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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

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 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

C Name of organization
Saint Francis Hospital Inc

% ERIC E SCHICK
Doing business as

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

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

F Name and address of principal officer:
Eric E Schick
6161 S Yale Ave
Tulsa, OK 741363319

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 0928

D Employer identification number
73-0700090

E Telephone number
(918) 494-8430

G Gross receipts \$ 8,813,813,267

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ▶ [HTTPS://WWW.SAINTFRANCIS.COM](https://www.saintfrancis.com)

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶
L Year of formation: 1960 M State of legal domicile: OK

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
To provide cost effective methods for protecting against legal risks and liability which arise from health care services provided by SFHS and its employee professionals.

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

3	Number of voting members of the governing body (Part VI, line 1a)	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	6
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	7,071
6	Total number of volunteers (estimate if necessary)	496
7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,563,534
7b	Net unrelated business taxable income from Form 990-T, line 34	

Revenue

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,066,069
9	Program service revenue (Part VIII, line 2g)	1,127,041,875
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,863,425
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,744,695
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,175,716,064

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,299,436	2,876,870
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	411,694,987	445,998,119
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	560,390,606	587,524,421
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	974,385,029	1,036,399,410
19	Revenue less expenses. Subtract line 18 from line 12	201,331,035	199,195,524

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	2,356,172,006
21	Total liabilities (Part X, line 26)	114,727,978
22	Net assets or fund balances. Subtract line 21 from line 20	2,241,444,028

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

ERIC E SCHICK Treasurer/CFO

Type or print name and title

2020-05-21

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00116760

Firm's name ▶ ERNST & YOUNG US LLP

Firm's EIN ▶

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

Phone no. (817) 335-1900

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 752,390,751 including grants of \$ 2,876,870) (Revenue \$ 1,196,462,614)
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 ▶ 752,390,751

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33 Yes	
34	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>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36 Yes	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 488	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

Form **990** (2018)

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	8	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	Yes	
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?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	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.)

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

Section C. Disclosure

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

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

Part VII

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

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

☒

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Jake Henry Jr President/CEO/Director	1.0 39.0	X		X				0	1,849,437	85,505
(2) Barry L Steichen Vice President/COO/Director	1.0 39.0	X		X				0	1,018,478	158,825
(3) Judy Kishner Trustee	1.0 0.0	X						0	0	0
(4) William R Lissau Director	1.0 0.0	X						0	0	0
(5) William K Warren Jr Trustee	1.0 0.0	X						0	0	0
(6) John A Gaberino Trustee	1.0 0.0	X						0	0	0
(7) Bishop David A Konderla Trustee	1.0 0.0	X						0	0	0
(8) J Frederick McNeer MD Trustee	1.0 0.0	X						0	0	0
(9) Thomas G Neff Secretary (Until 12/31/18)	39.0 1.0			X				554,766	0	61,844
(10) Eric E Schick Treasurer/CFO	39.0 1.0			X				819,770	0	139,320
(11) Michael J Lissau Secretary (Start 1/1/19)	39.0 1.0			X				0	0	0
(12) Lynn Sund Administrator (Until 10/31/18)	39.0 1.0				X			606,604	0	57,557
(13) Doug Williams Administrator (Start 11/1/18)	39.0 1.0				X			315,139	0	70,037
(14) Harsh Patel MD Physician	1.0 39.0					X		2,700	1,194,816	40,442
(15) Frank Schmidt MD Physician	5.0 35.0					X		33,336	1,148,295	47,019
(16) Sanjeev Trehan MD Physician	5.0 35.0					X		11,865	1,123,289	54,043
(17) Ryan Gursky MD Physician	5.0 35.0					X		9,000	1,056,118	56,450

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

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	2,638,477	8,184,714	839,556

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 ▶ 326

		Yes	No
3	Did the organization list any former 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	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <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
Skanska USA Building Inc, 389 Interpace Parkway 5th Fl PARSIPPANY, NJ 07054	Construction Svcs	21,815,237
Medefis Inc, 2121 N 117th Ave Ste 200 OMAHA, NE 68164	Medical Services	8,691,472
Crossland Construction Co Inc, 833 S East Ave COLUMBUS, KS 66725	Construction Svcs	7,049,795
Epic Systems Corporation, 1979 Milky Way VERONA, WI 53593	Software Services	4,523,694
GE Precision Healthcare LLC, 3000 N Grandview Blvd WAUKESHA, WI 53188	Medical Services	4,235,812

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 ► 106

Form 990 (2018)

Part VIII

Statement of Revenue

Page 9

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

☒

Contributions, Gifts, Grants and Other Similar Amounts

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a	Federated campaigns	1a			
b	Membership dues	1b			
c	Fundraising events	1c			
d	Related organizations	1d	55,228		
e	Government grants (contributions)	1e			
f	All other contributions, gifts, grants, and similar amounts not included above	1f	349,947		
g Noncash contributions included in lines 1a - 1f:\$		55,228			
h Total. Add lines 1a-1f		405,175			

Program Service Revenue

		Business Code				
2a	PATIENT CARE REVENUE	621110	841,940,694	841,940,694		
b	P'SHIP INCOME RELATED TO PROGRAM SERVICES	541900	3,296,144	3,151,459	144,685	
c	OUTREACH LAB	621500	17,584,271	17,584,271		
d	OFFICE SPACE REIMBURSEMENT	531120	1,435,468	1,435,468		
e	MEDICARE / MEDICAID	621300	330,280,319	330,280,319		
f All other program service revenue						
g Total. Add lines 2a-2f		1,194,536,896				

Other Revenue

3 Investment income (including dividends, interest, and other similar amounts)		36,255,582				36,255,582
4 Income from investment of tax-exempt bond proceeds		0				
5 Royalties		0				
6a Gross rents		(i) Real	(ii) Personal			
		31,129				
b Less: rental expenses		8,839				
c Rental income or (loss)		22,290	0			
d Net rental income or (loss)		22,290				22,290
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		7,553,266,461	884,588			
b Less: cost or other basis and sales expenses		7,577,210,583	998,911			
c Gain or (loss)		-23,944,122	-114,323			
d Net gain or (loss)		-24,058,445				-24,058,445
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a 0				
b Less: direct expenses		b 0				
c Net income or (loss) from fundraising events		0				
9a Gross income from gaming activities. See Part IV, line 19		a 0				
b Less: direct expenses		b 0				
c Net income or (loss) from gaming activities		0				
10a Gross sales of inventory, less returns and allowances		a 0				
b Less: cost of goods sold		b 0				
c Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code				
11aFOOD SERVICES		900004		6,919,653		6,919,653
b AFFIL TELECOM & COMPUTER SUPP REV		621500		4,273,306		4,273,306
c PHARMACY RBI		621500		1,681,566		1,681,566
d All other revenue				15,558,911	1,925,718	2,418,849
e Total. Add lines 11a-11d				28,433,436		
12 Total revenue. See Instructions.				1,235,594,934	1,196,317,929	2,563,534
						36,308,296

Form 990 (2018)

