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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

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

C Name of organization
FRANCISCAN ALLIANCE INC
% MARGUERITE EICHELBERGER

Doing business as

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

City or town, state or province, country, and ZIP or foreign postal code
MISHAWAKA, IN 465444710

D Employer identification number
35-1330472

E Telephone number
(574) 256-3935

G Gross receipts $ 2,682,741,813

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

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

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

H(c) Group exemption number ▶ 0928

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

J Website: ▶ WWW FRANCISCANALLIANCE ORG

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

L Year of formation 1974

M State of legal domicile IN

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	19,871
6	Total number of volunteers (estimate if necessary)	**6**	1,892
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	4,067,921
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	-1,394,748

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	4,960,347	9,027,754
9	Program service revenue (Part VIII, line 2g)	2,506,575,052	2,581,259,103
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	69,417,001	64,203,105
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,629,975	6,752,618
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,588,582,375	2,661,242,580
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	160,000	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,280,893,808	1,142,040,498
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)	1,214,856,384	1,245,079,721
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,495,910,192	2,387,120,219
19	Revenue less expenses Subtract line 18 from line 12	92,672,183	274,122,361

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	4,159,841,951	4,411,603,423
21	Total liabilities (Part X, line 26)	1,659,238,916	1,968,315,900
22	Net assets or fund balances Subtract line 21 from line 20	2,500,603,035	2,443,287,523

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including my knowledge and belief, it is true, correct, and complete Declaration of prepar preparer has any knowledge

Sign Here

Signature of officer

SISTER LETHIA MARIE LEVEILLE CORPORATE SECRETARY
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: ERIC M MCNEIL
Preparer's signature: ERIC M MCNEIL

Firm's name ▶ PricewaterhouseCoopers LLP

Firm's address ▶ 2001 MARKET ST SUITE 1800
PHILADELPHIA, PA 19103

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

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 $ 2,049,216,830 including grants of $) (Revenue $ 2,573,458,557)

For over 140 years, Franciscan Alliance, Inc ("Franciscan") has endeavored to stay true to our founding mission of caring for patients who come through our doors and we continue to look for opportunities to serve our communities through the very best in medical care and service to the less fortunate among us Franciscan's purpose is to continue the healing ministry of Christ in accordance with the teachings of the Roman Catholic Church and in partnership with others to provide a full continuum of health care services, to carry on educational activities related to the promotion of health, to promote and carry on scientific research related to health care, and to participate in activities designed and conducted to promote the general health of those served by Franciscan Franciscan operates thirteen hospital campuses (two in Illinois and eleven in Indiana) along with numerous physician clinics and ancillary services centers and offers numerous community health improvement programs that are further described below In 2014, Franciscan admitted approximately 77,000 inpatients and recorded over 350,000 inpatient days, 382,000 emergency room visits, and provided over $496 million in charity care and other community benefits which includes Medicaid and Medicare shortfalls at cost Franciscan provides significant benefits that reflect the organization's commitment to healthcare and the communities it is privileged to serve We break community benefits down into two primary categories a) benefits for the poor and underserved which includes the cost of providing programs and services to persons who are economically poor or are medically indigent and cannot afford to pay for health care services because they have inadequate resources and/or are uninsured or underinsured and b) benefits for the broader community which includes the cost of providing programs and services aimed at persons and groups for reasons other than poverty (however it may include needy populations that may not qualify as poor but need special services and support) or broader populations who benefit from healthy community initiatives with the provision of these programs and services not intended to be financially self-supporting In 2014, Franciscan provided over $496 million in quantifiable community benefits which included Benefits for the Poor Charity Care $91,268,235 Unpaid Costs of Medicaid $89,253,753 Other Public Programs $6,106,350 _____ Subtotal $186,628,338 Benefits for the Community Unpaid Costs of Medicare $237,326,064 Other Community Benefits $46,888,818 Bad Debt $25,733,323 _____ Subtotal $309,948,205 Total $496,576,543 "Our Giving Journal" at www FranciscanAlliance org/CommunityBenefit reflects Franciscan's mission of "Continuing Christ's Ministry in Our Franciscan Tradition" along with a report of our community benefit activities Although it is not all inclusive of the many benefits provided by Franciscan it does portray the significant benefits that reflect our commitment to healthcare and the communities we are privileged to serve The following is a subset of the many clinical services as well as population health improvement and community outreach activities offered by one or more of Franciscan's healthcare facilities - Inpatient Hospital Services including Medical Services, Surgical Services, Intensive Care Services, Telemetry Services, Obstetrics Services, Pediatrics Services, Neonatal Intensive Care Services, Acute Rehabilitation Services, Oncology Services, Bone Marrow Transplant Services, General Surgery Services, Cardiac Surgery Services, Vascular Services, Pulmonary Services, Interventional Radiology, Orthopedics, Joint and Spine Care, Gastrointestinal Care, Neurosciences Services, Colon and Rectal Services, Anesthesia Services, Hospice Services, Inpatient Psychiatric Care, Residential Treatment Program for Adolescents, etc - Emergency Services including 24 hour Emergency Room Services, Ambulance Services, Immediate Care Services, Advanced Life Support Services, Basic Life Support Services, Behavioral Health Emergency Consultation Services, 24-Hour Crisis and Referral Hotline, etc - Outpatient Services including Laboratory Services, Physical Therapy Services, Occupational Therapy Services, Speech Therapy Services, General Radiology Services, Computed Tomography Services, Magnetic Resonance Imaging (MRI), Nuclear Medicine Services, Mammography Services, Angiography Services, Neurodiagnostics Services, Gastro/Intestinal Services, Sleep Laboratory, Pulmonary Services, Outpatient Surgery, Cardiac Testing, Electrocardiogram (EKG) Services, Medical Oncology Services, Radiation Oncology Services, Pharmacy, Occupational Medicine Services, Cardiac/Pulmonary Rehabilitation Services, Congestive Heart Failure Clinic, Wound Healing and Prevention, Nutritional Counseling, Diabetes Management, Bariatric Services, Pain Management, Social Services, Palliative Care, Sports Medicine, Behavioral Health, Stroke Services, Home Health Services, Skilled Nursing Services, Social Services, Durable Medical Equipment - Primary Care and Specialty Care Physician Clinics - Subsidized Healthcare Services offered by Franciscan - Franciscan has neighborhood health clinics that offer family practice services designed for families without access to affordable health care The focus is on providing primary and preventive care as well as health education These clinics offer free immunizations - Franciscan's Sexual Assault Clinics that provide medical and forensic assistance that is sensitive to the special needs of the victim as well as a victim advocate program and crisis intervention counselors - Franciscan's Blood and Marrow Transplant program is only one of two programs in Indiana offering full service transplant care and specializes in the treatment of patients with leukemia, Hodgkin's or non-Hodgkin's lymphoma, multiple myeloma, and many other malignancies and blood disorders - Franciscan's Diabetes Education Centers offer a number of diabetes classes and individualized sessions to help patients take control of their health with a focus on nutrition, exercise, medications, chronic conditions, preconception and pregnancy, blood glucose monitoring, goal setting, problem solving, psychosocial adjustment, detection/treatment of high and low blood sugar, and insulin administration - Franciscan's Women's and Children's Services include preventive medical care and health screenings to gynecological care, maternity, lactation consultation services, and beyond, Franciscan's facilities focus on keeping women healthy - Franciscan's Hospice Care Services provide a sense of dignity and compassion to both the patient and their family in caring for patients with a life expectancy of six months or less Our programs affirm and celebrate life and regard dying as a natural process, recognizing that every person has the right to die with dignity, peace, and comfort regardless of their ethnicity, faith background, or ability to pay - Level III NICU - Ambulance Service - Physician Services - Residential Treatment Program for Adolescents - St Monica Home for pregnant teens - Emergency Services - Inpatient Psychiatric Units - Palliative Care Services - Indigent Health Care Clinics - Health and Wellness Centers and Healthy Living Education Centers - Clinical care coordinators to support Franciscan's various Accountable Care Organizations which are designed to improve quality and reduce cost - Community Outreach and Education Programs including Health Fairs, Free Health Screenings, Free Immunizations, Free Breast Health Screening Services, Free Prostate Screenings, Free Skin Cancer Screenings, Free Cervical Cancer Screenings, Free Glucose Screenings, Free Cholesterol Screenings, Free Bone Density Screenings, Free Lung Screenings, Free Spa Services for Cancer Patients, Online Health Condition Assessment Tools, Cancer Prevention Activities, Cancer Survivor Programs and Retreats, Cancer and Heart Care Clinical Symposiums, Health Care Decision-Making Sessions, Senior Health Education, Diabetes Management Education and Activities, Pain Management Seminars and Activities, Cardiac Risk Factors Educational Sessions and Online Tools, Hospice and Palliative Care Counseling and Education Services, Alzheimer Support Services, Behavioral Health Community Education, Smoking Cessation Programs, Mobile Dental Clinics, Basic Life-Saving Skills Programs, Children's Health Needs Activities, Childhood Obesity Activities, Weight Loss Education, Organ and Tissue Donation Fairs, Volunteer Advocates for Seniors, Parenting Programs, Residential Support Program for Pregnant Girls, Prenatal 'Baby Showers', Athletic Training (Schools and Various Marathons), Orthopedic Road Shows, Flu Vaccinations, Child Seat Safety Programs, Bereavement Support Groups, Community Education Lectures, Indigent Prescription Programs, Sex Can Wait Programs, Caregivers Education Symposiums, Health Career

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

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

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

4e **Total program service expenses** ▶ 2,049,216,830

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		
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	Yes	
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		No
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	2,612		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**		Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a**	19,871		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	**2b**		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	**3a**		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	**3b**		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	**4a**		Yes	
b	If "Yes," enter the name of the foreign country ▶ BR , CI , CH , CO , EZ , DX , GR , HU , ID , KS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	**5a**			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	**5b**			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	**7b**			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	**7c**			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	**7e**			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	**7f**			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	**7g**			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	**7h**			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	**13a**			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	**14a**			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	**14b**			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	17		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**			No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , IL , IN

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

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

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

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

▶ MARGUERITE EICHELBERGER
1515 DRAGOON TRAIL
MISHAWAKA,IN 465444710 (574)254-6268

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (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			

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** ▶			
c	**Total from continuation sheets to Part VII, Section A** ▶			
d	**Total (add lines 1b and 1c)** ▶	12,261,857	0	2,895,541

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1,279

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NORTHSTAR ANESTHESIA OF INDIANA LLC, PO BOX 612364 DALLAS, TX 752612364	ANESTHESIA SERVICES	9,648,804
METT THERAPY, 801 S BRIGGS STREET SECOND FLOOR JOLIET, IL 60433	THERAPY SERVICES	7,042,025
SEDGWICK CLAIMS MANAGEMENT SERVICES, 1100 RIDGEWAY LOOP ROAD SUITE 100 MEMPHIS, TN 38120	MANAGEMENT SERVICES	3,652,336
PRICEWATERHOUSECOOPERS LLP, PO BOX 75647 CHICAGO, IL 606755647	ACCOUNTING/AUDITING	3,299,377
COLLECTIONS SYSTEMS INC, 815 COMMERCE DRIVE OAK BROOK, IL 60523	BILLING SERVICES	3,261,502

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 ▶ 170

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	8,241,058			
	e	Government grants (contributions)	1e	172,890			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	613,806			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		9,027,754			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE AND OTHER REVENUES	900099	2,478,906,097	2,477,872,368	1,033,729	0
	b	PREMIUM REVENUE	900099	82,313,539	82,313,539	0	0
	c	MEANINGFUL USE	812300	12,642,216	12,642,216	0	0
	d	CAFETERIA	722320	4,781,812		3,021	4,778,791
	e	LAUNDRY	722310	2,615,439	630,434	1,985,005	0
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,581,259,103			
	3	Investment income (including dividends, interest, and other similar amounts)		63,745,878		-1,998,825	65,744,703
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents	8,504,713	21,295			
	b	Less rental expenses	4,823,845	0			
	c	Rental income or (loss)	3,680,868	21,295			
	d	Net rental income or (loss)			3,702,163	0	21,295	3,680,868
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory		16,913,426			
	b	Less cost or other basis and sales expenses		16,456,199			
	c	Gain or (loss)		457,227			
	d	Net gain or (loss)			457,227	0	0	457,227
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a	245,948				
	b	Less cost of goods sold	b	219,189				
	c	Net income or (loss) from sales of inventory			26,759	0	0	26,759
Other Revenue		Miscellaneous Revenue		Business Code				
	11a	OTHER OPERATING REVENUE		900099	3,023,696	0	3,023,696	0
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			3,023,696			
	12	**Total revenue.** See Instructions			2,661,242,580	2,573,458,557	4,067,921	74,688,348

