTER LLC 1250 SOUTH CREEPY LN STE A LAFAYETTE, IN 47905 68-0612977	MEDICAL SRVCS	IN	0	0	FRANCISCAN
<b>(4)</b> ST FRANCIS MEDICAL GROUP LLC 5330 E STOP 11 RD INDIANAPOLIS, IN 46237 26-3877295	MEDICAL SRVCS	IN	0	0	FRANCISCAN
<b>(5)</b> FRANCISCAN PHO CENTRAL INDIANA LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 82-2534628	ACCOUNT CARE	IN	0	0	FRANCISCAN
<b>(6)</b> FRANCISCAN PHO NORTHERN INDIANA LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 82-2537889	ACCOUNT CARE	IN	0	0	FRANCISCAN

**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.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

**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.

See Additional Data Table

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

**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	No
<b>(1)</b> FRANCISCAN HOLDING CORPORATION 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 36-3593505	HOLDING CO	IN	FRANCISCAN	C CORP	13,311,464	83,103,569	100 000 %	Yes	
<b>(2)</b> ST JAMES PHO INC 30 E 11TH ST SUITE 402 CHICAGO HEIGHTS, IL 60411 36-3945083	MANAGED CARE	IL	FRANCISCAN	C CORP	0	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.

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

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

**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
(1) FRANCISCAN HEALTH FOUNDATION INC	C	1,625,219	FMV

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



**Part VII**    **Supplemental Information**

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

<b>Return Reference</b>	<b>Explanation</b>

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 35-1330472  
**Name:** FRANCISCAN ALLIANCE INC

## Form 990, Schedule R, Part I - Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary Activity	<b>(c)</b> Legal Domicile (State or Foreign Country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct Controlling Entity
(1) ST FRANCIS INSURANCE SERVICES LLC 1600 ALBANY STREET BEECH GROVE, IN 46107 20-0048077	INSURANCE	IN	874,038	0	FRANCISCAN
(1) SPECIALTY PHYSICIANS OF ILLINOIS LLC 333 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411 05-0540914	PHYSICIAN	IL	20,313,000	5,500,000	FRANCISCAN
(2) FAITH HOPE AND LOVE CANCER CENTER LLC 1250 SOUTH CREASY LN STE A LAFAYETTE, IN 47905 68-0612977	MEDICAL SRVCS	IN	0	0	FRANCISCAN
(3) ST FRANCIS MEDICAL GROUP LLC 5330 E STOP 11 RD INDIANAPOLIS, IN 46237 26-3877295	MEDICAL SRVCS	IN	0	0	FRANCISCAN
(4) FRANCISCAN PHO CENTRAL INDIANA LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 82-2534628	ACCOUNT CARE	IN	0	0	FRANCISCAN
(5) FRANCISCAN PHO NORTHERN INDIANA LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 82-2537889	ACCOUNT CARE	IN	0	0	FRANCISCAN

**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	No
1515 DRAGOON TRAIL MISHAWAKA, IN 46544 03-0372512	CAPTIVE INS	VT	501(C)(3)	12-TYPE 1	FRANCISCAN	Yes	
PO BOX 766 MISHAWAKA, IN 46546 35-1328145	RELIGIOUS	IN	501(C)(3)	1	NA		No
PO BOX 1290 MISHAWAKA, IN 46546 34-0714485	SUPPORT ALEXA	OH	501(C)(3)	3	FRANCISCAN	Yes	
1515 DRAGOON TRAIL MISHAWAKA, IN 46544 35-1955283	FUNDRAISING	IN	501(C)(3)	7	FRANCISCAN	Yes	
4701 N KEYSTONE AVE S418 INDIANAPOLIS, IN 46205 35-0868199	HOME HEALTH	IN	501(C)(3)	10	FRANCISCAN	Yes	
4701 N KEYSTONE AVE S418 INDIANAPOLIS, IN 46205 35-2107306	HEALTHCARE	IN	501(C)(3)	10	FRANCISCAN	Yes	
1104 E GRACE ST RENSELAER, IN 47978 47-3825106	HEALTH SRVCS	IN	501(C)(3)	3	FRANCISCAN	Yes	
700 E SOUTHPORT ROAD INDIANAPOLIS, IN 46227 35-1904455	HEALTHCARE	IN	501(C)(3)	12-TYPE 1	FRANCISCAN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANCISCAN SURGERY CENTER LLC  421 N EMERSON AVE BEECH GROVE, IN 46143 35-2128334	MEDICAL SERVICES	IN	FRANCISCAN	RELATED				No	0		No	50.590 %
(1) LAFAYETTE HEART PROGRAM HOLDINGS LLC  1501 HARTFORD STREET LAFAYETTE, IN 47904 38-3750811	MEDICAL SERVICES	IN	FRANCISCAN	RELATED					0			51.000 %
(2) ST ANTHONY HEALTH NETWORK LLC  PO BOX 310 MISHAWAKA, IN 46546 35-1985170	CLAIMS PROCESSING	IN	FRANCISCAN	RELATED				No	0	Yes		88.070 %
(3) ST FRANCIS MOORESVILLE SURGERY CTR LLC  1215 HADLEY ROAD SUITE 100 MOORESVILLE, IN 46158 20-2256900	MEDICAL SERVICES	IN	FRANCISCAN	RELATED			Yes		0		No	51.020 %
(4) ST FRANCIS RADIATION THERAPY CENTERS LLC  421 N EMERSON AVE GREENWOOD, IN 46143 77-0663631	MEDICAL SERVICES	IN	FRANCISCAN	RELATED				No	0		No	88.950 %
(5) ST FRANCIS IMAGING CTR (GREENWOOD) LLC  421 N EMERSON AVE GREENWOOD, IN 46143 20-4607426	IMAGING SERVI	IN	FRANCISCAN	RELATED				No	0		No	60.000 %
(6) TONN & BLANK CONSTRUCTION LLC  1623 GREENWOOD AVENUE MICHIGAN CITY, IN 46360 26-3919039	CONSTRUCTION	IN	FHC	RELATED	9,714,173	63,381,872		No	138,725		No	75.570 %
(7) MAJOR HOSP CARDIAC DIAGNOSTICS LLC  2451 INTELLIPLEX DR SHELBYVILLE, IN 46176 20-8715441	MEDICAL SERVICES	IN	FRANCISCAN	RELATED				No	0		No	53.600 %