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
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,258,970	2,258,970		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	617,900	617,900		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,689,975		2,689,975	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	574,379	271,665	302,714	
7 Other salaries and wages	358,992,954	313,916,569	45,076,385	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	23,979,730	680,612	23,299,118	
9 Other employee benefits	35,342,887	2,156,385	33,186,502	
10 Payroll taxes	24,418,194	688,645	23,729,549	
11 Fees for services (non-employees):				
a Management	38,051,548	18,363,352	19,688,196	
b Legal	923,253	24,874	898,379	
c Accounting	812,516	79,930	732,586	
d Lobbying	407,657		407,657	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	3,201,699		3,201,699	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,982,128	13,878,351	103,777	
12 Advertising and promotion	5,328,753	319,804	5,008,949	
13 Office expenses	64,327,562	41,448,668	22,878,894	
14 Information technology	-2,202,369	1,930,560	-4,132,929	
15 Royalties	0			
16 Occupancy	17,420,513	7,207,709	10,212,804	
17 Travel	810,732	522,852	287,880	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	-7,697,302	-7,697,302		
22 Depreciation, depletion, and amortization	61,076,686	1,274,590	59,802,096	
23 Insurance	11,752,491	813,296	10,939,195	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	266,994,398	266,340,968	653,430	
b BAD DEBT EXPENSE	86,912,922	86,912,922	0	
c ADMINISTRATIVE EXPENSES	25,092,045	90,592	25,001,453	
d DUES AND LICENSES	329,189	288,839	40,350	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,036,399,410	752,390,751	284,008,659	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☒

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,083,092	1	319,178
	2 Savings and temporary cash investments	298,314,629	2	327,077,850
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	124,611,922	4	132,185,805
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	26,439,142	8	28,381,816
	9 Prepaid expenses and deferred charges	10,955,047	9	12,796,860
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,084,214,040		
	b Less: accumulated depreciation	10b 524,504,586	524,255,653	10c 559,709,454
	11 Investments—publicly traded securities	908,471,100	11	1,042,299,380
	12 Investments—other securities. See Part IV, line 11	434,989,484	12	469,761,050
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	27,051,937	15	26,947,667
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,356,172,006	16	2,599,479,060	
Liabilities	17 Accounts payable and accrued expenses	80,060,006	17	89,961,180
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	222,718
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	34,667,972	25	35,300,918
	26 Total liabilities. Add lines 17 through 25	114,727,978	26	125,484,816
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,241,444,028	27	2,473,994,244
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,241,444,028	33	2,473,994,244	
34 Total liabilities and net assets/fund balances	2,356,172,006	34	2,599,479,060	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,235,594,934
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,036,399,410
3	Revenue less expenses. Subtract line 2 from line 1	3	199,195,524
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,241,444,028
5	Net unrealized gains (losses) on investments	5	18,402,738
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	14,951,954
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,473,994,244

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

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

Form 990 (2018)

Form 990, Part III, Line 4a:

Statement of Accomplishments Saint Francis Hospital, Inc. is a member of Saint Francis Health System, Inc. Saint Francis Health System, Inc. is a Catholic, not-for-profit health system whose mission is to extend the presence and healing ministry of Christ in all we do. Saint Francis Health System, Inc.'s largest hospital Saint Francis Hospital, Inc., is a 1,088-bed tertiary center, which includes the region's only children's hospital and Level IV neonatal intensive care unit, a 168-bed heart hospital and is Tulsa's busiest trauma and emergency center. Additionally, Saint Francis Health System, Inc. employs more than 545 providers with 388 of those serving through Warren Clinic, Inc., which serves the region with over 95 locations throughout eastern Oklahoma. In total, Saint Francis Health System, Inc. has more than 11,000 employees, 1,056 physicians on medical staff and approximately 750 volunteers, making it the largest private employer in Tulsa County, with hospitals, physician clinics, mental health facilities, trauma emergency centers, pharmacy services, rehabilitation facilities, a fitness center, a neonatal intensive care unit, and home health services. As a member of Saint Francis Health System, Inc. and a not-for-profit organization, each year Saint Francis Hospital, Inc. provides millions of dollars of charity care to patients throughout the State of Oklahoma, Southern Kansas, Southwestern Missouri and Western Arkansas. While this care represents a large percentage of Saint Francis Hospital, Inc.'s gift back to the community, it is still only part of what Saint Francis Hospital, Inc. considers as healing ministry of Christ. Saint Francis Health System, Inc.'s mission of extending the presence and healing ministry of Christ is epitomized in Saint Francis Hospital, Inc.'s giving back to its community. It takes the form of hundreds of programs and acts of charity provided daily across the State of Oklahoma - free health screenings, support groups, medical services, educational programs, health fairs and more. Saint Francis Hospital, Inc. provides significant amounts of uncompensated services. Uncompensated services are the costs of providing free and reduced cost care, which includes charity care and unpaid costs of Medicaid programs. As a not-for-profit hospital, Saint Francis Hospital, Inc. provides services to everyone, regardless of their ability to pay or their insurance coverage. Thus, it provides a much needed safety net for members of the Saint Francis Hospital, Inc. community who would otherwise be able to obtain medical care. Saint Francis Hospital, Inc., in the fall of 2004, implemented provisions that increase the hospital's ability to offer charity care to those less fortunate and provide those lacking healthcare coverage with free care to lessen the burden and anxiety often caused by healthcare expenses. The Financial Assistance Policy provides access to charity care for those individuals whose gross annual income is equal to or less than 225 percent of the federal poverty level. Further, patients lacking healthcare insurance, regardless of their personal income level, receive a discount from billed charges. Both initiatives exemplify the Saint Francis Health System, Inc.'s mission to extend the presence and healing ministry of Christ, with a particular emphasis on those most in need of health services in Northeastern Oklahoma. All, to improve the health of the people and communities served in a spirit of compassion and charity. Saint Francis History On October 1, 1960, Saint Francis Hospital, Inc., located in eastern Oklahoma, opened with 275 beds. It was a dream of the founders William K. Warren Sr. and his wife Natalie Overall Warren to give a gift to the City of Tulsa that would serve its citizens for years to come. In order to meet patient care requirements, as well as the demands of a rapidly growing population in Southeast Tulsa, Saint Francis Hospital, Inc. was expanded in 1969 to 735 adult and pediatric beds and bassinets. A major milestone occurred on December 3, 1975 - the 15th anniversary of the hospital - when the Natalie Warren Bryant Cancer Center opened its doors. It was one of the first centers where radiation therapy, chemotherapy services, laboratory and support services were grouped in a single location for the patient's convenience. The Natalie Warren Bryant Cancer Center is now known as the Saint Francis Cancer Center and provides state-of-the-art medical oncology and radiotherapy technology to residents in eastern Oklahoma and surrounding states. The first area Warren Clinic, Inc. facility was established in Stillwater, Oklahoma, in January 1988. Warren Clinic, Inc. has grown significantly from the three internal medicine specialists in Stillwater to 388 providers in practice throughout eastern Oklahoma. Saint Francis Hospital at Broken Arrow officially became part of Saint Francis Health System, Inc. in January 1988. The union initially occurred when Saint Francis Hospital at Broken Arrow affiliated with Saint Francis Hospital, Inc. on January 1, 1986. As the Broken Arrow community grew, the Broken Arrow facility was unable to meet the demands. In June of 2007, the hospital relocated to a new facility and is now known as Saint Francis Hospital South, LLC, it continues to serve the Broken Arrow community. A fitness park was built where the former hospital once stood for community members to enjoy. Saint Francis Hospital South, LLC opened in 2007 with 96 beds servicing the needs of Southern Tulsa and Wagoner counties in Oklahoma. Built with a neighborhood feel, the hospital offers general services, as well as many sub-specialties generally reserved for larger city hospitals including a Level IV NICU, Emergency Services, Cardiology, Urology and 24-hour on-site anesthesia. In 1989, the William K. Warren Foundation established Laureate Psychiatric Clinic and Hospital, Inc., as well as the Laureate Psychiatric Research Center. Laureate Psychiatric Clinic and Hospital, Inc. was opened to provide a place where those suffering from mental illness would be treated the same as patients having any other illness. In addition to programs for adolescents and adults, Laureate Psychiatric Clinic and Hospital, Inc. offers successful specialty programs for chemical dependency, mood disorders and eating disorders. The Children's Hospital at Saint Francis, a "hospital within a hospital" was established in 1995 and created with pediatric patients in mind. The goal was to improve access and efficiency, as well as to provide a larger and more "kid friendly" atmosphere for children and their families. The Children's Hospital at Saint Francis is a regional referral center specializing in pediatric inpatient care, as well as neonatal and pediatric intensive care and offers service in more than 25 different pediatric specialties including the regions only Level IV Neonatal Intensive Care Unit, pediatric hematology/oncology clinic and a pediatric cardiac surgery program. In March 2004, Saint Francis Health System, Inc. and area cardiologists joined together as partners to open the Saint Francis Heart Hospital. The need for heart services is great in Oklahoma as heart disease is the leading cause of death in Oklahoma according to a report issued by the Centers for Disease Control and Prevention National Vital Statistic Reports for 2015. Smoking, high blood pressure, high cholesterol and lack of exercise are factors that contribute to the problem and place Oklahoma high on the unhealthy list. Saint Francis Trauma Emergency Center and Patient Tower, the largest expansion of Saint Francis Hospital, Inc.'s history, opened September 2014. The newest facility includes acute and critical care capacity; a new eight-story, 150-bed patient care tower; a new chapel and convent; clinical education rooms; and administrative and physician office spaces. In October 2016, Saint Francis Health System, Inc. began managing the Oklahoma State University Medical Center (OSUMC). Under the terms of the 10-year management agreement, Saint Francis Health System, Inc. provides executive leadership, operational oversight and strategic direction for the hospital and its affiliated clinics and programs to provide access to healthcare to the medically underserved and rural areas in the region. The partnership allows both organizations to bolster their ability to meet the needs of the vulnerable population. Formerly Craig General Hospital, Saint Francis Hospital Vinita is located on a piece of the homestead of Mr. and Mrs. W.F. Friend, who donated the land in the early 1960's. The hospital, which opened in 1963, became part of the Saint Francis Health System in December, 2016. It, along with the existing Warren Clinic Vinita and the newly named Saint Francis Health Centers located in Langley and Monkey Island, provide area residents with conveniently located primary and specialty services. In April 2017, Eastar Health System and affiliated clini