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	13,251,048	8,217,998	5,033,050	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	919,537,069	810,705,147	108,831,922	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	18,817,290	17,101,677	1,715,613	0
9 Other employee benefits	130,984,519	112,244,236	18,740,283	0
10 Payroll taxes	59,450,572	52,405,508	7,045,064	0
11 Fees for services (non-employees)				
a Management	13,976,745	9,946,961	4,029,784	0
b Legal	2,492,918	644,784	1,848,134	0
c Accounting	2,358,774	344,180	2,014,594	0
d Lobbying	474,954	1,852	473,102	0
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	40,020,808	35,212,416	4,808,392	0
12 Advertising and promotion	12,964,046	3,561,391	9,402,655	0
13 Office expenses	13,188,156	10,242,858	2,945,298	0
14 Information technology	97,356,019	97,356,019	0	0
15 Royalties	0			
16 Occupancy	31,940,820	30,179,447	1,761,373	0
17 Travel	2,614,854	1,563,543	1,051,311	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	717,753	326,329	391,424	0
20 Interest	35,726,131	35,726,131	0	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	127,587,079	112,421,528	15,165,551	0
23 Insurance	27,537,580	23,200,885	4,336,695	0
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/DRUGS	318,211,106	318,211,106		
b PURCHASED SERVICES	258,786,603	215,379,639	43,406,964	
c REPAIRS AND MAINTENANCE	37,214,980	28,425,606	8,789,374	
d FEDERAL AND STATE UBTI TAXES	286,773		286,773	
e All other expenses	221,623,622	125,797,589	95,826,033	
25 **Total functional expenses.** Add lines 1 through 24e	2,387,120,219	2,049,216,830	337,903,389	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		212,399,952	2	121,306,540
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		312,109,141	4	298,524,471
	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		126,119	7	75,031
	8	Inventories for sale or use		37,852,863	8	43,180,656
	9	Prepaid expenses and deferred charges		0	9	0
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 2,796,968,303			
	b	Less accumulated depreciation	10b 1,246,888,106	1,580,444,950	10c	1,550,080,197
	11	Investments—publicly traded securities		1,684,514,497	11	2,055,073,151
	12	Investments—other securities See Part IV, line 11		132,238,117	12	135,528,954
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		35,663,781	14	30,610,851
	15	Other assets See Part IV, line 11		164,492,531	15	177,223,572
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,159,841,951	16	4,411,603,423
Liabilities	17	Accounts payable and accrued expenses		140,434,069	17	172,418,170
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		1,075,956,068	20	1,059,584,953
	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		3,397,159	24	2,233,589
	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		439,451,620	25	734,079,188
	26	**Total liabilities.** Add lines 17 through 25		1,659,238,916	26	1,968,315,900
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,483,050,816	27	2,425,472,212
	28	Temporarily restricted net assets		4,251,943	28	4,422,087
	29	Permanently restricted net assets		13,300,276	29	13,393,224
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		2,500,603,035	33	2,443,287,523
	34	Total liabilities and net assets/fund balances		4,159,841,951	34	4,411,603,423

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,661,242,580
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,387,120,219
3	Revenue less expenses Subtract line 2 from line 1	3	274,122,361
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,500,603,035
5	Net unrealized gains (losses) on investments	5	9,433,097
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	-340,870,970
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,443,287,523

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SISTER M ALINE SHULTZ Trustee and COO FHM	40 0 5 0	X						0	0	0
(1) SISTER M CLARE REUILLE TRUSTEE	5 0 0 0	X						0	0	0
(2) SISTER ROSE AGNES PFAUTSCH TRUSTEE	5 0 5 0	X						0	0	0
(3) SISTER M ANGELA MELLADY TRUSTEE	5 0 0 0	X						0	0	0
(4) SISTER M MARLENE SHAPLEY TRUSTEE AND VP OF MISSION	40 0 0 0	X						0	0	0
(5) SISTER MARILYN OLIVER TRUSTEE	5 0 0 0	X						0	0	0
(6) KATHLEEN GOEPPINGER PHD TRUSTEE	5 0 0 0	X						0	0	0
(7) SISTER M MADONNA ROUGEAU Trustee	40 0 11 0	X		X				0	0	0
(8) SISTER JANE MARIE KLEIN CHAIRPERSON AND TRUSTEE	40 0 11 0	X		X				0	0	0
(9) SISTER M ANN KATHLEEN MAGIERA TREASURER AND TRUSTEE	40 0 6 0	X		X				0	0	0
(10) KEVIN D LEAHY PRESIDENT AND TRUSTEE	40 0 11 0	X		X				1,672,199	0	161,089
(11) DONALD J KERNER MD TRUSTEE	5 0 0 0	X						0	0	0
(12) JAIRO CRUZ MD PHYSICIAN (UNPAID TRUSTEE)	40 0 0 0	X						245,412	0	13,616
(13) ERNEST IANNOTTA TRUSTEE	5 0 0 0	X						0	0	0
(14) JAMES MONKS MD TRUSTEE	5 0 0 0	X						0	0	0
(15) KENNETH HERLIN TRUSTEE	5 0 0 0	X						0	0	0
(16) ROBERT E MCBRIDE MD EMERITUS TRUSTEE THRU NOV 2014	5 0 0 0	X						0	0	0
(17) SISTER M PETRA NIELSEN TRUSTEE AND VP OF MISSION	40 0 0 0	X						0	0	0
(18) SISTER LETHIA MARIE LEVEILLE SECRETARY	40 0 6 0			X				0	0	0
(19) EUGENE C DIAMOND REGIONAL CEO NIR	40 0 0 0				X			904,484	0	835,520
(20) ROBERT J BRODY REGIONAL CEO CIR	40 0 0 0				X			901,464	0	864,474
(21) JENNIFER P MARION SENIOR VP FINANCE, CFO	40 0 0 0				X			761,953	0	107,412
(22) TERRANCE E WILSON REGIONAL CEO WIR	40 0 0 0				X			683,439	0	611,149
(23) ARNOLD KIMMEL REGIONAL CEO SSCR	40 0 6 0				X			505,979	0	33,163
(24) DANIEL G SPOMAR MD PHYSICIAN	40 0 0 0					X		1,364,813	0	78,478

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) NADEEM IKHLAQUE MD PHYSICIAN	40 0 0 0					X		1,198,812	0	43,645
(1) ROWLAND O MBAOMA MD PHYSICIAN	40 0 0 0					X		1,100,011	0	28,305
(2) KRAL VARHAN PHYSICIAN	40 0 0 0					X		1,105,918	0	40,281
(3) SAMMI M DALI PHYSICIAN	40 0 0 0					X		1,101,359	0	78,409
(4) SETH CR WARREN FORMER REGIONAL CEO SSCR	0 0 0 0						X	716,014	0	0

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2013 Schedule A, Part II, line 14 **15**

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

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

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320141465

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
FRANCISCAN ALLIANCE INC	35-1330472

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		45,272
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		287,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		187,954
j	Total Add lines 1c through 1i			520,226
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?		No	

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

			Yes	No
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
SCHEDULE C, PART II-B, LINE 1	DESCRIPTION OF LOBBYING ACTIVITIES Franciscan Alliance, Inc ("FRANCISCAN") engages in insubstantial amounts of lobbying activities FRANCISCAN makes grants to other organizations that lobby on its behalf including various health and hospital associations FRANCISCAN also engages in direct contact with legislators and their staffs on topics related to FRANCISCAN's healthcare mission

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

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

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

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

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

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

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

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

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

		(a) Current year	(b) Prior year	(b) (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	13,300,275	6,065,614	9,226,856	8,975,779	15,030,221
b	Contributions	15,000		15,000		
c	Net investment earnings, gains, and losses	182,000	317,000	-34,000	274,000	267,000
d	Grants or scholarships					
e	Other expenditures for facilities and programs	104,051	-6,917,661	3,142,242	22,923	6,321,442
f	Administrative expenses					
g	End of year balance	13,393,224	13,300,275	6,065,614	9,226,856	8,975,779

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		136,492,562		136,492,562
b Buildings		1,073,405,600	592,331,000	481,074,600
c Leasehold improvements		47,208,422	23,172,000	24,036,422
d Equipment		1,474,540,402	631,385,106	843,155,296
e Other		65,321,317		65,321,317
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				1,550,080,197

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

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

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

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO THIRD PARTY PAYORS	25,171,580
ACCRUED PAYROLL	112,414,745
OTHER SHORT & LONG TERM LIABIL	120,932,480
ACCRUED PROF & GEN'L LIABILITY	12,234,553
ACCRUED PENSION LIABILITY	371,788,626
SWAP VALUATION	84,986,485
ACCRUED INTEREST PAYABLE	6,550,719
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	734,079,188

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements			1	2,329,925,470
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	9,433,097		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-345,574,052		
e	Add lines **2a** through **2d**			2e	-336,140,955
3	Subtract line **2e** from line **1**			3	2,666,066,425
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	-4,823,845		
c	Add lines **4a** and **4b**			4c	-4,823,845
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	2,661,242,580

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

1	Total expenses and losses per audited financial statements			1	2,391,944,064
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	4,823,845		
e	Add lines **2a** through **2d**			2e	4,823,845
3	Subtract line **2e** from line **1**			3	2,387,120,219
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	2,387,120,219

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
PART V, LINE 4	FRANCISCAN ALLIANCE, INC USES ITS ENDOWMENT FUNDS FOR CAPITAL EXPENDITURES FOR EQUIPMENT, CAPITAL PROJECTS, OR OTHER CAPITAL NEEDS, MEDICAL EDUCATION PROGRAMS, AND HEALTH CARE PROGRAMS FOR MEDICAL AND PATIENT SERVICES IN ACCORDANCE WITH ANY STIPULATED DONOR RESTRICTIONS
PART XI, LINE 2D	EQUITY IN EARNINGS OF AFFILIATES $ 6,715,332 MINORITY INTEREST IN AFFILIATES (16,792,236) OTHER COMPREHENSIVE INCOME (287,873,936) EQUITY TRANSFERS TO/FROM AFFILIATES (8,604,715) UNREALIZED LOSS ON SWAP CONTRACTS (40,396,740) OTHER CHANGES IN NET ASSETS 1,378,243 ---------- TOTAL REVENUE/EXPENSE ON BOOKS NOT ON RETURN (345,574,052)
PART XI, LINE 4B	RENT EXPENSE $ (4,823,845) ---------- TOTAL EXPENSE ON RETURN NOT ON BOOKS (4,823,845)
PART XII, LINE 2D	RENT EXPENSE $ 4,823,845 ---------- TOTAL EXPENSE ON RETURN NOT ON BOOKS 4,823,845

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean			Investments		15,977,566
(2) Europe (Including Iceland and Greenland)			Investments		21,859,205
(3) North America			Investments		9,135,725
(4)					
(5)					
3a Sub-total					46,972,496
b Total from continuation sheets to Part I					
c **Totals** (add lines 3a and 3b)					46,972,496

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

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

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

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

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

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

Part IV Foreign Forms

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

Additional Data

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

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).

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			91,268,235	0	91,268,235	3 820 %
b Medicaid (from Worksheet 3, column a)			284,687,394	195,433,641	89,253,753	3 740 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			672,674	0	672,674	0 030 %
d **Total** Financial Assistance and Means-Tested Government Programs			376,628,303	195,433,641	181,194,662	7 590 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,862,298	308,512	4,553,786	0 190 %
f Health professions education (from Worksheet 5)			18,477,617	6,063,591	12,414,026	0 520 %
g Subsidized health services (from Worksheet 6)			80,678,156	49,013,935	31,664,221	1 330 %
h Research (from Worksheet 7)			1,383,750	0	1,383,750	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,390,725	4,920	1,385,805	0 060 %
j **Total.** Other Benefits			106,792,546	55,390,958	51,401,588	2 160 %
k **Total.** Add lines 7d and 7j			483,420,849	250,824,599	232,596,250	9 750 %

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			285		285	
2	Economic development						
3	Community support			29,721		29,721	
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building			79,190		79,190	
7	Community health improvement advocacy			75,236		75,236	
8	Workforce development			6,024,465	5,291,066	733,399	0 040 %
9	Other			3,075		3,075	
10	**Total**			6,211,972	5,291,066	920,906	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	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	84,798,442		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	683,407,867		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	920,733,931		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-237,326,064		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? **13**

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSMH - DYER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 4

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 13			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 13			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSMH - DYER

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSMH - DYER

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSMH - HAMMOND

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 3

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSMH - HAMMOND

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSMH - HAMMOND

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FRANCISCAN HEALTHCARE - MUNSTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 12

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FRANCISCAN HEALTHCARE - MUNSTER

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FRANCISCAN HEALTHCARE - MUNSTER

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSAH - CROWN POINT

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b	Yes	
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSAH - CROWN POINT

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSAH - CROWN POINT

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSAH - MICHIGAN CITY

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 7

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**		No
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?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSAH - MICHIGAN CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSAH - MICHIGAN CITY

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSJH - CHICAGO HEIGHTS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 5