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Saint Francis Hospital Inc

Employer identification number

73-0700090

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

The organization is not a private foundation because it is: (For lines 1 through 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		
Total						

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

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
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? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c 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? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a 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)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

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

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

Section D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (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?		
	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
	3		

Section E. Type III Functionally-Integrated Supporting Organizations		Yes	No
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>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.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

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

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

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

Additional Data

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

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 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 Saint Francis Hospital Inc	Employer identification number 73-0700090
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		407,657
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			407,657
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
Supplemental Information	Saint Francis Hospital, Inc., through its membership dues to the American Hospital Association (AHA) and Catholic Health Association, participates in Grass Roots lobbying activity. It is less than a substantial part of the total expenditures in a taxable year. The Grass Roots lobbying activity is related to legislation affecting the Saint Francis Health System for its charitable purposes, in particular the promotion of health. "Grass Roots lobbying activity" means any attempt by AHA to influence any legislation through an attempt to affect the opinions of the general public or any segment thereof and includes any attempt by the AHA to influence any legislation through an attempt to affect to influence legislation through communications with any member or employee of a legislative body who may participate in the formulation of legislation.

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 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☒

No

b

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

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" 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
1a	Beginning of year balance				
b	Contributions				
c	Net investment earnings, gains, and losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

The percentages 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:

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

4

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

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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
1a Land	275,001	10,161,831		10,436,832
b Buildings		535,153,084	208,181,372	326,971,712
c Leasehold improvements		19,371,658	11,955,320	7,416,338
d Equipment		438,765,150	304,367,894	134,397,256
e Other		80,487,316	0	80,487,316
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				559,709,454

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	88,260,008	F
(3) Other _____ (A) PRIVATE INVEST-MARKETABLE	277,243,103	F
(B) PRIVATE INVEST-NONMARKETABLE	104,257,939	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	469,761,050	

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)		
Total. (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)	
Total. (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	
SEE SCHEDULE D, PART XIII STMT	35,300,918	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	35,300,918	

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.

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

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

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 1	Professional Liability \$25,188,045 Medicare Cost Report \$ 9,646,030 ARO Liability \$ 1,240,737 FAS 106 \$ 1,026,743 Operating Lease Liability \$ 911,019 FIN 45 Income Guarantees \$ 429,475 Other Long-Term Liabilities \$ 171,709 Comm Care Premium/Rate Risk (\$ 3,312,840) ----- ----- Total \$35,300,918

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2, ASC 740-10	<p>Accounting Standards Codification (ASC) 740, Accounting for Uncertainty in Income Taxes, provides guidance regarding recognition, de-recognition, measurement, and disclosure of all tax positions. In accordance with the requirements of ASC 740, Saint Francis Hospital, Inc. identifies and documents uncertain tax positions for all open tax years. If uncertain tax positions are identified, they are analyzed to determine the proper unit of account. Next, they are tested to determine whether a tax asset or a tax liability should be recognized. Saint Francis Hospital, Inc. has assessed its uncertain tax positions and concluded they are more likely than not to be fully sustained upon examination. Therefore, no liability or asset for uncertain tax positions needs to be recorded. The Tax Cuts and Jobs Act (the Act) was enacted on December 22, 2017. The provisions of the Act do not have a material tax effect on the Saint Francis Hospital consolidated financial statements. Certain regulatory guidance provides for a measurement period of up to one year during which accounting for the tax effects of the Act may be completed. Saint Francis Hospital will continue to evaluate the impact of the Act and may record adjustments as additional information and guidance is released by the Internal Revenue Services.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Francis Hospital Inc

Statement of Activities Outside the United States

- Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

73-0700090

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			33,729,298
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			33,729,298

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

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

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

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
Supplemental Information	The activity listed in Part I relates to foreign investments and the accrual method is used to account for expenditures on the organizations financial statements. The investments do not generate unrelated business income.

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments		32,488,063
Europe (Including Iceland and Greenland)	0	0	Investments		1,241,235

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Francis Hospital 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 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
73-0700090

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <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		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 225 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	No
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	Yes
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			32,151,657		32,151,657	3.390 %
b Medicaid (from Worksheet 3, column a)			135,515,537	124,719,298	10,796,239	1.140 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			167,667,194	124,719,298	42,947,896	4.530 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			1,980,973		1,980,973	0.210 %
f Health professions education (from Worksheet 5)			5,077,043		5,077,043	0.530 %
g Subsidized health services (from Worksheet 6)			239,355,026	186,269,649	53,085,377	5.590 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			246,413,042	186,269,649	60,143,393	6.330 %
k Total. Add lines 7d and 7j			414,080,236	310,988,947	103,091,289	10.860 %

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,881,800		1,881,800	0.200 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			2,160,706		2,160,706	0.230 %
8 Workforce development						
9 Other						
10 Total			4,042,506		4,042,506	0.430 %

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	86,912,922	
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	14,559,653	
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	252,647,326	
6 Enter Medicare allowable costs of care relating to payments on line 5	6	243,046,152	
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	9,601,174	
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				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

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

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital	Facility reporting group
See Additional Data Table										

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

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

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): _____

1

Community Health Needs Assessment

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <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		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <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)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.	6b	No
7 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):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Schedule H, Part V, Section C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Schedule H, Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c 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)

Saint Francis Hospital Inc			
Name of hospital facility or letter of facility reporting group			
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: <div><div>a</div><div><input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 225. % and FPG family income limit for eligibility for discounted care of 0. %</div><div>b</div><div><input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)</div><div>c</div><div><input checked="" type="checkbox"/> Asset level</div><div>d</div><div><input checked="" type="checkbox"/> Medical indigency</div><div>e</div><div><input checked="" type="checkbox"/> Insurance status</div><div>f</div><div><input checked="" type="checkbox"/> Underinsurance discount</div><div>g</div><div><input type="checkbox"/> Residency</div><div>h</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	13	Yes
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	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): <div><div>a</div><div><input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application</div><div>b</div><div><input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application</div><div>c</div><div><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</div><div>d</div><div><input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications</div><div>e</div><div><input type="checkbox"/> Other (describe in Section C)</div></div>	15	Yes
16	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): <div><div>a</div><div><input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Schedule H, Part V, Section C</div><div>b</div><div><input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Schedule H, Part V, Section C</div><div>c</div><div><input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): Schedule H, Part V Section C</div><div>d</div><div><input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)</div><div>e</div><div><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)</div><div>f</div><div><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)</div><div>g</div><div><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</div><div>h</div><div><input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP</div><div>i</div><div><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</div><div>j</div><div><input checked="" type="checkbox"/> Other (describe in Section C)</div></div>	16	Yes

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

Saint Francis Hospital Inc

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 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?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <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 d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <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 <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input checked="" type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <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)**

Saint Francis Hospital Inc

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
22		
23		No
24		No

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

[illegible]

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

(list in order of size, from largest to smallest)

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

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

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	Income based criteria is used as the basis in determining eligibility for free health services.
Part I, Line 6a	Saint Francis Health System, Inc. 73-1501972, the parent organization of Saint Francis Hospital, Inc. produces a consolidated community benefit report included in an annual issue of the Saint Francis Health System magazine "Presence" that is made available to the public through the organization's website at https://www.saintfrancis.com/about-us/media/presence-magazine