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☐ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSJH - CHICAGO HEIGHTS

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSJH - CHICAGO HEIGHTS

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSJH - OLYMPIA FIELDS

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 8

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSJH - OLYMPIA FIELDS

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSJH - OLYMPIA FIELDS

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE CENTRAL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 10

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSEH - LAFAYETTE CENTRAL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSEH - LAFAYETTE CENTRAL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - LAFAYETTE EAST

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSEH - LAFAYETTE EAST

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSEH - LAFAYETTE EAST

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSEH - CRAWFORDSVILLE

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 11

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a		No
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?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSEH - CRAWFORDSVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSEH - CRAWFORDSVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSFH - INDIANAPOLIS

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

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSFH - INDIANAPOLIS

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSFH - INDIANAPOLIS

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section 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)

FSFH - MOORESVILLE

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): 9

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSFH - MOORESVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSFH - MOORESVILLE

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group FSFH - CARMEL

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 13

			Yes	No
Community Health Needs Assessment				
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	**1**		No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	**2**		No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	**3**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 2013			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**5**	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	**6a**	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	**6b**		No
7	Did the hospital facility make its CHNA report widely available to the public?	**7**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) SEE PART V-C			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	**8**	Yes	
9	Indicate the tax year the hospital facility last adopted an implementation strategy 2013			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	**10**	Yes	
a	If "Yes" (list url) SEE PART V-C			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	**10b**		No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed			
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**12a**		No
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	**12b**		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

FSFH - CARMEL

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 400 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☐ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☑ The FAP was widely available on a website (list url) X			
b	☑ The FAP application form was widely available on a website (list url) X			
c	☑ A plain language summary of the FAP was widely available on a website (list url) X			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

FSFH - CARMEL

Name of hospital facility or letter of facility reporting group

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**19**		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☑ Notified individuals of the financial assistance policy on admission			
b	☑ Notified individuals of the financial assistance policy prior to discharge			
c	☑ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☑ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**21**	Yes	
	If "No," indicate why			
a	☐ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☑ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☐ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**23**		No
	If "Yes," explain in Section C			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**24**		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **166**

	Name and address	Type of Facility (describe)
1	See Additional Data Table	
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
SUPPLEMENTAL INFORMATION	
SCHEDULE H, PART II	COMMUNITY BUILDING ACTIVITIES Franciscan is involved in and actively participates in numer ous community building activities We work to provide quality care and community building activities by partnering with other health care providers, government agencies, and not-fo r-profit social service agencies to serve our communities' diverse health care needs The community building activities offered by FRANCISCAN are provided without reimbursement, se rve at-risk populations, and provide health education to key community groups We monitor these activities for outcomes by identifying changes in health behaviors and knowledge So me examples of community health programs Franciscan provides include health education, he alth fairs, free or low cost health screening, access to healthcare services, immunization services, prescription medication assistance programs, nutritional counseling, enrollment assistance in Medicaid, free spa services for cancer patients, food assistance, transport ation assistance, referral assistance, breast cancer and childhood obesity initiatives, he althy choices initiatives, childhood alcoholism prevention, and other various community ou treach programs as further described in "Our Giving Journal" at www franciscanalliance org /communitybenefit Additionally, several of our hospitals have been identified by the fede ral government as designated regional medication distribution sites in the event of a nati onal disaster or epidemic/pandemic Responding to federal, state and local needs in the ev ent of national or local disasters or epidemic/pandemics, we collaborate and coordinate ou r efforts with many civic and other agencies to ensure that those needs will be met should disaster strike Franciscan Alliance provides medical and other supplies, health care and other services, screenings, support groups, educational opportunities and presentations, and other sponsorships Members from all of our organization contribute their time and ski lls and, in meaningful ways, touch many lives in our communities Members from our facilit ies participate on boards, coalitions, task forces and work with colleges, universities an d other groups to address the healthcare needs of our communities ---------- ---------- SCHEDULE H, PART III, LINE 2 Throughout the year, the Corporation estim ates this allowance based on the aging of its patient accounts receivable, historical coll ection experience, and other relevant factors These factors include changes in the econom y and unemployment rates, which has an impact on the number of uninsured and underinsured patients, as well as trends in health care coverage, such as the increased burden of deduc tibles, copayments, and coinsurance payments to be made by patients with insurance After satisfaction of amounts due from insurance and reasonable efforts to collect from the pati ent have been exhausted, the Corporation follows established procedures for placing certai n past due patient balances with collection agencies, subject to the terms and certain res trictions on collection efforts as determined by the Corporation Uncollectible patient ac counts receivable are written off against the allowance for doubtful accounts with any sub sequent recoveries being recorded against the provision for doubtful accounts ---------- ---------- SCHEDULE H, PART III, LINE 3 The corporation has a system-w ide charity care and uninsured discount policy, has detailed administrative procedures est ablished for qualifying and enrolling patients for charity care or uninsured/underinsured discounts, uses various analytical programs including soft credit inquiries that do not af fect credit scores to help assess a patient's ability to pay, and utilizes numerous mechan isms to inform and educate patients about their eligibility for assistance which are detai led under Schedule H, Part VI, item 3 Despite these rigorous efforts, patients who need s ubsidized care may not seek this assistance or choose to enroll in the state's Medicaid pr ogram Also, as further described in HFMA statement No 15, the appropriate classification of charity care and bad debt is often difficult The urgency of some treatments, as well as certain federal regulations, often requires the provision of service without considerat ion of the patient's ability to pay Some patients have complex medical conditions with un predictable treatment needs For these and other reasons, Franciscan believes, a portion o f its bad debt expense as reported on Line 3 of Part III represents charity care delivered to individuals in the communities it serves consistent with its charitable healthcare mis sion ---------- SCHEDULE H, PART III, LINE 4 The Corporation' s allowance for doubtful accounts footnote from its audited financial statements is as fol lows "The collection of outstanding patient accounts receivable from governmental payors, managed care and other third party payors, and patients is the Corporation's primary sour ce of cash The Corporation's main collection risk relates to uninsured patient accounts a nd patient accounts for which the third party payor has paid amounts in accordance with th e applicable agreement, however the patient's responsibility, usually in the form of deduc tibles, copayments, and coinsurance payments, remain outstanding ("self pay accounts") Th e Corporation's patient accounts receivable is reduced by an allowance for amounts, primar ily self pay accounts, which could become uncollectible in the future Throughout the year , the Corporation estimated this allowance based on the aging of its patient accounts rece ivable, historical collection experience, and other relevant factors These factors includ e changes in the economy and unemployment rates, which has an impact on the number of unin sured and underinsured patients, as well as trends in health care coverage, such as the in creased burden of deductibles, copayments, and coinsurance payments to be made by patients with insurance After satisfaction of amounts due from insurance and reasonable efforts t o collect from the patient have been exhausted, the Corporation follows established proced ures for placing certain past due patient balances with collection agencies, subject to th e terms and certain restrictions on collection efforts determined by the Corporation Unco llectible patient accounts receivable are written off against the allowance for doubtful a ccounts with any subsequent recoveries being recorded against the provision for doubtful a ccounts " ---------- SCHEDULE H, PART III, LINE 8 Co nsistent with the charitable healthcare mission of Franciscan and the community benefit st andard set forth in IRS Revenue Ruling 69-545, Franciscan provides care for all patients c overed by Medicare seeking medical care at Franciscan Such care is provided regardless of whether the reimbursement provided for such services meets or exceeds the costs incurred by Franciscan to provide such services Like Medicaid, payment rates for Medicare are set by law rather than through a negotiation process as with private insurers These payment r ates are currently set below the costs of providing care resulting in underpayments Medic are rates are determined within the context of all the budgetary needs of the federal gove rnment and Medicare payments have historically been set below the costs of providing care to Medicare patients though how far below varies over time and by service Each year Medic are is supposed to provide hospitals an increase in both inpatient and outpatient payments to account for inflation in the prices for goods and services hospitals must purchase in order to provide patient care However inpatient updates have been set below the rate of i nflation and actually negative in recent years resulting in a shortfall that has grown ove r time The compounding issue that occurs is that this shortfall jeopardizes hospitals' ab ility to serve their communities because they are not reimbursed their incurred costs Pro viders make the decision to eliminate or significantly reduce necessary clinical services within the marketplace placing the Medicare shortfall burden on others that do, such as Fr anciscan Given that Franciscan provides such services to Medicare patients knowing that t hey will result in a loss, and given that Franciscan believes that it provides these servi ces in an efficient and cost effective manner, the shortfall reported on line 7 of Part II I should be viewed as community benefit provided by Franciscan ---------- ---------- SCHEDULE H, PART III, LINE 9B Franciscan Alliance, Inc 's written C harity Care and Uninsured Patient Discount Policy and Patient Collection Procedure include various provisions on the collection practices to be followed for patients who are known to qualify for charity or financial assistance If a patient qualifies for charity or fina

Additional Data

Software ID:
Software Version:
EIN: 35-1330472
Name: FRANCISCAN ALLIANCE 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?
13

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	FRANCISCAN ST FRANCIS HEALTH - INDIANAPOLIS 8111 SOUTH EMERSON AV INDIANAPOLIS,IN 46217 WWW FRANCISCANALLIANCE ORG/HOSPITALS 11-004972-1	X	X		X			X			
2	FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE 1701 S CREASY LANE LAFAYETTE,IN 47905 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005096-1	X	X					X			
3	FRANCISCAN ST ANTHONY HEALTH - CROWN POINT 1201 SOUTH MAIN STREET CROWN POINT,IN 46307 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005107-1	X	X					X			
4	FRANCISCAN ST MARGARET HEALTH - HAMMOND 5454 HOHMAN AVENUE HAMMOND,IN 46320 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005004-1	X	X		X			X			
5	FRANCISCAN ST JAMES HEALTH - CHICAGO HEIGHTS 1423 CHICAGO ROAD CHICAGO HEIGHTS,IL 60411 WWW FRANCISCANALLIANCE ORG/HOSPITALS 0002436	X	X		X			X			
6	FRANCISCAN ST ANTHONY HEALTH - MICHIGAN CITY 301 W HOMER STREET MICHIGAN CITY,IN 46360 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005015-1	X	X		X			X	X		
7	FRANCISCAN ST MARGARET HEALTH - DYER 24 JOLIET STREET DYER,IN 46311 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005080-1	X	X		X			X			
8	FRANCISCAN ST JAMES HEALTH - OLYMPIA FIELDS 20201 SOUTH CRAWFOR OLYMPIA FIELDS,IL 60461 WWW FRANCISCANALLIANCE ORG/HOSPITALS 0005074	X	X		X			X			
9	FRANCISCAN ST FRANCIS HEALTH - MOORESVILLE 1201 HADLEY ROAD MOORESVILLE,IN 46158 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005052-1	X	X		X			X			
10	FRANCISCAN HEALTHCARE - MUNSTER 701 SUPERIOR STREET MUNSTER,IN 46321 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005615-1	X	X		X						

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?
13

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11	FRANCISCAN ST ELIZABETH HEALTH - CRAWFORDSVILLE 1710 LAFAYETTE ROAD CRAWFORDSVILLE,IN 47933 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005021-1	X	X					X			
12	FRANCISCAN ST ELIZABETH HEALTH - LAFAYETTE CENTRAL 1501 HARTFORD ST LAFAYETTE,IN 47904 WWW FRANCISCANALLIANCE ORG/HOSPITALS 14-005003-1	X	X					X			
13	FRANCISCAN ST FRANCIS HEALTH - CARMEL 12188-B N MERIDIAN STREET CARMEL,IN 46032 WWW FRANCISCANALLIANCE ORG/HOSPITALS 13-012826-1	X	X								

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
SCHEDULE H, PART V, SECTION C - SUPPLEMENTAL INFORMATION	In this section, the following abbreviations are used to reference the hospital facilities operated by Franciscan Alliance, Inc Franciscan St Francis Health - Indianapolis FSFH -Indianapolis Franciscan St Anthony Health - Crown Point FSAH-Crown Point Franciscan St Margaret Health - Hammond FSMH-Hammond Franciscan St Margaret Health - Dyer FSMH-Dyer Franciscan St James Health - Chicago Heights FSJH-Chicago Heights Franciscan St Elizabe th Health - Lafayette FSEH-Lafayette East Franciscan St Anthony Health - Michigan City FSAH-Michigan City Franciscan St James Health - Olympia Fields FSJH-Olympia Fields Franc iscan St Francis Health - Mooresville FSFH-Mooresville Franciscan St Elizabeth Health - Lafayette Central FSEH-Lafayette Central Franciscan St Elizabeth Health - Crawfordsvill e FSEH-Crawfordsville Franciscan Healthcare - Munster FH-Munster Franciscan St Francis Health - Carmel FSFH-Carmel LINE 5 FSMH-DYER, FSMH-HAMMOND, FSAH-CROWN POINT, FH-MUNSTER INPUT FROM INDIVIDUALS IN THE COMMUNITY An independent, third party was retained to cond uct the community assessment and a part of that work was the facilitation of several Focus Groups designed to have in-person exchange and information gathering about community heal th needs, including needs of low income, minorities and the uninsured The following indiv iduals attended and contributed to that information gathering opportunity Dr Janet Seabr ook - Executive Director, Gary Community Health Center Dr Janice Zunich, Indiana Universi ty School of Medicine Dr Mark Feldner, Community Care Network Dr Lisa Green - CEO, Famil y Christian Health Centers Janice Wilson - CEO, North Shore Health Centers Olga Gonzales - Manager, Women's Care Center of NWI Tracy Tucker - School Nurse, Eggers Middle School Dua ne Dedalow - Executive Director, Catholic Charities Diocese of Gary Gordon Johnson - CEO, American Red Cross of NWI Gary Olund - President, Northwest Indiana Community Action Grace Talbot - Director, Hammond Rescue Mission Jane Bisbee - Regional Manager, Child Protectiv e Services Lou Martinez - President, Lake Area United Way Gilda Orange - Trustee, North To wnship Tom DeGuilio - Town Manager, Munster LINE 5 FSAH-MICHIGAN CITY INPUT FROM INDIVIDU ALS IN THE COMMUNITY A survey of community opinion leaders was conducted soliciting input regarding community health needs Individuals contributing to this information resource i ncluded Ed Merrion - Housing Program Manager, Catholic Charities Kathy Dennis - Commissio n on Women George Kucka - President, Fair Meadows Home Health Center Terese Fabbri - Frien d of the Open Door Health Center Fred McNulty - EVP, HR Dimensions Deborah Chugg - Executi ve Director, Imagination Station (behavioral medicine) Patricia Pease - Administrator, LaP orte County Emergency Medical Services Cathy Ellis - Life Care Center of Valparaiso W Fay e Moore - VP, Michigan City Women's Commission/NAACP Deborah Briggs - Program Director, Op en Door Adolescent Health Center Tyra Walker - Samaritan Center and LaPorte County Jail Ce e Taylor - Executive Director, Samaritan Counseling Center Terri Phillips - Executive Dire ctor, Life Care of Michigan City (Skilled Nursing Facility) Gerry Jones - Executive Direct or, Stepping Stone Shelter for Women Steve Birnth - Executive Director, Youth Service Bure au LINE 5 FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS INPUT FROM INDIVIDUALS IN THE COMMUNI TY A community wide survey was conducted by a third party in collaboration with many hosp itals coordinated by the Chicago Metropolitan Hospital Council Subsequent to that communi ty survey the same third party conducted a series of Focus Groups, specific to each partic ipating hospital, comprised of individuals representing various sectors of the service are a population including public health, low income, minorities, medically underserved, chro nic disease services, and more Individuals providing input via the focus groups included Apostle Carl White, Jr - Victory International Christian Ministries Deborah Harper - Com munity and Economic Development Association, Chicago Heights Marianne Bithos - National Al liance on Mental Illness, South Suburbs of Chicago Mary Pat Ambrosino - Southwest Communit y Services, Tinley Park (services for the disabled) Yvonne Orr - South/Southwest Suburban United Way LINE 5 FSEH-LAFAYETTE EAST, FSEH-LAFAYETTE CENTRAL INPUT FROM INDIVIDUALS IN T HE COMMUNITY A community survey was conducted, followed by a review of results by a cross section of community representatives That review resulted in conducting an Opinion Leade r survey of approximately 200 individuals to add more information regarding priorities Fi nally, individual interviews were conducted with the following individuals to further soli cit direct input from their respective experiences and knowledge John Dennis - Mayor, Wes t Lafayette Tom Murtaugh - President of the County Council Sheila Klinker - Indiana State Representative Ronnie Alting - Indiana State Senat

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
SCHEDULE H, PART V, SECTION C - SUPPLEMENTAL INFORMATION	or Randy Truitt - Indiana State Representative Brandt Hershman - Indiana State Senator Gar y Henriott - Chairman and CEO, Henriott Group Trish Hauber - HR Manager, Caterpillar, Inc Julia Cole - HR Manager, Subaru Veronique LeBlanc - President, Riggs Community Health Cen ter Pam Biggs-Reed - CEO, Bauer Center (Head Start and Counseling Center) Marilyn Redmon - CEO, Right Steps Child Development Centers Ron Cripe - Tippecanoe County Health Departmen t Barry Richards - Boys and Girls Club James Taylor - Executive Director, United Way of Gr eater Lafayette and Tippecanoe County Joe Seaman - President, Greater Lafayette Chamber of Commerce Cheryl Ubelhor - Program Manager, Community Foundation of Greater Lafayette Scot t Hanback - Superintendent, Tippecanoe Schools Eric Davis - President, Lafayette Catholic School Corp Rocky Killian - Superintendent, West Lafayette Schools Jane Kirkpatrick - Dea n, Purdue School of Nursing Anita Reed - St Elizabeth School of Nursing LINE 5 FSEH-CRAW FORDSVILLE INPUT FROM INDIVIDUALS IN THE COMMUNITY A community wide survey was conducted, followed by an opinion leader survey The opinion leaders were then interviewed for focus ed input The individuals from whom input was gained are Robert Cook - Abilities services Todd Barton - Mayor, City of Crawfordsville Fawn Johnson - Crawfordsville Community Cente r Joanie Crum - Division of Family and Children Phil Wray - FISH Clothes Closet/Food Pantr y Brenda Deckard - Friendship Kitchen/HUB Ministries Denise Maxwell - Montgomery County Am erican Red Cross Kelly Taylor - Montgomery County Community Foundation Cheryl Kiem - Montg omery County Community Foundation Jan Sears - St Bernard Catholic Church Dave Peach - WCV L/WIMC/WCDQ (broadcasting) Joy Dugan - Purdue University Extension Service Deanna Durett - Montgomery County Commissioner Tina McGrady - Editor, Crawfordsville Journal Review Rich Holtz - The Paper of Montgomery County Amber Reed - Montgomery County Health Department Bi ll Doemel - Mary Ludwig Free Clinic LINE 5 FSFH-INDIANAPOLIS, FSFH-MOORESVILLE, FSFH-CARM EL INPUT FROM INDIVIDUALS IN THE COMMUNITY A community survey was conducted followed by a survey of opinion leaders Additionally, interviews were conducted with a variety of comm unity leaders and people knowledgeable in the areas of public health and the needs of targ et populations The individuals interviewed include the following Robert Lyons - Church O dyssey Thomas Zoss - Executive Director, Community Foundation of Morgan County Betty Pedig o - Site Manager, Eskenazi Medical Group (a provider to low income and minorities) Marjori e Porter - Executive Director, Good Shepherd Clinic Mary Kay Mitchell - Horizon House Norm an Connell - Board Member, Kendrick Foundation Michael Crosley - Executive Director, Life Bridge Community Julia Brillhart - VP, Magellan Health Joni Collins - Executive Director, Martin Luther King Community Center Dennis Payton - Pastor, Mooresville First United Metho dist Church Debra Page - Mooresville Schools M Cloud - Supervisor, Noble of Indiana Josep h Donahue - Sycamore Services Lydia Rychtarczyk - Director, Tomorrow's Promise Pre-school Pamela Taylor - EMS, Westfield Fire Department Additional Individuals providing informatio n through means other than an interview Mark Lindenlaub - Executive Director, Aging and C ommunity Services of So Central Indiana Carla Marchbanks - Director, Beech Grove Senior C itizens Center Rick Whitten - Executive Director, Boys and Girls Clubs of Indianapolis Ela isa Vahnie - Executive Director, Burmese American Community Julie Heger - Case Manager, Ch ildren's Bureau Frank Mascari - City-County Council Member Stephen Rink - Trustee, Decatur Township Nancy Beals - Drug Free Marion County Bud Swisher - Executive Director, Healthie r Morgan County Initiative Beth Ann Leach - Executive Director, Hendricks County Senior Se rvices Doug Bush - Executive Director, Indiana Dental Association Ann Alley - Director, Pr imary Care, Indiana State Department of

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

Form and Line Reference	Explanation
LINE 6a FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS	CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES Franciscan St James Health-Chicago Heig hts and Franciscan St James Health-Olympia Fields are part of Franciscan Alliance, Inc w ho collaborated in using the same third party resource (Professional Research Consultants) Franciscan St James Health-Chicago Heights and Franciscan St James Health-Olympia Fiel ds coordinated with a number of other hospitals as part of a coordinated program sponsored by the Metropolitan Chicago Hospital Council using the services of a third party, Profess ional Research Consultants LINE 6a FSEH-LAFAYETTE EAST, FSEH-LAFAYETTE CENTRAL CHNA COND UCTED WITH ONE OR MORE OTHER FACILITIES A community survey was conducted jointly with Fra nciscan St Elizabeth Health-Lafayette East, Franciscan St Elizabeth Health-Lafayette Cen tral, and Indiana University Arnett Hospital, as well as with some assistance from the sta ff of the county health department LINE 6a FSFH-INDIANAPOLIS, FSFH-MOORESVILLE, FSFH-CAR MEL CHNA CONDUCTED WITH ONE OR MORE OTHER FACILITIES All CHNA related activities were a j oint effort between Franciscan St Francis Health-Indianapolis, Franciscan St Francis Hea lth-Mooresville, and Franciscan St Francis Health-Carmel LINE 7a ALL FACILITIES All 13 hospital's CHNAs are available on Franciscan Alliance's website at HTTP //WWW FRANCISCANA LLIANCE ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSMENT/ ANNUAL-REPORT/PAGES/DEFAULT ASPX LINE 10 ALL FACILITIES All 13 hospital's Implementation Strategies are available on Franciscan A lliance's website at HTTP //WWW FRANCISCANALLIANCE ORG/COMMUNITY/COMMUNITY-NEEDS-ASSESSME NT/ ANNUAL-REPORT/PAGES/DEFAULT ASPX LINE 11 FSMH-DYER, FSMH-HAMMOND NEEDS BEING ADDRESSE D VIA SPECIFIC CHNA STRATEGIES A Cardiovascular Health - Identify at risk patients among African American population and improve health thru reducing risk by screening, education and monitoring of scores of key indicators B Adolescent Substance Abuse - Identify at-ri sk children and provide interventions to stop and/or prevent abuse of alcohol and substanc es C Lung Cancer - Reduce the incidence of untreatable lung cancer among low-income, at- risk population thru early screening, education and treatment D Diabetes - Improve self- management to avoid complications among low income, at-risk Hispanic population thru scree ning, education, individual counseling and early identification of complications NEEDS ID ENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES A Access to health care services - The ho spitals already operate a community clinic (Mother McAuley Clinic) to serve under and unin sured, operate physician practices that accept all patients, expect provisions of the Affo rdable care Act will improve access via Medicaid and employer insurance expansion B Canc er of the breast, cervix, colon and prostate - identified as being of higher incidence and being addressed through other, established programs and through gradually improving under lying social issues C Chlamydia Incidence Rate - As a Catholic organization we are limit ed by the Ethical and Religious Directives as to what we can do regarding the use of contr aceptives D Chronic Kidney Disease - developing a program to improve diabetes management , which is an underlying cause of kidney disease E High Use of ER - Various new programs initiated as part of Franciscan's ACO, also we operate several Urgent Care centers and ha ve expanded to include new sites F Injury and Violence Prevention - We regard this as pr imarily a task of the public sector as we do not have expertise or resources to develop an d sustain programs G Maternal, Infant and Child Health - A robust program needs neo-nata l resources we do not have We do already offer some services through our community clinic and through our St Monica Home for unwed mothers H Oral Health - we do not have dental services, staff, resources or expertise to meet this need I Social and Economic Factors - there are a variety of conditions including education, transportation, employment, crim e, etc , which are obligations of government to address as we do not have needed expertise , funding, resources or experience to address LINE 11 FSAH-MICHIGAN CITY NEEDS BEING ADD RESSED VIA SPECIFIC CHNA STRATEGIES A Access to Medications - Prevent adverse impact of n ot complying with medication treatment by increasing the access to needed medications B Diabetes - Increase the number of people in at-risk population receiving education and ref errals to treatment C Congestive Heart Failure - Improve overall management of care and avoidance of acute episodes thru better continuity of care among providers, education and treatment compliance NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES A Access to Health Services - The hospital already works closely with established Federally Qualified Health Centers in the community, operates physician practices that accept all patients, e xpect the provisions of the Affordable Care Act to