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7	<p>Costing Methodology: A ratio of patient care cost to charges, as determined in Worksheet 2, was used to report the amounts in Part I, Lines 7a - 7c. For amounts reported on lines 7e - 7i, actual expenses for each community benefit activity are tracked and reported using the organization's accounting general ledger and are not based on a cost to charge ratio. The number reflected on line 7, column (f) excludes bad debt expense. The supplemental hospital offset payment program (SHOPP) was created and implemented in calendar year 2011 for the purpose of assuring access to quality care for Oklahoma Medicaid members. The program is designed to assess Oklahoma hospitals, unless exempt, a supplemental hospital offset payment program fee. The collected fees are placed in pools and then allocated to hospitals based on Medicaid revenues as directed by legislation. The Oklahoma Health Care Authority (OHCA) does not guarantee each allocation will equal or exceed the amount of the supplemental hospital offset payment program fees that were paid by Saint Francis Hospital, Inc.</p>
Part II: Community Building Activities	<p>Community building activities improve the community's health and safety by addressing the root cause of health problems. These activities strengthen the community's capacity to promote the health and well-being of its residents by offering the expertise and resources of the healthcare organization. Costs for these activities include cash donations and expenses for the development of a variety of community-building programs and partnerships. See Schedule O for additional information regarding Saint Francis Health System, Inc.'s and Saint Francis Hospital, Inc.'s community building activities aimed at promoting the health of the community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Section A, Line 2	Saint Francis Hospital, Inc. has an established process to determine the adequacy of the allowance for uncollectable receivables that relies on a number of analytical tools and benchmarks to arrive at a reasonable allowance. No single statistic or measurement determines the adequacy of the allowance for uncollectable receivables. Some of the analytical tools that Saint Francis Hospital, Inc. utilizes include, but are not limited to, historical cash collection experience, revenue trends by payer classification, and revenue days in accounts receivable. Accounts receivable are written off after collection efforts have been followed in accordance with Saint Francis Hospital, Inc.'s policies.
Part III, Section A, Line 3	The bad debt expense attributable to patients eligible under the organizations financial assistance policy is calculated from a sample review of all bad debt accounts and subsequent information.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Section A, Line 4	Saint Francis Hospital, Inc.'s audited financial statements provide a separate footnote addressing the organization's net patient accounts receivable on pages 6, 7 and 8. Saint Francis Hospital, Inc. reports bad debt in accordance with Generally Accepted Accounting Principles (GAAP). Healthcare Financial Management Associate Statement 15 is followed to the extent that the provision for bad debt at cost is determined using the same cost to charge ratio that is used to calculate charity care and Medicaid shortfalls. Discounts and allowances are accounted for separately from the provision for bad debt. Accounts receivable are valued at net realizable value. Saint Francis Hospital, Inc. estimates the allowances for uncollectable receivables based on historic write-offs.
Part III, Section B, Line 8	Costing Methodology: Medicare allowable costs are calculated using a cost-to-charge ratio and the Medicare filed cost report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Section C, Line 9b	<p>Saint Francis Hospital, Inc.s debt collection policy is to pursue collections of patient balances from patients who have the ability to pay for the services. Saint Francis Hospital, Inc. applies its collections efforts consistently and fairly to all patients regardless of insurance. Saint Francis Hospital, Inc. works with those individuals who do not have the financial resources to pay outstanding balances to qualify for Saint Francis Hospital, Inc.s financial assistance policy. Charges to patients qualifying for charity care under the Saint Francis Hospital, Inc. financial assistance policy are written off 100 percent.</p>
Part VI, Line 2	<p>Needs assessment The Community Health Needs Assessment (CHNA), an essential function for Saint Francis Health System, Inc. and its hospitals, helps identify the major health needs of the community and offers insight into the services to be offered to address those needs. Saint Francis Health System, Inc. developed the community health implementation plan based upon prioritization of the community health needs assessment. Saint Francis Health System, Inc. and its hospital have the common goal of increasing health education and preventative care provided in the community setting through partnership with community organizations, faith-based organizations and other institutions. The CHNA and implementation strategies information is available to the public and posted on the Saint Francis Health System, Inc. and its hospitals websites at https://www.saintfrancis.com/about-us/commitment-to-community.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Patient Education of Eligibility for Assistance Saint Francis Health System, Inc. and its entities are committed to promoting health in the community including providing or finding financial assistance programs to assist patients. Saint Francis Health System makes every effort to educate patients on its charity, financial assistance policy and about their eligibility for assistance under Federal, State, or local government programs during registration, pre-registration, post registration and following discharge in languages appropriate for the population being served. This includes several ways including, but not limited to, the following: - A brochure titled "Patient Financial Policy" on financial rights and responsibility is provided to every patient at the time of their registration and is available on the Saint Francis Health System, Inc. and Saint Francis Hospital, Inc. websites. The brochure provides financial assistance program details. - The financial assistance policy, plain language summary, and application are posted on the Saint Francis Health System, Inc. and Saint Francis Hospital, Inc. websites in English and the Limited English Proficiency languages of the Primary Service Area (PSA). - Saint Francis Health System, Inc. prints a phone number where patients can obtain information about financial assistance on the back of the billing invoices. - Self-pay patients are visited by a financial counselor upon admission to verify their self-pay status. The financial counselor works with the self-pay patients to determine if the patient may qualify for assistance under a government sponsored plan. If the patient does not qualify for a government sponsored plan then the financial counselor works with the patient to determine if they qualify for charity based on the Saint Francis Health System, Inc.'s financial assistance policy. - Saint Francis Health System, Inc. offers the financial assistance policy, as well as payment options as part of the patient responsibility during the follow up collection calls.</p>
Part VI, Line 4	<p>Community Information The Primary Service Area (PSA) of Saint Francis Health System, Inc. and Saint Francis Hospital, Inc. consists of Tulsa County, where a significant majority of inpatient admissions originate. Additional information regarding the community can also be found below, and in the community health needs assessment and implementation strategy located on the organization's website at https://www.saintfrancis.com/about-us/commitment-to-community. The PSA of Tulsa County is comprised of the following representation: - 60% Caucasian - 13% Hispanic or Latino - 11% African-American - 7% Native-American - 6% Two or more races - 3% Asian In 2019, the median household income in Tulsa County was \$53,327, about 9 percent below the US median. The per capita income is slightly below the national median, but higher than the average for Oklahoma. Approximately 14 percent of the PSA's population lives in poverty. Nearly 12 percent of households in the county received food stamps/Supplemental Nutrition Assistance Program (SNAP) benefits. During Oklahoma's 2019 fiscal year, there were 998,209 unduplicated Medicaid enrollees; meaning over 25 percent of the state's population was enrolled in the Medicaid program at some point in time. Tulsa County was home to 164,066 of those unduplicated enrollees or approximately 25 percent of the PSA's population.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	<p>Promotion of community health Saint Francis Hospital, Inc. is part of an integrated healthcare delivery system with the mission of extending the presence and healing ministry of Christ in all we do. Saint Francis Health System, Inc., as a Catholic organization, seeks to reflect the presence of Christ in every personal and corporate encounter. Saint Francis Hospital, Inc. is dedicated to giving back to the community in which its employees live and work. This can be seen through Saint Francis Hospital, Inc.'s promotion of community health through community events such as sponsored on-site educational seminars and classes on health issues. Saint Francis Health System, Inc. and Saint Francis Hospital, Inc.'s governing body is comprised of community representatives on the Board of Directors that provide leadership and governance for the organization. The Board of Directors has the overall responsibility for the furtherance of the charitable purpose and the mission of Saint Francis Hospital, Inc. and the other entities that are part of Saint Francis Health System, Inc. The members of the Board of Directors are selected based on their areas of expertise and experience including such areas as education, research, business and government. The members of the governing body contribute their wisdom, insights, and expertise to ensure the organization is fulfilling its mission and charitable purpose while providing efficient administrative support services and direction for Saint Francis Health System, Inc. Saint Francis Hospital, Inc. provides financial assistance in the form of charity care to patients who are indigent and satisfy certain requirements. Additionally, Saint Francis Hospital, Inc. is committed to treating patients who are eligible for means tested government programs such as Medicaid and other government sponsored programs including Medicare, which is provided regardless of the reimbursement shortfall, and thereby relieves the state and federal government of the burden of paying the full cost of care for those patients. Often, patients are unaware of the federal, state and local programs open to them for financial assistance, or they are unable to access them due to the cumbersome enrollment process required to receive these benefits. Saint Francis Health System, Inc. offers assistance in enrollment to these government programs or extends financial assistance in the form of charity care through the organizations Financial Assistance Policy. Saint Francis Hospital, Inc. reinvests its net operating income back into the facility to improve patient care, to benefit society and to allow Saint Francis Hospital, Inc. to carry out its vision to be the regional leader in the delivery of quality Catholic healthcare services.</p>
Part VI, Line 6	<p>Affiliated healthcare system Saint Francis Hospital, Inc., the largest entity within Saint Francis Health System, Inc., has one of the busiest emergency rooms in the State of Oklahoma. Over 112,600 patients were seen in the hospitals emergency room. Additionally, Saint Francis Hospital, Inc. admitted approximately 49,000 patients; provided ancillary and diagnostic services on an outpatient basis to an additional 347,900 patients; and handled approximately 4,100 births. See Schedule O for additional information regarding Saint Francis Hospital, Inc.s role within Saint Francis Health System, Inc.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 7	<p>Saint Francis Health System, Inc., which includes Saint Francis Hospital, Inc., publishes a community benefit report annually. A written report that is included in an annual issue of the Saint Francis Health System, Inc. magazine "Presence" which is distributed to more than 40,000 households across eastern Oklahoma and to all Saint Francis Health System, Inc. locations for display and pick up to help educate the community on the benefits that Saint Francis Hospital, Inc. and Saint Francis Health System, Inc. provide to the communities we serve in return for our not-for-profit status. The report is also made available to the public on the health system's website.</p>

Additional Data

Software ID:

Software Version:

EIN: 73-0700090

Name: Saint Francis Hospital Inc

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

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		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	Saint Francis Hospital Inc 6600 S Yale Ave Suite 400 Tulsa, OK 741363319 WWW.SAINTFRANCIS.COM 2362	X	X	X				X			

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
Part V, Section B, Line 5	The most recent Community Health Needs Assessment (CHNA) completed by Saint Francis Health System, Inc. to reassess the health needs of the communities served by the hospital components of its health system: Saint Francis Hospital, Inc., Laureate Psychiatric Clinic and Hospital, Inc., Saint Francis Hospital Muskogee, Inc., Saint Francis Hospital South, LLC, and Saint Francis Hospital Vinita, Inc., included the collection and analysis of both quantitative (over 140 public health indicators and quantitative survey methods) and qualitative (organization and community representative interviews and qualitative survey methods) data to identify and create a comprehensive list of health needs for each community. Community input was obtained from a broad range of community members through key informant interviews, focus groups and a multi-modal consumer survey of over 600 community residents. Individuals with knowledge, information and expertise relevant to the health needs in the community were consulted including representatives from county and state public health departments as well as leaders, representatives and members of vulnerable populations and other individuals with strong expertise in local health needs. The names of the organizations providing input is provided in Appendix A: CHNA Data Sources and Dates and in Appendix B: List of Organizations Represented in Key Informant Interviews and Community Feedback of the CHNA located at https://www.saintfrancis.com/about-us/commitment-to-community .
Part V, Section B, Line 6a	The hospital facilities included in the CHNA included Saint Francis Hospital, Inc., Saint Francis Hospital South, LLC, Laureate Psychiatric Clinic and Hospital, Inc., Saint Francis Hospital Vinita, Inc. and Saint Francis Hospital Muskogee, Inc.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 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
Part V, Section B, Line 7a	https://www.saintfrancis.com/about-us/commitment-to-community
Part V, Section B, Line 10a	https://www.saintfrancis.com/about-us/commitment-to-community

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
Part V, Section B, Line 11	<p>The Community Health Needs Assessment (CHNA) identified 19 conditions as community health needs (in order of highest priority) of the primary service area as lack of health insurance; education; access to healthcare providers (primary and specialty); substance abuse (including tobacco); ability to pay for healthcare; access to healthy food/groceries; access to primary care (screenings); chronic diseases (diabetes, cancer, heart disease); stroke; housing/homelessness; mental health; poverty; access to dental care; transportation; domestic violence; physical activity; child abuse/neglect; sexual health; and safety (motor vehicle crash, unintentional injury). After prioritizing the health needs identified, a final list of priority needs was selected by considering additional criteria, such as Saint Francis Health System, Inc.'s scope of services as a health provider and its ability to effectively address the priority health needs. Saint Francis Health System Inc.'s entities, including Saint Francis Hospital, Inc., are addressing the following significant health needs identified as referenced in its Community Health Needs Assessment and Implementation Strategy that is made available on the website listed in Schedule H, Part V, Section B, Line 10a. - Access to healthcare (primary care/screening and primary care/specialty providers) - Behavioral health (substance abuse and mental health) - Chronic disease and stroke - Lack of health insurance/ability to pay for healthcare</p>
Part V, Section B, Line 13b	<p>Patients who have been evaluated and identified to be financial assistance plan eligible and meet the criteria established by Saint Francis Hospital, Inc. according to relevant circumstances regarding income, assets, or other resources available to the patient or patients family, are considered charity and therefore, by hospital policy, are not billed for any services.</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
Part V, Section B, Lines 16a, b and c	https://www.saintfrancis.com/patients-and-guests/for-patients/billing-and-insurance/financial-assistance
Part V, Section B, Line 16j	The billing statement includes information regarding financial assistance availability. Additionally, MyChart, a secure online tool that allows patients to connect with their personal health information 24/7, provides a link which takes the patient to the financial assistance letter and application form.

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
Part V, Section B, Line 20e	The following actions are completed prior to initiating collection actions: - Proactive phone calls - Statements are sent - Messages are sent to MyChart users
Part V, Section B, Line 22d	Amounts generally billed (AGB) are determined under the prospective method using Medicaid reimbursement rates. Additionally, a self-pay discount of 20 percent is provided on all charges for uninsured patients.

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

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Saint Francis Hospital Inc

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number
73-0700090

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 20

3 Enter total number of other organizations listed in the line 1 table 2

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Scholarships	216	617,900			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
Part I, Question 2	Saint Francis Health System, Inc. offers scholarship opportunities to individuals in the nursing and allied health arena. The application process, approval process, monitoring, and in the event of default, collection process takes place in the Human Resource Department of Saint Francis Health System, Inc. To qualify for a scholarship, employees submit applications which are accumulated and ranked based on appropriate criteria. Dependent on the availability of funds, applicants are selected to receive scholarships. Chosen applicants must sign a work agreement for six months for each semester which they receive funding. Official transcripts must be submitted to document successful completion for each semester. In the event an applicant does not fulfill their scholarship agreement they are contacted via certified mail that all funds awarded are due within 30 days. If the balance is not paid in full within 30 days, collection efforts ensue with a third party collection agency.

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alzheimer's Association Inc 2448 E 81st St Ste 3000 Tulsa, OK 74137	13-3039601	501(c)(3)	7,500				Program Support
American Cancer Society Inc 4110 S 100th E Ave 101 Tulsa, OK 74146	74-1185665	501(c)(3)	7,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Heart Association Inc PO Box 4002903 Des Moines, IA 503402903	13-5613797	501(c)(3)	11,000				Program Support
American Kidney Fund 11921 Rockville Pike Ste 300 Rockville, MD 20852	23-7124261	501(c)(3)	100,500				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross Tulsa Area Chapt 431 18th Street NW Washington, DC 20006	53-0196605	501(c)(3)	100,000				Program Support
Bishop Kelley High School 3905 S Hudson Ave Tulsa, OK 74135	73-0706623	501(c)(3)	10,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Diocese of Tulsa 2450 N Harvard Ave Tulsa, OK 74115	73-1171950	501(c)(3)	50,000				Porta Caeli House operations
Flashes of Hope 36 S Franklin St Chagrin Falls, OH 44022	04-3648694	501(c)(3)	7,500				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greater Muskogee Area Chamber of Commerce 310 W Broadway St Muskogee, OK 74401	73-0366960	501(c)(6)	5,500				Program Support
Holy Family Cathedral 122 W 8th St Tulsa, OK 74119	73-0630357	501(c)(3)	50,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IRN Reuse Network 7 South State St Ste 2 Concord, NH 03301	03-0381073		216,135				Program Support
Mental Health Association 1870 S Boulder Tulsa, OK 741195234	73-0657931	501(c)(3)	140,500				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Oklahoma State University Center for Health Scienc 400 South Monroe Stillwater, OK 74074	73-6097060	501(c)(3)	1,000,000				Program Support
Osteopathic Founders Foundation Inc 8801 S Yale Ave Ste 400 Tulsa, OK 74137	73-0583936	501(c)(3)	21,736				Winterset 2019

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Foundation for Tulsa Schools 3027 S New Haven Ste 600 Tulsa, OK 74114	73-1612027	501(c)(3)	20,000				Program Support
The Gospel Rescue PO Box 7004 Muskogee, OK 74402	73-6104283	501(c)(3)	10,000				Program Support FTS Golf Tournament 2017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Parent Child Center of Tulsa 1421 S Boston Tulsa, OK 74119	73-1113167	501(c)(3)	6,500				Program Support
Tulsa Area United Way Inc PO Box 1859 Tulsa, OK 74101	73-0580283	501(c)(3)	78,337				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tulsa Cares 3712 East 11th Street Tulsa, OK 74112	73-1388569	501(c)(3)	6,000				Program Support
Tulsa Community Foundation 7030 S Yale Ave Ste 600 Tulsa, OK 74136	73-1554474	501(c)(3)	75,000				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Tulsa Day Center for the Homelss 415 West Archer St Tulsa, OK 74103	73-1557819	501(c)(3)	52,000				Program Support
Tulsa Tough Inc 214 N Main St 203 Tulsa, OK 74103	27-3283740	501(c)(3)	247,500				Tulsa Tough Sponsorship

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	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 for instructions and the latest information.	
Name of the organization Saint Francis Hospital Inc		Employer identification number 73-0700090

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 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:			
a Receive a severance payment or change-of-control payment?		4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 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:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 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.		7	No
8 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.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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.