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

Form and Line Reference	Explanation
LINE 6a FSJH-CHICAGO HEIGHTS, FSJH-OLYMPIA FIELDS	improve access via Medicaid and employer expansion of insurance coverage B Maternal Inf ant and Child Health - some needs are served through Women's Care Center, limited capabili ty in neo-natal care, shortage of physician staff with whom to partner C Homelessness - hospital does not have expertise in this area D Mental Health - limited resources (no ps ychiatric services) plus the existence of several other mental health resources in the com munity E Nutrition, Fitness/Life Style - existing programs address some of these needs p lus the programs selected for development (diabetes and cardiovascular) will include empha sis on these factors for improved health F Tobacco Use - existing programs address this need plus, other community programs emphasize this problem, plus, the heart failure progra m that is a CHNA selection will include smoking cessation LINE 11 FH-Munster NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES A Diabetes - Improve self-management of disease a mong at-risk Hispanic population thru screening and education B Colorectal Cancer - Redu ce the incidence of the disease and improve the treatment among at-risk African-American p opulation thru early screening, education and referrals for treatment NEEDS IDENTIFIED BU T NOT SELECTED AMONG CHNA STRATEGIES A Access to Care - Franciscan Alliance already opera tes a clinic for the under and uninsured population in the geographic area The hospital d oes not operate an ER and expect that the provisions of the Affordable Care Act will impro ve access via Medicaid and employer expansion of insurance coverage B Preventable hospit alizations - Franciscan's ACO is working toward addressing this problem and there are othe r targeted programs addressing re-admissions C Maternal and Child Health - the hospital does not offer any obstetric or pediatric services and thus, does not have the resources o r expertise typical for such programs D Adult Immunizations - other community resources and physician offices address this need E Asthma - due to our limited services we do not have the resources or expertise typical for such programs F Health Education - it was d ecided that broad-based health education is available from many sources However, targeted health education in the areas of Diabetes and colon disease will be part of the selected CHNA programs provided G Substance Abuse - other programs are currently available in the community to address the need H Oral Health - the hospital does not have the expertise or resources required for this service I Nutrition, Physical Activity/Life-style - targe ted effort will be a part of the diabetes program being developed, plus, other community p rograms are very active regarding this need J Mental Health - other community services a re available and another Franciscan hospital that is part of this Form 990 already provide s a variety of inpatient and outpatient mental health programs K Heart Disease and Strok e - existing services in our hospital address some of these needs and another Franciscan h ospital that is part of this Form 990 already offers services specific to these needs and they are developing more targeted programs in their CHNA efforts LINE 11 FSAH-CROWN POIN T NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES A Diabetes - Improve self-management of disease among low income population to gain better compliance with disease management thru screening, education and monitoring of key indicators B Cardiovascular Disease - Re duce risk and incidence of disease among low-income population thru screening, smoking ces sation, improved health behaviors and monitoring of key indicators NEEDS IDENTIFIED BUT N OT SELECTED AMONG CHNA STRATEGIES A Access to Health Services - the hospital already oper ates a clinic (St Clare Health Clinic) to serve the under and uninsured population Peopl e can also access a Federally Qualified Health Clinic in the area, the hospital also opera tes physician practices that accept all

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

Form and Line Reference	Explanation
LINE 11 FSEH-LAFAYETTE CENTRAL	NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES Same as FSEH-East except for Maternal a nd /Child Health since this facility does not provide obstetrical services NEEDS IDENTIFI ED BUT NOT SELECTED AMONG CHNA STRATEGIES A Obesity - existing programs address aspects o f this need, plus, the programs we are developing in diabetes and congestive heart failure include a focus on this need B Substance and tobacco use - existing community programs address these needs plus, the CHNA programs in diabetes and congestive heart failure will include smoking cessation efforts C Preventive health screenings - a variety of health s creenings are conducted by many organizations, including our hospital D Chlamydia - as a Catholic organization we are constrained by our Ethical and Religious Directives from dev eloping a comprehensive program E Medication Access - other community resources address this need and while not selected at this time, it will be examined more fully in the futur e F Pre-natal care in the first trimester - it was felt that other areas of need were of higher priority, partially due to the number of people that could benefit G Cancer and respiratory disease - existing programs in our hospital and in the community already addre ss these needs H General social and economic needs such as transportation, education, a ir quality, crime, etc , are felt to be responsibilities of the public sector plus, we do not have expertise, funding or resources adequate to address these needs LINE 11 FSEH-CR AWFORDSVILLE NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STRATEGIES A Access to Care - Improv e utilization/access to established low-income clinics by more effective ER identification and referrals and by expanding provider capacity B Diabetes - Improve referral of ident ified patients to appropriate care to reduce incidence of complications and improve self-m anagement thru education and coaching NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATE GIES A Prenatal Care - our hospital does not operate an obstetrics service and thus, we h ave few of the resources and expertise necessary to support such a program B Asthma - du e to our small size and limited staff, we do not have the resources necessary to develop a n adequate program C Smoking cessation - the opportunity to develop a collaborative prog ram collapsed due to a change in the resources available from that non-owned/non-affiliate d entity D Lung cancer - as with smoking cessation, a program under consideration could not be developed due to the inability of the planned collaborator to provide necessary res ources E Pediatric asthma - due to our small size and limited staff, we do not have the resources necessary to develop an adequate program F General social and economic needs s uch as transportation, education, air quality, crime, etc , are felt to be responsibiliti es of the public sector plus, we do not have expertise, funding or resources adequate to a ddress these needs LINE 11 FSFH-INDIANAPOLIS NEEDS BEING ADDRESSED VIA SPECIFIC CHNA STR ATEGIES A Cardiovascular Health - Implement programs targeting 34 - 45 age men and women to educate and monitor key biometric indicators to improve health among those with identif ied risks B Breast Cancer - Implement program to increase awareness generally and to enh ance self-exam capability to promote early detection and treatment C Lung Cancer - Addre ss early education and healthy behaviors among children by providing programs with schools D Access to Care - Promote and improve access to appropriate care among a Burmese popul ation by improving cultural awareness among providers, appropriate use of ER's and better access to available primary care sites E Diabetes - Promote improved awareness and self- management among employees of participating employers and identified at-risk family units NEEDS IDENTIFIES BUT NOT SELECTED AMONG CHNA STRATEGIES A Substance Abuse - other commun ity organizations have the resources and established programs to address this need B Inp atient Mental Health - we have limited resources relative to other providers and community resources C Immunization and Infectious Disease - strong programs in existence among a variety of community organizations plus, a strong program is already in place in our Visit ing Nurse Service/home health division D Injury and Violence Prevention - It is felt tha t these needs are more the responsibility of the public sector plus, we lack the expertise , resources and funding to be effective in these needs LINE 11 FSFH-MOORESVILLE NEEDS BE ING ADDRESSED VIA SPECIFIC CHNA STRATEGIES A Cardiovascular Health - same as FSFH-Indiana polis but different geographic coverage B Breast Cancer - same as FSFH-Indianapolis but d ifferent geographic coverage C Lung Cancer - same as FSFH-Indianapolis but different geog raphic coverage D Access to Care - Increase capacity of established clinic to respond to needs among low-income population E Joint and Ar

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Form and Line Reference	Explanation
LINE 11 FSEH-LAFAYETTE CENTRAL	thritis Care - Improve care of population (especially seniors) thru education offerings, o steoporosis screening, aquatic offerings and appropriate referrals NEEDS IDENTIFIED BUT N OT SELECTED AMONG CHNA STRATEGIES Same as FSFH-Indianapolis LINE 11 FSFH-CARMEL NEEDS BEI NG ADDRESSED VIA SPECIFIC CHNA STRATEGIES A Joint and Arthritis Care - same as FSFH-Moore sville but different geographic coverage B Breast Cancer - same as FSFH-Indianapolis but different geographic coverage C Access to Care - same as FSFH-Mooresville but different c linic and geographic coverage NEEDS IDENTIFIED BUT NOT SELECTED AMONG CHNA STRATEGIES Same as FSFH-Indianapolis and FSFH-Mooresville LINES 15 AND 16 ALL FACILITIES Through Francis can Alliance, Inc ("Franciscan"), we continue the healing ministry of Christ in a Catholi c health care system that upholds the moral values and teachings of the Catholic Church C entral concerns of this corporate ministry include compassion for those in need, respect f or life and the dignity of persons Franciscan believes in the dignity, uniqueness, and wo rth of each individual and, within the limits of our resources, Franciscan offers a compre hensive range of health care services to all regardless of race, creed, color, sex, nation al origin, handicap or an individual's financial capability In light of this belief, we c onsider our health care services to be reaching out and responding, in a Christ-like manne r, to those who are physically, materially, or spiritually in need Franciscan is committe d to providing financial assistance, in the form of charity care or uninsured discounts, t o persons who are uninsured or underinsured, who are ineligible for governmental or social service programs, and who otherwise are unable to pay for emergency services or medically necessary care based on their individual financial situation Consistent with our mission to deliver compassionate, high quality, affordable health care and to advocate for those who are poor and disenfranchised, Franciscan strives to ensure the financial capacity of p eople who need medically necessary health care services does not prevent them from seeking or receiving that care Franciscan's financial assistance policy is designed to allow rel ief from all or part of the charges related to emergency or medically necessary health car e services that exceed a patient's reasonable ability to pay In order to ensure transpare ncy, consistency and fairness, we ask patients to cooperate by providing necessary informa tion to determine their eligibility for financial assistance For patients not initially i dentified as qualifying for financial assistance, Franciscan communicates the availability of charity care and financial assistance in the applicable languages of the hospital comm unity through the following means 1 Franciscan communicates the availability of financia l assistance in appropriate care settings such as emergency departments, admitting/registr ation areas, billing offices, outpatient service settings, and on our hospitals' websites Signs/postings inform patients that free or reduced cost care may be available to qualify ing patients who complete a financial assistance application 2 Brochures summarizing our financial assistance programs are available throughout each Franciscan hospital 3 Finan cial counselors and business office personnel are available to help patients understand an d apply for local, state, federal health care, and health insurance exchange programs and Franciscan's financial assistance programs 4 All bills and statements for services infor m uninsured patients that financial assistance is available 5 Patients/guarantors may re quest a copy of the financial assistance application by calling the Franciscan billing off ice or downloading a copy at no cost from Franciscan hospital's websites 6 Patients/guar antors can request financial assistance information by calling Franciscan's billing office phone line on a 24-hour basis 7 Indiv

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

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

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

Name and address	Type of Facility (describe)
IIMC 701 E COUNTY LINE ROAD SUITE 101 GREENWOOD,IN 46143	PHYSICIAN PRACTICE
INDIANA ORTHOPEDIC SURGERY CENTER 5255 E STOP 11 ROAD SUITE 110 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FRANCISCAN SURGERY CENTER 5255 E STOP 11 ROAD SUITE 100 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
THE ENDOSCOPY CENTER AT ST FRANCIS 8051 S EMERSON AVENUE SUITE 150 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
ST FRANCIS RADIATION THERAPY CENTERS 8111 S EMERSON AVENUE INDIANAPOLIS,IN 46239	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 1225 E COOLSPRING AVENUE MICHIGAN CITY,IN 46360	PHYSICIAN PRACTICE
SOUTH EMERSON SURGERY CENTER 8141 S EMERSON AVENUE SUITE C INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
COOPERATIVE MANAGED CARE SERVICES 9045 RIVER ROAD SUITE 250 INDIANAPOLIS,IN 46240	PHYSICIAN PRACTICE
FRANCISCAN ST JAMES HEALTH-HOME HEALTH 1400 OTTO BOULEVARD CHICAGO HEIGHTS,IL 60411	PHYSICIAN PRACTICE
MOORESVILLE SURGERY CENTER 1215 HADLEY ROAD SUITE 100 MOORESVILLE,IN 46260	PHYSICIAN PRACTICE
FPN ORTHOPEDIC AND SPORTS MEDICINE 1702 LAFAYETTE ROAD CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
JOINT REPLACEMENT SURGEONS 1199 HADLEY ROAD MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
ONCOLOGY AND HEMATOLOGY SPECIALISTS 8111 S EMERSON AVENUE SUITE 101 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
SOUTH INDY MRI AND REHAB 8141 S EMERSON AVENUE SUITE A INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
MOORESVILLE ENDOSCOPY CENTER 1215 HADLEY ROAD SUITE 101 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE