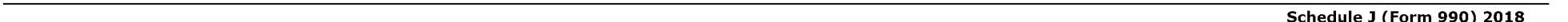
Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

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

Return Reference	Explanation
Part I, Line 4b	A select group of highly compensated employees of Saint Francis Health System, Inc. and its related entities Saint Francis Hospital, Inc., Laureate Psychiatric Clinic and Hospital, Inc., Warren Clinic, Inc., Saint Francis Hospital South, LLC, Saint Francis Home Health, Inc., The Children's Hospital Foundation at Saint Francis, Saint Francis Hospital Vinita, Inc., and Saint Francis Hospital Muskogee, Inc. are eligible to participate in a nonqualified deferred compensation plan under Section 457(b) and 457(f) of the Internal Revenue Code of 1986, as amended under the Economic Growth and Tax Relief Reconciliation Act of 2001. NOTE: None of the individuals listed on Schedule J are compensated as board members of the reporting entity. The reported compensation is for services as employees of the reporting entity or the related organization.



Additional Data

Software ID:

Software Version:

EIN: 73-0700090

Name: Saint Francis Hospital Inc

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(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				
Jake Henry Jr President/CEO/Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	1,318,935	472,500	58,002	35,856	49,649	1,934,942	0
Thomas G Neff Secretary (Until 12/31/18)	(i)	424,910	108,922	20,934	35,857	25,987	616,610	0
	(ii)	-----	-----	-----	0	0	0	0
Jeffrey C Sacra Former Asst Secretary	(i)	271,313	0	2,635	9,925	6,908	290,781	0
	(ii)	-----	-----	-----	0	0	0	0
Barry L Steichen Vice President/COO/Director	(i)	-----	-----	-----	0	0	0	0
	(ii)	775,447	231,385	11,646	135,021	23,804	1,177,303	0
Eric E Schick Treasurer/CFO	(i)	608,964	199,549	11,257	116,377	22,943	959,090	0
	(ii)	-----	-----	-----	0	0	0	0
Lynn Sund Administrator (Until 10/31/18)	(i)	468,313	121,695	16,596	35,856	21,701	664,161	0
	(ii)	-----	-----	-----	0	0	0	0
Harsh Patel MD Physician	(i)	2,700	-----	-----	0	0	2,700	0
	(ii)	1,194,816	-----	-----	33,450	6,992	1,235,258	0
Frank Schmidt MD Physician	(i)	33,336	-----	-----	0	0	33,336	0
	(ii)	1,129,795	0	18,500	34,106	12,913	1,195,314	0
Sanjeev Trehan MD Physician	(i)	11,865	-----	-----	0	0	11,865	0
	(ii)	1,102,289	2,500	18,500	34,106	19,937	1,177,332	0
Ryan Gursky MD Physician	(i)	9,000	-----	-----	0	0	9,000	0
	(ii)	1,037,618	-----	18,500	34,106	22,344	1,112,568	0
Ralph Ensley MD Physician	(i)	11,349	-----	-----	0	0	11,349	0
	(ii)	775,781	-----	18,500	34,106	17,575	845,962	0
Doug Williams Administrator (Start 11/1/18)	(i)	241,367	69,649	4,123	54,399	15,638	385,176	0
	(ii)	-----	-----	-----	0	0	0	0

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Martina Hum MD	Married to Secretary	271,665	Physician Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
Part IV, Line 1	Dr. Martina Hum, is an employed physician of Warren Clinic, Inc., a member of Saint Francis Health System, Inc. Dr. Hum is married to Thomas G. Neff, Senior Vice President of Strategic Planning and Secretary for Saint Francis Health System, Inc. Thomas G. Neff was the Senior Vice President of strategic planning the entire fiscal year 2019 and Secretary until December 31, 2018. Dr. Hum's compensation and benefits are reported on Form 990, Part IX, Line 6.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens . . .				
24 Archeological artifacts				
25 Other ► (_____ In-kind)	X	146	55,228	Fair Market Value
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

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

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

No

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

No

32a

No

b

If "Yes," describe in Part II.

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization
Saint Francis Hospital Inc

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

73-0700090

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 1a	The Organization delegates its governance to the Saint Francis Health System, Inc. Board of Directors. Saint Francis Hospital, Inc.'s Board of Directors is comprised of 8 directors, 6 of which are independent.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	<p>Governing Body and Management Relationships Many of the persons listed on Part VII have a "Business Relationship" with each other by virtue of serving on related Saint Francis Health System, Inc. entity boards and other corporation boards. There are also "Family Relationships" requiring disclosure. The Organization has determined these associations do not present a conflict of interest. Jake Henry Jr., an officer and director, served on a board outside of Saint Francis Health System, Inc. with William R. Lissau, a director. Jake Henry Jr., an officer and director, serves on other boards outside of Saint Francis Health System, Inc. with Barry Steichen, an officer and director, and Eric Schick, an officer. Bishop David Konderla, a Trustee, serves on other boards outside of Saint Francis Health System, Inc. with William R. Lissau, a director. William R. Lissau, a director, and Michael Lissau, an officer have a family relationship.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 3	The organization delegates its director responsibilities to the Saint Francis Health System, Inc. board of directors. Either the Board of Directors and a majority of the Trustees or unanimous trustee approval is required for the sale of corporate assets valued at \$10,000,000 or more. Additionally, the Trustees have sole authority to: - Amend the Certificate of Incorporation - Approve mergers or consolidations - Approve the sale, lease or transfer of all, or substantially all, of the assets of the corporation - Amend the bylaws - Appointment of Board members - Approve dissolution or revocation of dissolution of the corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 6	<p>The Organization has five Trustees who elect the governing body. Form 990, Part VI, Section A, Line 7a The Organization has five Trustees who elect the governing body. Form 990, Part VI, Section A, Line 7b Either the Board of Directors and a majority of the Trustees or unanimous trustee approval is required for the sale of corporate assets valued at \$10,000, 000 or more. Additionally, the Trustees have sole authority to:</p> <ul style="list-style-type: none">- Amend the Certificate of Incorporation- Approve mergers or consolidations- Approve the sale, lease or transfer of all, or substantially all, of the assets of the corporation- Amend the bylaws- Appointment of Board members- Approve dissolution or revocation of dissolution of the corporation