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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)
FRANCISCAN PHYSICIAN NETWORK 9470 BROADWAY CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FPN NEPHROLOGY FPN PULMONARY 2708 FERRY STREET LAFAYETTE,IN 47904	PHYSICIAN PRACTICE
FRANCISCAN ST JAMES HEALTH - HEALTH WELLNESS CENTER 100 W 197 CHICAGO HEIGHTS,IL 60411	PHYSICIAN PRACTICE
PEDIATRIC ASSOCIATES OF GREENWOOD 900 AVERITT ROAD GREENWOOD,IN 46143	PHYSICIAN PRACTICE
FPN DERMATOLOGY FAMILY MEDICINE PEDS 915 SAGAMORE PARKWAY WEST WEST LAFAYETTE,IN 47906	PHYSICIAN PRACTICE
FPN FAMILY & GERIATRIC MEDICINE 3920 ST FRANCIS WAY SUITE 209 LAFAYETTE,IN 47905	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 1505 SOUTH COURT STREET CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 12800 MISSISSIPPI PARKWAY CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 2421 LAPORTE AVENUE VALPARAISO,IN 46385	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - MUNCIE 3631 N MORRISON ROAD MUNCIE,IN 47304	PHYSICIAN PRACTICE
FPN INTERNAL MEDICINE & SURGICAL SPEC 1630 LAFAYETTE ROAD SUITE 300 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 8865 W 400 NORTH MICHIGAN CITY,IN 46360	PHYSICIAN PRACTICE
FPN CARDIOLOGY ELECTROPHYSIOLOGY 3900 SAINT FRANCIS WAY STE 200 LAFAYETTE,IN 47905	PHYSICIAN PRACTICE
FPN CRAWFORDSVILLE FAMILY MEDICINE 308 W MARKET STREET CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
FPN GREENACRES FAMILY MEDICINE 1500 DARLINGTON AVENUE SUITE 300 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
FRANCISCAN PHYSICIAN NETWORK - MC 1501 WABASH STREET MICHIGAN CITY,IN 46360	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 11161 RANDOLPH STREET CROWN POINT,IN 46307	PHYSICIAN PRACTICE
SOUTHPORT FP AND SPORTS MEDICINE 7855 S EMERSON AVENUE SUITE P INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 1201 S MAIN STREET CROWN POINT,IN 46307	PHYSICIAN PRACTICE
ALVERNO DURABLE MEDICAL EQUIPMENT 16149 SOUTH CLINTON STREET HARVEY,IL 60426	PHYSICIAN PRACTICE
IMPACT CENTER 1201 HADLEY ROAD MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
BEECH GROVE FAMILY MEDICINE 2030 CHURCHMAN AVENUE BEECH GROVE,IN 46107	PHYSICIAN PRACTICE
INDIANA SLEEP CENTER 701 E COUNTY LINE ROAD SUITE 207 GREENWOOD,IN 46143	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 810 MICHAEL DRIVE CHESTERTON,IN 46304	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK CHERRY CREEK CENTER CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FPN NORTHRIDGE INTERNAL MEDICINE 1704 LAFAYETTE ROAD SUITE 8 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
DIABETES AND ENDOCRINOLOGY SPECIALISTS 5230A E STOP 11 ROAD SUITE 150 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 14785 WEST 101ST AVENUE DYER,IN 46311	PHYSICIAN PRACTICE
KENDRICK FAMILY MEDICINE 1001 HADLEY ROAD SUITE 101 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
FPN CRAWFORDSVILLE GYNECOLOGY 407 E MARKET STREET SUITE 101 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
MOORESVILLE FAMILY CARE 1001 HADLEY ROAD SUITE 102 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - SLEEP (CARMEL) 12425 OLD MERIDIAN STREET SUITE A- CARMEL,IN 46032	PHYSICIAN PRACTICE
NEUROSURGICAL SPECIALISTS 8051 S EMERSON AVENUE SUITE 300 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
GRAY ROAD FAMILY MEDICINE 7825 MCFARLAND LANE SUITE A INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
ORTHOPEDIC SPECIALISTS 5255 E STOP 11 RD 300 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - KOKOMO 2330 S DIXON ROAD KOKOMO,IN 46902	PHYSICIAN PRACTICE
CENTER GROVE FAMILY MEDICINE 362 MERIDIAN PARKE LANE GREENWOOD,IN 46142	PHYSICIAN PRACTICE
SOUTH 31 FAMILY CARE 610 E SOUTHPORT ROAD SUITE 205 INDIANAPOLIS,IN 46227	PHYSICIAN PRACTICE
SOUTHEAST FAMILY MEDICINE 965 EMERSON PARKWAY STE J GREENWOOD,IN 46143	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 2050 NORTH MAIN STREET CROWN POINT,IN 46307	PHYSICIAN PRACTICE
VASCULAR SPECIALISTS 5255 E STOP 11 ROAD SUITE 200 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
ST JAMES HEALTH OUTPATIENT PHARMACY 3700 203RD STREET SUITE 108 OLYMPIA FIELDS,IL 60461	PHYSICIAN PRACTICE
FRANKLIN TOWNSHIP FAMILY MEDICINE 8325 E SOUTHPORT ROAD SUITE 100 INDIANAPOLIS,IN 46259	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 1573 N CLINE AVENUE GRIFFITH,IN 46319	PHYSICIAN PRACTICE
HEARTLAND CROSSING PEDIATRICS 1001 HADLEY RD STE LL 100 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
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How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
IRVINGTON FAMILY MEDICINE 5839 E WASHINGTON STREET INDIANAPOLIS,IN 46219	PHYSICIAN PRACTICE
MAJOR HOSPITAL CARDIAC DIAGNOSTICS 150 WEST WASHINGTON STREET SHELBYVILLE,IN 46176	PHYSICIAN PRACTICE
FPN EASTSIDE FAMILY MEDICINE 2056 LEBANON ROAD CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
SPINE SPECIALISTS 8051 S EMERSON AVENUE SUITE 360 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
MADISON AVE FAMILY MEDICINE 8778 S MADISON AVENUE SUITE 200 INDIANAPOLIS,IN 46227	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - PERU 315 W OLD KEY DRIVE IMAGING SUITE PERU,IN 46970	PHYSICIAN PRACTICE
HEARTLAND INTERNAL MEDICINE 10701 ALLIANCE DRIVE CAMBY,IN 46113	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 200 3RD COURT SE DEMOTTE,IN 46310	PHYSICIAN PRACTICE
COUNTY LINE PEDIATRICS 747 E COUNTY LINE RD G GREENWOOD,IN 46143	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 221 US HWY 41 SUITE I SCHERERVILLE,IN 46375	PHYSICIAN PRACTICE
HONEY GROVE FAMILY MEDICINE 1711 S STATE ROAD 135 SUITE C GREENWOOD,IN 46143	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 297 WEST FRANCISCAN LANE SUITE 104 CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FPN PHYSICAL MEDICINE & REHABILITATION 1012 N 14TH STREET LAFAYETTE,IN 47904	PHYSICIAN PRACTICE
FPN WOMEN'S HEALTH SERVICES 1630 LAFAYETTE ROAD SUITE 200 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
FPN FAMILY MEDICINE - KENSINGTON 3875 KENSINGTON DRIVE LAFAYETTE,IN 47905	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
GYNECOLOGIC ONCOLOGY SPECIALISTS 8111 S EMERSON SUITE 204 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FPN NORTHSIDE FAMILY MEDICINE 1660 LAFAYETTE ROAD SUITE 170 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
PLAINFIELD FAMILY MEDICINE 315 DAN JONES ROAD SUITE 150 PLAINFIELD,IN 46168	PHYSICIAN PRACTICE
PSYCHIATRIC SPECIALISTS 610 E SOUTHPORT ROAD SUITE 200 INDIANAPOLIS,IN 46227	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 10860 MAPLE LANE SAINT JOHN,IN 46373	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 3831 HOHMAN AVENUE HAMMOND,IN 46327	PHYSICIAN PRACTICE
FRANCISCAN ST JAMES HEALTH CENTERS FOR DIABETES 20201 SOUTH CRAWFORD AVEN OLYMPIA FIELDS,IL 60461	PHYSICIAN PRACTICE
PLEASANT VIEW FAMILY MEDICINE 12524 SOUTHEASTERN AVENUE INDIANAPOLIS,IN 46259	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 24 JOLIET STREET SUITE 101 DYER,IN 46311	PHYSICIAN PRACTICE
RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS 5255 E STOP 11 ROAD SUITE 320 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
WEIGHT LOSS SPECIALISTS 5230A E STOP 11 ROAD SUITE 190 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 10860 MAPLE LANE ST JOHN,IN 46373	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 500 W BUFFALO STREET NEW BUFFALO,MI 49117	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 5985 EAST 1015 NORTH ROSELAWN,IN 46372	PHYSICIAN PRACTICE
MOORESVILLE AFTER HOURS CLINIC 1001 HADLEY ROAD SUITE 101 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
FPN GASTROENTEROLOGY 3218 DAUGHERTY DRIVE SUITE 140 LAFAYETTE,IN 47909	PHYSICIAN PRACTICE
BREAST SPECIALISTS 8111 S EMERSON 104 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
REHABILITATION SPECIALISTS 8051 S EMERSON AVENUE SUITE 250 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
MATERNAL FETAL SPECIALISTS 8051 S EMERSON AVENUE SUITE 450B INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
PLASTIC & RECONSTRUCTIVE SURGEONS 8051 S EMERSON AVENUE SUITE 450 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
ST JAMES COMMUNITY HEALTH CENTER - BEECHER 989 DIXIE HIGHWAY BEECHER,IL 60401	PHYSICIAN PRACTICE
FPN NEIGHBORHOOD CLINIC 407 E MARKET STREET SUITE 101 CRAWFORDSVILLE,IN 47933	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 5454 HOHMAN AVENUE HAMMOND,IN 46320	PHYSICIAN PRACTICE
FPN FAMILY MEDICINE - MULBERRY 510 WEST JACKSON STREET MULBERRY,IN 46058	PHYSICIAN PRACTICE
FRANCISCAN ST JAMES HEALTH - FAMILY HEALTH HOMEWOOD 18636 DIXIE HIGHWA HOMEWOOD,IL 60430	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - SLEEP (MUNCIE) 3631 N MORRISON ROAD MUNCIE,IN 47304	PHYSICIAN PRACTICE
AMER HEALTH NETWORK - NOBLESVILLE 18051 RIVER AVENUE SUITE 103 NOBLESVILLE,IN 46062	PHYSICIAN PRACTICE
MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO,IN 47960	PHYSICIAN PRACTICE
FPN FAMILY MEDICINE - MONTICELLO 902 FOXWOOD COURT MONTICELLO,IN 47960	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIANS HOSPITAL SLEEP CTR 7905 CALUMET AVENUE MUNSTER,IN 463214209	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
FRANCISCAN HAMMOND CLINIC 7905 CALUMET AVENUE MUNSTER,IN 46321	PHYSICIAN PRACTICE
FRANCISCAN HAMMOND CLINIC 9800 VALPARAISO DRIVE MUNSTER,IN 46321	PHYSICIAN PRACTICE
FRANCISCAN HAMMOND CLINIC 11355 WEST 97TH LANE ST JOHN,IN 46373	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 6831 133RD AVENUED CEDAR LAKE,IN 46303	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 297 WEST FRANCISCAN LANE SUITE 203 CROWN POINT,IN 46307	PHYSICIAN PRACTICE
FRANCISCAN ST JAMES HEALTH-FAMILY HEALTH 3700 WEST 203RD STREET SUITE 112 OLYMPIA FIELDS,IL 60461	PHYSICIAN PRACTICE
GREENWOOD IMMEDIATE CARE 1001 N MADISON AVENUE GREENWOOD,IN 46142	PHYSICIAN PRACTICE
CHAPEL HILL IMMEDIATE CARE 650 N GIRLS SCHOOL ROAD INDIANAPOLIS,IN 46214	PHYSICIAN PRACTICE
NORA IMMEDIATE CARE 860 E 86TH STREET INDIANAPOLIS,IN 46240	PHYSICIAN PRACTICE
FPN HILLSBORO FAMILY MEDICINE 203 EAST MAIN STREET HILLSBORO,IN 47949	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 770 INDIAN BOUNDARY ROAD CHESTERTON,IN 46304	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK - MC 900 I STREET LAPORTE,IN 46350	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 1020 EAST COMMERCIAL AVENUE LOWELL,IN 46356	PHYSICIAN PRACTICE
HAMMOND CLINIC SPECIALTY CENTER 7905 CALUMET AVENUE MUNSTER,IN 46321	PHYSICIAN PRACTICE
HAMMOND CLINIC FAMILY WELLNESS CENTER 9800 VALPARAISO DRIVE MUNSTER,IN 46321	PHYSICIAN PRACTICE

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

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
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How many non-hospital health care facilities did the organization operate during the tax year?
_____