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Finance Committee, a sub-committee of the board of directors of Saint Francis Health System, Inc. has access to the password protected form 990 online prior to filing with the IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c	<p>A request for information on potential conflicts is solicited annually from Directors, Trustees and all employees with a Manager level and above to monitor for proposed or ongoing transactions for conflicts of interest and dealing with potential or actual conflicts. There is one Director, two Trustees and one Officer/Director on the System Board of Directors with potential conflicts that were addressed by the governing body. The Directors and Officer/Director with potential conflicts recuse themselves from events that would result in a conflict. Conflicts are regularly disclosed and addressed.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Lines 15a and 15b	Compensation of officers and senior level management is reviewed annually and approved by the compensation committee with guidance from independent consultants and the use of comparative data. Form 990, Part VI, Section C, Line 19 These requests are determined on a case-by-case basis.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A	The hours per week reported on Form 990, Part VII for officers and directors are the hours spent on the filing entity only. The remaining portion of the 40 hours per week of the officers and directors with related compensation is allocated among the entities reported on Schedule R.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d	Saint Francis Hospital, Inc. provides health and medical education to patients, employees, and other community members. Saint Francis Hospital, Inc. is able to better serve the community by providing additional services such as home health care and hospice services.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	The other changes in net assets or fund balances of \$14,951,954 is made up of the activity in the post retirement benefit obligation activity for the year (\$294,431), beneficial interest in Childrens Hospital Foundation activity for the year \$903,352, equity transfers from/to related parties \$8,981,919, University of Oklahoma/Tulsa University endowment funding \$914,606, and equity earnings and investments \$4,446,508.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Saint Francis Hospital Inc

Employer identification number
73-0700090

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Saint Francis Outreach Services LLC 6600 S Yale Ave Ste 400 Tulsa, OK 74136 14-1841340	Health Svcs	OK	22,263,814	2,519,350	SFH
(2) Care Communications LLC 6600 S Yale Ave Ste 400 Tulsa, OK 74136 26-0015989	Comm Svcs	OK	4,306,396	5,866,162	SFH
(3) All Saints Home Medical LLC 6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1558644	Med Equipment	OK	1,483,071	6,536,030	SFH

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

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.

(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
(1) Related Health Services Inc 6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1288715	Health Svcs	OK	SFH	S Corp	-165,124	67,204,476	100.000 %	Yes	
(2) Xavier Insurance Company Inc 76 St Paul St Ste 500 Burlington, VT 054014477 03-0333599	Captive Insurance	VT	SFHS	C Corp	0	0		Yes	
(3) Saint Francis Payroll Services LLC 6600 S Yale Ave Ste 400 Tulsa, OK 74136 45-0470422	Common Pay Agent	OK	SFHS	C Corp	0	0		Yes	
(4) Saint Francis Hlth Sys Gen-Prof Lia PO Box 3038 Milwaukee, WI 532013038 75-6583874	Self Insurance	WI	SFHS	Trust	0	0		Yes	
(5) Saint Francis Pharmacy Services Inc 6600 S Yale Ave Ste 400 tulsa, OK 74136 81-3127970	Pharmacy	OK	SFH	S Corp	1,136,081	3,532,257	100.000 %	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.

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

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

Yes

1m

Yes

1n

No

1o

No

1p

Yes

1q

Yes

1r

Yes

1s

Yes

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

See Additional Data Table

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

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

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

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 73-0700090

Name: Saint Francis Hospital Inc

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1501972	Health Svcs	OK	501(c)(3)	12b Type II	NA		No
6600 S Yale Ave Ste 400 Tulsa, OK 74136 01-0603214	Health Svcs	OK	501(c)(3)	3	SFHS	Yes	
6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1308273	Health Svcs	OK	501(c)(3)	3	SFHS	Yes	
6600 S Yale Ave Ste 400 Tulsa, OK 74136 20-2843418	Health Svcs	OK	501(c)(3)	12a Type I	SFHS	Yes	
6600 Yale Ave Ste 400 Tulsa, OK 74136 81-3747248	Health Svcs	OK	501(c)(3)	3	SFHS	Yes	
6600 S Yale Ave Ste 400 Tulsa, OK 74136 81-4322087	Health Svcs	OK	501(c)(3)	3	SFHS	Yes	
6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1234331	Health Svcs	OK	501(c)(3)	12a Type I	SFH	Yes	
6600 S Yale Ave Ste 400 Tulsa, OK 74136 73-1310891	Health Svcs	OK	501(c)(3)	3	SFHS	Yes	

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

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1) Laureate Psychiatric Clinic & Hospital Inc	L	1,953,467	Trans Review
(1) Laureate Psychiatric Clinic & Hospital Inc	Q	46,288,363	Trans Review
(2) Laureate Psychiatric Clinic & Hospital Inc	P	43,277,781	Trans Review
(3) Laureate Psychiatric Clinic & Hospital Inc	R	8,860,998	Trans Review
(4) Warren Clinic Inc	K	501,486	Trans Review
(5) Warren Clinic Inc	J	1,162,904	Trans Review
(6) Warren Clinic Inc	M	9,990,584	Trans Review
(7) Warren Clinic Inc	L	6,986,318	Trans Review
(8) Warren Clinic Inc	Q	371,085,579	Trans Review
(9) Warren Clinic Inc	P	322,881,021	Trans Review
(10) Warren Clinic Inc	S	842,653	Trans Review
(11) Warren Clinic Inc	R	3,346,114	Trans Review
(12) Related Health Services Inc	L	339,114	Trans Review
(13) Related Health Services Inc	Q	6,288,983	Trans Review
(14) Related Health Services Inc	P	1,508,746	Trans Review
(15) Related Health Services Inc	B	1,979,077	Trans Review
(16) Saint Francis Hospital South LLC	L	4,118,187	Trans Review
(17) Saint Francis Hospital South LLC	Q	91,301,327	Trans Review
(18) Saint Francis Hospital South LLC	P	122,539,678	Trans Review
(19) Saint Francis Hospital South LLC	S	72,020	Trans Review
(20) Saint Francis Hospital South LLC	R	17,113,431	Trans Review
(21) Saint Francis Home Health Inc	C	779,411	Trans Review
(22) Saint Francis Home Health Inc	L	155,055	Trans Review
(23) Saint Francis Home Health Inc	Q	7,590,727	Trans Review
(24) Saint Francis Home Health Inc	P	5,836,483	Trans Review

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

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	Saint Francis Home Health Inc	R	2,000,136	Trans Review
(1)	The Children's Hospital Fdn at Saint Francis	Q	892,905	Trans Review
(2)	The Children's Hospital Fdn at Saint Francis	S	549,610	Trans Review
(3)	The Children's Hospital Fdn at Saint Francis	C	98,878	Trans Review
(4)	Saint Francis Pharmacy Services Inc	L	111,042	Trans Review
(5)	Saint Francis Pharmacy Services Inc	Q	28,555,106	Trans Review
(6)	Saint Francis Pharmacy Services Inc	P	27,231,384	Trans Review
(7)	Saint Francis Pharmacy Services Inc	C	2,409,265	Trans Review
(8)	Saint Francis Hospital Vinita Inc	R	785,811	Trans Review
(9)	Saint Francis Hospital Vinita Inc	L	582,638	Trans Review
(10)	Saint Francis Hospital Vinita Inc	Q	18,662,360	Trans Review
(11)	Saint Francis Hospital Vinita Inc	P	17,085,688	Trans Review
(12)	Saint Francis Hospital Muskogee Inc	L	3,115,311	Trans Review
(13)	Saint Francis Hospital Muskogee Inc	Q	147,927,650	Trans Review
(14)	Saint Francis Hospital Muskogee Inc	P	145,923,924	Trans Review
(15)	Saint Francis Hospital Muskogee Inc	S	251,097	Trans Review