Name and address	Type of Facility (describe)
HAMMOND CLINIC ST JOHN 11355 W 97TH LANE ST JOHN,IN 46373	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 919 MAIN STREET DYER,IN 46311	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 5529 HOHMAN AVENUE HAMMOND,IN 46320	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 1400 S LAKE PARK AVENUE SUITE 305 HOBART,IN 46432	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 901 LINCOLN WAY LAPORTE,IN 46350	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 300 W 80TH PLACE MERRILLVILLE,IN 46410	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 1950 45TH STREET MUNSTER,IN 46321	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 761 45TH STREET MUNSTER,IN 46321	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 757 45TH STREET MUNSTER,IN 46321	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 2001 US 41 SCHERERVILLE,IN 46375	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 1101 GLENDALE ROAD SUITE 110 VALPARAISO,IN 46383	PHYSICIAN PRACTICE
FPN- MICHIGAN CITY EXPRESS CARE 3325 WILLOWCREEK ROAD PORTAGE,IN 46368	PHYSICIAN PRACTICE
FPN - MICHIGAN CITY EXPRESS CARE 2307 LAPORTE AVE STE B VALPARAISO,IN 46383	PHYSICIAN PRACTICE
FPN - MICHIGAN CITY EXPRESS CARE 2590 MONTLAND DRIVE STE I VALPARAISO,IN 46383	PHYSICIAN PRACTICE
MICHIGAN CITY EXPRESS CARE- WORKING WELL 6615 S BOUNDARY RD PORTAGE,IN 46368	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
PREMIER HEALTHCARE FOR WOMEN 3774 BAYLEY DRIVE SUITE B LAFAYETTE,IN 47905	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 8437 Kennedy Avenue Highland,IN 46322	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 19400 North Creek Drive Lynwood,IL 60411	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 2068 Lucas Parkway Lowell,MA 46350	PHYSICIAN PRACTICE
FPN - MICHIGAN CITY 610 JEFFERSON AVE LAPORTE,IN 46360	PHYSICIAN PRACTICE
FPN - MICHIGAN CITY 414 LINCOLN WAY LAPORTE,IN 46460	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 840 RICHARD ROAD DYER,IN 46311	PHYSICIAN PRACTICE
FRANCISCAN PHYSICIAN NETWORK 5530 HOHMAN AVENUE HAMMOND,IN 46320	PHYSICIAN PRACTICE
BEECH GROVE INTERNAL MEDICINE 2030 CHURCHMAN AVENUE SUITE A BEECH GROVE,IN 46107	PHYSICIAN PRACTICE
FRANCISCAN MEDICAL SPECIALISTS 9034 COLUMBIA MUNSTER,IN 46321	PHYSICIAN PRACTICE
CARMEL FAMILY MEDICINE 12188 B NORTH MERIDIAN ST 280 CARMEL,IN 46032	PHYSICIAN PRACTICE
CENTRAL INDIANA DERMATOLOGY 5255 E STOP 11 ROAD 310 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
CENTRAL INDIANA PROCTOLOGY 49 BILLS BLVD MARTINSVILLE,IN 46151	PHYSICIAN PRACTICE
COLUMBUS PRIMARY & SPECIALTY CARE 123 2ND STREET COLUMBUS,IN 47201	PHYSICIAN PRACTICE
FRANCISCAN IMMEDIATE CARE - VILLAGE PARK 14641-1 THATCHER LANE CARMEL,IN 46032	PHYSICIAN PRACTICE

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

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

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

Name and address	Type of Facility (describe)
FRANCISCAN IMMEDIATE CARE - THOMPSON 5210 E THOMPSON ROAD INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
FRANCISCAN IMMEDIATE CARE - CASTLE KEY 4527 E 82ND STREET INDIANAPOLIS,IN 46250	PHYSICIAN PRACTICE
GREENWOOD PARKE FAMILY MEDICINE 701 E COUNTY LINE ROAD SUITE 204 GREENWOOD,IN 46143	PHYSICIAN PRACTICE
GREENWOOD PEDIATRICS 8849 SHELBY ST B1 INDIANAPOLIS,IN 46227	PHYSICIAN PRACTICE
INDY SOUTHSIDE FAMILY MEDICINE 4018 E SOUTHPORT RD INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
INDY SOUTHSIDE SURGICAL 5255 E STOP 11 450 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
KENDRICK COLON & RECTAL CENTER 5255 E STOP 11 RD 250 INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
KENDRICK INTERNAL MEDICINE 1001 HADLEY ROAD LL050 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
MARTINSVILLE FAMILY & INTERNAL MEDICINE 49 BILLS BLVD MARTINSVILLE,IN 46151	PHYSICIAN PRACTICE
MCFARLAND FAMILY MEDICINE 7825 MCFARLAND LANE SUITE A INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
MCFARLAND INTERNAL MEDICINE 7825 MCFARLAND LANE SUITE B INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE
ORTHOPEDIC FOOT & ANKLE SURGEONS 1199 HADLEY ROAD SUITE 300 MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
PULMONARY & SLEEP SPECIALISTS 1040 GREENWOOD SPRINGS BLVD GREENWOOD,IN 46143	PHYSICIAN PRACTICE
RHEUMATOLOGY CARE SPECIALISTS 1205 HADLEY ROAD MOORESVILLE,IN 46158	PHYSICIAN PRACTICE
SPORTS MEDICINE SPECIALISTS 315 DAN JONES ROAD 120 PLANFIELD,IN 46168	PHYSICIAN PRACTICE

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

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(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)
WOUND CARE SPECIALISTS 8111 S EMERSON AVENUE INDIANAPOLIS,IN 46237	PHYSICIAN PRACTICE

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493320141465

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

Part I Questions Regarding Compensation

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred in prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
SCHEDULE J, PART II, COLUMN (C)	Deferred compensation reported in this column includes split-dollar life insurance and change in present value of the qualified and, if applicable, nonqualified defined benefit plan The value of the nonqualified defined benefit plan is subject to a significant risk of forfeiture and as such possibly may never be paid to the executives participating in the plan Changes in the amount reflected between years is primarily a function of the fluctuation in the actuarial discount rate used to measure this future liability which may never be paid to the executives SCHEDULE J, PART I, LINE 4A Seth Warren received severance payments of $716,014 during 2014 The amount reported in Schedule J, Part II, Column (f) was recorded by Franciscan as deferred compensation in its books and records during the 2013 tax year
SCHEDULE J, PART I, LINE 4B	Franciscan Alliance, Inc ("Franciscan") maintains a supplemental executive retirement plan These benefits are subject to a significant risk of forfeiture and as such possibly may never be paid out to the executives participating in the plan

Additional Data

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
1 KEVIN D LEAHY, PRESIDENT AND TRUSTEE	(I)	1,615,731	0	56,468	132,022	29,067	1,833,288	0
	(II)	0	0	0	0	0	0	0
1 EUGENE C DIAMOND, REGIONAL CEO NIR	(I)	842,778	0	61,706	811,369	24,151	1,740,004	0
	(II)	0	0	0	0	0	0	0
2 ROBERT J BRODY, REGIONAL CEO CIR	(I)	838,293	0	63,171	837,186	27,288	1,765,938	0
	(II)	0	0	0	0	0	0	0
3 JENNIFER P MARION, SENIOR VP FINANCE, CFO	(I)	731,257	0	30,696	81,312	26,100	869,365	0
	(II)	0	0	0	0	0	0	0
4 TERRANCE E WILSON, REGIONAL CEO WIR	(I)	640,234	0	43,205	585,265	25,884	1,294,588	0
	(II)	0	0	0	0	0	0	0
5 ARNOLD KIMMEL, REGIONAL CEO SSCR	(I)	491,141	0	14,838	29,051	4,112	539,142	0
	(II)	0	0	0	0	0	0	0
6 JAIRO CRUZ MD, PHYSICIAN (UNPAID TRUSTEE)	(I)	219,681	0	25,731	0	13,616	259,028	0
	(II)	0	0	0	0	0	0	0
7 DANIEL G SPOMAR MD, PHYSICIAN	(I)	1,326,960	0	37,853	60,515	17,963	1,443,291	0
	(II)	0	0	0	0	0	0	0
8 NADEEM IKHLAQUE MD, PHYSICIAN	(I)	1,159,995	0	38,817	27,475	16,170	1,242,457	0
	(II)	0	0	0	0	0	0	0
9 ROWLAND O MBAOMA MD, PHYSICIAN	(I)	1,097,761	0	2,250	13,845	14,460	1,128,316	0
	(II)	0	0	0	0	0	0	0
10 KRAL VARHAN, PHYSICIAN	(I)	1,103,901	0	2,017	38,988	1,293	1,146,199	0
	(II)	0	0	0	0	0	0	0
11 SAMMI M DALI, PHYSICIAN	(I)	1,064,636	0	36,723	63,241	15,168	1,179,768	0
	(II)	0	0	0	0	0	0	0
12 SETH CR WARREN, FORMER REGIONAL CEO SSCR	(I)	0	0	716,014	0	0	716,014	716,014
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY (06E)	35-1602316	454795DW2	04-25-2006	85,150,922	REFUND PRIOR ISSUE DATED 5/16/06		X		X		X
B	INDIANA FINANCE AUTHORITY (08AB)	35-1602316	45480YAB7	05-12-2008	162,960,000	REFINANCING AND REFUND PRIOR ISSUE		X		X		X
C	INDIANA FINANCE AUTHORITY (08C)	35-1602316	45470YAX9	09-15-2008	291,837,375	REFUND PRIOR ISSUE DATED 5/2/06		X		X		X
D	INDIANA FINANCE AUTHORITY (08FGH)	35-1602316	45470YBE0	10-10-2008	279,345,000	REFUND PRIOR ISSUE DATED 11/20/03		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	475,922	1,275,000	33,752,375	125,000,000
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	86,903,209	162,624,820	290,462,634	278,919,324
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	144,210	1,924,820	1,505,785	503,876
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	42,830,183	0	0	124,873,123
11	Other spent proceeds	43,928,816	160,700,000	288,956,849	153,542,325
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2007	2012	2011	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X				X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X				X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X				X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X				X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 110 %		0 110 %		0 %		1 160 %
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		0 020 %		0 020 %				0 040 %
6	Total of lines 4 and 5		0 130 %		0 130 %				1 200 %
7	Does the bond issue meet the private security or payment test?		X		X				X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X		X				X	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X				X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13	FOR THE INDIANA FINANCE AUTHORITY 2008C, INDIANA FINANCE AUTHORITY 2012 A/B, AND INDIANA FINANCE AUTHORITY 2014A BONDS, THESE BONDS SOLELY REFUNDED PRIOR ISSUES, SO THE YEAR OF SUBSTANTIAL COMPLETION HAS NOT BEEN ENTERED

Return Reference	Explanation
SCHEDULE K, PART III	FOR THE INDIANA FINANCE AUTHORITY 2008C BONDS, PART III IS NOT COMPLETED SINCE ALL BOND PROCEEDS WERE USED TO REFUND BONDS ISSUED BEFORE JANUARY 1, 2003

Return Reference	Explanation
SCHEDULE K, PART III, LINE 8B	FOR THE INDIANA FINANCE AUTHORITY 2006E, 2008A/B, 2008F-H, 2008I/J, AND 2012A/B BONDS, DURING 2012, THE DISPOSITION PROCEEDS FOR THE DISPOSED OF BOND-FINANCED PROPERTY WAS $1 00, WHICH WAS WELL BELOW A TENTH OF A PERCENT OF EACH ISSUE SCHEDULE K, PART III, LINE 8C FRANCISCAN ALLIANCE, THE INDIANA FINANCE AUTHORITY, AND THE IRS ENTERED INTO A CLOSING AGREEMENT TO ADDRESS THE REQUIRED REMEDIAL ACTION UNDER REGULATIONS SECTION 1 142-12 AND 1 145-2 SCHEDULE K, PART IV, LINE 2C FOR EACH OF THE FOLLOWING BONDS, THE REBATE COMPUTATION WAS PERFORMED SERIES 2006E - JANUARY 2011 SERIES 2008A/B - JANUARY 2011 SERIES 2008C - JANUARY 2011 SERIES 2008I/J - JANUARY 2011

Return Reference	Explanation
SCHEDULE K, PART IV, LINE 5	FOR THE INDIANA FINANCE AUTHORITY 2006E, INDIANA FINANCE AUTHORITY 2008A/B, INDIANA FINANCE AUTHORITY 2008C, AND INDIANA FINANCE AUTHORITY 2008I/J ISSUES, ONLY SMALL AMOUNTS OF PROCEEDS RELATED TO THE COST OF ISSUANCE WERE NOT EXPENDED AT THE END OF THE TEMPORARY PERIODS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	INDIANA FINANCE AUTHORITY (08IJ)	35-1602316	45470YBL4	11-20-2008	81,850,000	REFUND PRIOR ISSUE DATED 5/16/06		X		X		X
B	INDIANA FINANCE AUTHORITY (09A)	35-1602316	45470YCF6	11-05-2009	221,309,385	REFUNDING AND NEW PROJECTS		X		X		X
C	INDIANA FINANCE AUTHORITY (12AB)	35-1602316		04-25-2012	82,620,000	REFUND PRIOR ISSUES DATED '01&'08		X		X		X
D	INDIANA FINANCE AUTHORITY (14A)	35-1602316		06-02-2014	50,000,000	REFUND PRIOR ISSUES DATED '08		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,305,000	8,299,385	5,570,000	0
2	Amount of bonds legally defeased	0	0	0	0
3	Total proceeds of issue	81,693,875	219,392,897	82,620,000	50,000,000
4	Gross proceeds in reserve funds	0	0	0	0
5	Capitalized interest from proceeds	0	0	0	0
6	Proceeds in refunding escrows	0	0	0	0
7	Issuance costs from proceeds	1,120,800	792,500	0	0
8	Credit enhancement from proceeds	0	0	0	0
9	Working capital expenditures from proceeds	0	0	0	0
10	Capital expenditures from proceeds	0	218,600,397	0	0
11	Other spent proceeds	80,573,075	0	82,620,000	50,000,000
12	Other unspent proceeds	0	0	0	0
13	Year of substantial completion	2012	2012		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X		X	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X		X	
c	Are there any research agreements that may result in private business use of bond-financed property?	X		X		X		X	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 110 %		2 620 %		1 160 %		1 160 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 020 %		0 140 %		0 040 %		0 040 %	
6	Total of lines 4 and 5	0 130 %		2 760 %		1 200 %		1 200 %	
7	Does the bond issue meet the private security or payment test?		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?	X			X	X			X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?				X				X
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X		X		X		X	

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
FRANCISCAN ALLIANCE INC	35-1330472

Return Reference	Explanation
FORM 990, PART I, LINE 1	FRANCISCAN ALLIANCE, INC 'S ("FRANCISCAN") PURPOSE IS TO CONTINUE THE HEALING MINISTRY OF CHRIST IN ACCORDANCE WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND IN PARTNERSHIP WITH OTHERS TO PROVIDE A FULL CONTINUUM OF HEALTH CARE SERVICES, TO CARRY ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH, TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO HEALTH CARE, AND TO PARTICIPATE IN ACTIVITIES DESIGNED AND CONDUCTED TO PROMOTE THE GENERAL HEALTH OF THOSE SERVED BY FRANCISCAN PLEASE VIEW "OUR GIVING JOURNAL" AT WWW FRANCISCANALLIANCE ORG/COMMUNITY BENEFIT WHICH REFLECTS OUR MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION " FORM 990, PART V, LINE 4B ADDITIONAL FOREIGN COUNTRIES - MALAYSIA, POLAND, THAILAND, AND TURKEY FORM 990, PART VI, SECTION A, LINE 7A The entire Board of Trustees shall consist of no more than seventeen (17), with no fewer than seven (7) who shall be Sisters of the Eastern Province ("Province") of the Sisters of St Francis of Perpetual Adoration, a religious congregation of women of the Roman Catholic Church ("Congregation") The Trustees of the Board shall include the following persons (A) Three Trustees shall be members of the Provincial Leadership of the Province, one of whom shall be the provincial, or her designee, and the remaining two shall be elected by the provincial leadership, (B) the Treasurer of the Province who may also be one of the Provincial Leadership representatives as described in (A), (C) the Sponsor Liaison for the Healthcare of the Province who may also be one of the Provincial Leadership representatives as described in (A), (D) the President/Chief Executive Officer of the Corporation, and (E) the Trustees elected by the Members to fill the remaining positions

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

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

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	Franciscan Alliance, Inc 's (''Franciscan'') process for determining compensation for the organization's President/CEO, officers and key employees consists of periodic external reviews completed by national independent compensation consultants The Executive Committee of the Board of Trustees approves the proposed compensation and benefits at an annual compensation review meeting held each year The organization's President/CEO recuses himself from the vote on executive compensation FORM 990, PART VII, SECTION A, COLUMN (F) Deferred compensation reported in this column includes split-dollar life insurance and change in present value of the qualified and, if applicable, nonqualified defined benefit plan The value of the nonqualified defined benefit plan is subject to a significant risk of forfeiture and as such possibly may never be paid to the executives participating in the plan Changes in the amount reflected between years is primarily a function of the fluctuation in the actuarial discount rate used to measure this future liability which may never be paid to the executives

Return Reference	Explanation
FORM 990, PART XI, LINE 9	EQUITY IN EARNINGS OF AFFILIATES 6,715,332 MINORITY INTEREST IN AFFILIATES (16,792,236) OTHER COMPREHENSIVE INCOME (287,873,936) EQUITY TRANSFERS TO/FROM AFFILIATES (8,604,715) UNREALIZED LOSS ON SWAP CONTRACTS (40,396,740) CHANGE IN NONCONTROLLING INTEREST IN SUBS 4,439,990 CHANGE IN TEMP RESTRICTED NET ASSETS 170,144 CHANGE IN PERM RESTRICTED NET ASSETS 92,948 OTHER CHANGES IN NET ASSETS 1,378,243 ---------- TOTAL OTHER CHANGES IN NET ASSETS (340,870,970)

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
FRANCISCAN ALLIANCE INC

Employer identification number
35-1330472

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
See Additional Data Table					

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) FRANCISCAN HOLDING CORPORATION 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 36-3593505	HOLDING CO	IN	FRANCISCAN	C CORP	6,616,495	50,942,669	100 000 %	Yes	
(2) FRANCISCAN ACO INC 700 E SOUTHPORT RD INDIANAPOLIS, IN 46107 35-1904455	INSURANCE	IN	FRANCISCAN	C CORP	0	17,490,880	100 000 %	Yes	
(3) ST JAMES PHO INC 30 E 11TH ST SUITE 402 CHICAGO HEIGHTS, IL 60411 36-3945083	MANAGED CARE	IL	FRANCISCAN	C CORP	18,933,269	1,553,451	50 000 %		No

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

Return Reference	Explanation

Additional Data

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

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

(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
ATHENS OUTPATIENT SERVICES LLC 1710 LAFAYETTE ROAD CRAWFORDSVILLE, IN 47933 20-3686603	MEDICAL SRVCS	IN	28,248,199	0	FRANCISCAN
FRANCISCAN ALLIANCE ACCOUNTABLE CARE ORG 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 45-2884517	ACCOUNT CARE	IN	6,799,998	2,655,198	FRANCISCAN
ST FRANCIS INSURANCE SERVICES LLC 1600 ALBANY STREET BEECH GROVE, IN 46107 20-0048077	INSURANCE	IN	11,636	0	FRANCISCAN
SPECIALTY PHYSICIANS OF ILLINOIS LLC 333 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411 05-0540914	PHYSICIAN	IL	15,076,662	4,915,000	FRANCISCAN
FAITH HOPE AND LOVE CANCER CENTER LLC 1250 SOUTH CREASY LN STE A LAFAYETTE, IN 47905 68-0612977	MEDICAL SRVCS	IN	21,365,387	1,226,199	FRANCISCAN
FRANCISCAN HAMMOND CLINIC LLC 7905 CALUMET AVENUE MUNSTER, IN 46321 27-4958737	MEDICAL SRVCS	IN	0	0	FRANCISCAN
FRANCISCAN PRACTICE MANAGEMENT LLC 5224 S EAST STREET SUITE 3 INDIANAPOLIS, IN 46227 27-2919869	HEALTHCARE	IN	0	0	FRANCISCAN
ST FRANCIS MEDICAL GROUP LLC 5330 E STOP 11 RD INDIANAPOLIS, IN 46237 26-3877295	MEDICAL SRVCS	IN	109,445,184	28,092,144	FRANCISCAN
HEALTHPARTNERS MEDICAL GROUP LLC 1225 E COLLSPRING AVENUE MICHIGAN CITY, IN 46320 20-0474054	HEALTHCARE	IN	0	0	FRANCISCAN
FRANCISCAN AHN ACO LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 45-4171713	ACCOUNT CARE	IN	5,485,744	2,449,868	FRAN ACO LLC
FRANCISCAN UNION HOSPITAL ACO LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 46-0889127	ACCOUNT CARE	IN	1,314,254	205,330	FRAN ACO LLC
FRANCISCAN PHYSICIANS REAL PROPERTY LLC 701 SUPERIOR STREET MUNSTER, IN 46321 26-0787231	REAL PROPERTY	IN	0	0	FRANCISCAN
FRANCISCAN CENTRAL INDIANA ACO LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 32-0410552	ACCOUNT CARE	IN	0	0	FRAN ACO LLC
FRANCISCAN COLLABORATIVE ACO LLC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 30-0785171	ACCOUNT CARE	IN	0	0	FRAN ACO LLC
FRANCISCAN HEALTHCARE MUNSTER 701 SUPERIOR STREET MUNSTER, IN 46321 20-8411919	HEALTHCARE	IN	0	0	FRANCISCAN
SIGMA MEDICAL GROUP LLC 2400 SOUTH ST LAFAYETTE, IN 47904 20-1716029	HEALTHCARE	IN	0	0	FRANCISCAN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) ALVERNO CLINICAL LABS INC 2434 INTERSTATE PLAZA DRIVE HAMMOND, IN 46324 35-2060754	LAB SERVICES	IN	501(C)(3)	11 - Type 1	FRANCISCAN	Yes	
(1) HILLS INSURANCE COMPANY INC 1515 DRAGOON TRAIL MISHAWAKA, IN 46544 03-0372512	CAPTIVE INS	VT	501(C)(3)	11 - Type 1	FRANCISCAN	Yes	
(2) SISTERS OF ST FRANCIS OF PERPETUAL ADOR PO BOX 766 MISHAWAKA, IN 46546 35-1328145	RELIGIOUS	IN	501(C)(3)	1	NA		No
(3) ST ALEXIS HOSPITAL ASSOCIATION PO BOX 1290 MISHAWAKA, IN 46546 34-0714485	SUPPORT ALEXA	OH	501(C)(3)	3	FRANCISCAN	Yes	
(4) FRANCISCAN ALLIANCE FOUNDATION INC 1600 ALBANY STREET - FINANCE 9010 BEECH GROVE, IN 46107 35-1955283	FUNDRAISING	IN	501(C)(3)	7	FRANCISCAN	Yes	
(5) ST JAMES COMMUNITY FOUNDATION 1423 CHICAGO ROAD CHICAGO HEIGHTS, IL 60411 20-4249251	FUNDRAISING	IL	501(C)(3)	7	FRANCISCAN	Yes	
(6) VNS AT ST FRANCIS INC 4701 N KEYSTONE AVE S418 INDIANAPOLIS, IN 46205 35-0868199	HOME HEALTH	IN	501(C)(3)	9	FRANCISCAN	Yes	
(7) AT YOUR SERVICE HOME CARE INC 4701 N KEYSTONE AVE S418 INDIANAPOLIS, IN 46205 35-2107306	HEALTHCARE	IN	501(C)(3)	9	FRANCISCAN	Yes	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner? Yes	(j) No	(k) Percentage ownership
FRANCISCAN SURGERY CENTER LLC 421 N EMERSON AVE BEECH GROVE, IN 46143 35-2128334	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	6,392,698	9,710,751		No	0		No	50 320 %
LAFAYETTE HEART PROGRAM HOLDINGS LLC 1501 HARTFORD STREET LAFAYETTE, IN 47904 38-3750811	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	1,424,655	14,397,410		No	0		No	51 000 %
ST ANTHONY HEALTH NETWORK LLC PO BOX 310 MISHAWAKA, IN 46546 35-1985170	CLAIMS PROCESSING	IN	FRANCISCAN	RELATED	85,638	338,818		No	0	Yes		88 070 %
ST FRANCIS MOORESVILLE SURGERY CTR LLC 1215 HADLEY ROAD SUITE 100 MOORESVILLE, IN 46158 20-2256900	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	609,712	256,465		No	0		No	70 420 %
ST FRANCIS RADIATION THERAPY CENTERS LLC 421 N EMERSON AVE GREENWOOD, IN 46143 77-0663631	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	4,824,838	7,252,013		No	0		No	88 950 %
MAJOR HOSPITAL CARDIAC DIAGNOSTICS LLC 150 West Washington Street Shelbyville, IN 46176 20-8715441	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	388,571	379,309		No	0		No	53 600 %
ST FRANCIS IMAGING CTR (GREENWOOD) LLC 421 N EMERSON AVE GREENWOOD, IN 46143 20-4607426	IMAGING SERVICES	IN	FRANCISCAN	RELATED	507,210	776,254		No	0		No	60 000 %
TONN AND BLANK CONST LLC 1623 GREENWOOD AVE MICHIGAN CITY, IN 46360	CONSTRUCTION	IN	FRANCISCAN	RELATED	3,137,715	15,243,134		No	335,905		No	32 293 %

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
FRANCISCAN SURGERY CENTER LLC	B	7,348,236	FMV
FRANCISCAN ALLIANCE FOUNDATION INC	B	8,241,058	FMV
TONN AND BLANK CONSTRUCTION LLC	C	875,496	FMV
ST FRANCIS RADIATION THERAPY CENTERS LLC	C	4,851,333	FMV
ST FRANCIS IMAGING CENTER (GREENWOOD) LLC	C	495,600	FMV
FRANCISCAN SURGERY CENTER LLC	C	7,787,490	FMV
MAJOR HOSPITAL CARDIAC DIAGNOSTICS LLC	C	300,000	FMV
ST FRANCIS MOORESVILLE SURGERY CENTER LLC	C	635,000	FMV