

PRICEWATERHOUSECOOPERS LLP
2001 MARKET STREET, SUITE 1800
PHILADELPHIA, PA 19103

FRANCISCAN ALLIANCE, INC.
INSTRUCTIONS FOR FILING
FORM 8453-EO
IRS E-FILE SIGNATURE AUTHORIZATION FOR FORM 990
FOR THE YEAR ENDED DECEMBER 31, 2020

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE SIGNED (USE FULL NAME) AND DATED BY AN AUTHORIZED OFFICER OF THE ORGANIZATION.

RETURN YOUR SIGNED IRS E-FILE SIGNATURE AUTHORIZATION FORM 8453-EO TO:

PRICEWATERHOUSECOOPERS LLP
2001 MARKET ST, SUITE 1800
PHILADELPHIA PA 19103

THERE IS NO TAX DUE WITH THE FILING OF THIS RETURN.

DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN. WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY TRANSMIT YOUR RETURN, WHICH IS DUE ON OR BEFORE NOVEMBER 15, 2021. WE WOULD APPRECIATE YOU RETURNING THIS FORM AS SOON AS POSSIBLE AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED. YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE DATE OF YOUR RETURN.

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning _____, 2020, and ending _____, 20
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

2020

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8453EO for the latest information.

Name of exempt organization or person subject to tax

FRANCISCAN ALLIANCE, INC.

Taxpayer identification number

35-1330472

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 2 columns: Line number and Description. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, and Form 4720. Amounts are entered in column 2b.

Part II Declaration of Officer or Person Subject to Tax

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization or I am the person subject to tax with respect to (name of organization) _____, (EIN) _____, and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Signature of officer or person subject to tax Date Title, if applicable

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Form for ERO's Use Only containing fields for signature, date, firm name, address, and EIN.

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Form for Paid Preparer Use Only containing fields for name, signature, date, firm name, address, and EIN.

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Return of Organization Exempt From Income Tax

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2020** calendar year, or tax year beginning , **2020**, and ending , **20**

B Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Final return/terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

C Name of organization: **FRANCISCAN ALLIANCE, INC.**
 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 46544**

D Employer identification number: **35-1330472**

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

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

G Gross receipts \$ **3,174,167,281.**

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

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

J Website: ▶ **WWW.FRANCISCANHEALTH.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1974** **M** State of legal domicile: **IN**

Gross receipts \$ 3,174,167,281.

H(c) Group exemption number ▶ 0928

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16.
	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 2020 (Part V, line 2a)	5	23,805.
	6 Total number of volunteers (estimate if necessary)	6	658.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	24,972,055.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,840,342.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	5,110,687.	158,487,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,119,182,126.	2,954,648,347.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	105,846,992.	40,285,106.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,350,232.	5,687,263.
		3,235,490,037.	3,159,108,097.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	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)	1,492,028,106.	1,473,058,004.
	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)	1,551,341,187.	1,589,670,046.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,043,369,293.	3,062,728,050.	
19 Revenue less expenses. Subtract line 18 from line 12	192,120,744.	96,380,047.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,673,773,673.	6,363,970,505.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,158,562,158.	2,564,805,801.
	3,515,211,515.	3,799,164,704.	

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer Use Only

Print/Type preparer's name: **ERIC M MCNEIL** Preparer's signature: *Eric M. McNeil* Date: **11/09/2021** Check if self-employed PTIN: **P00460263**

Firm's name ▶ **PRICEWATERHOUSECOOPERS LLP** Firm's EIN ▶ **13-4008324**

Firm's address ▶ **2001 MARKET ST, SUITE 1800 PHILADELPHIA, PA 19103** Phone no. **267-330-3000**

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

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 Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

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

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

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

4 Describe the 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 \$ 2,498,277,761. including grants of \$ 0.) (Revenue \$ 2,940,929,077.)

ATTACHMENT 2

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

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

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses ▶ 2,498,277,761.

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)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
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? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

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 [X]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 23,805		
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)? . .	X	
b	If "Yes," enter the name of the foreign country ATTACHMENT 3 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . .		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	X	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (16), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection.
19 Describe on 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

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 X

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEVIN D LEAHY PRESIDENT AND TRUSTEE	40.00 21.00	X		X				2,074,385.	0.	85,354.
(2) JENNIFER P MARION SENIOR VP FINANCE, CFO	40.00 0.				X			1,347,238.	0.	232,173.
(3) JAMES T CALLAGHAN PRESIDENT/CEO - CENTRAL IN	40.00 0.					X		1,226,083.	0.	244,762.
(4) TERENCE E WILSON PRESIDENT/CEO - WESTERN IN	40.00 0.					X		1,089,830.	0.	254,790.
(5) YAMEEN RASHID, DO PHYSICIAN	40.00 0.					X		1,288,730.	0.	34,847.
(6) ALBERT P TOMCHANEY SR VP/CHIEF MEDICAL OFFICER	40.00 0.				X			963,317.	0.	246,111.
(7) NADEEM IKHLAQUE, MD PHYSICIAN	40.00 0.					X		1,150,966.	0.	56,540.
(8) ROBERT J BRODY SR VP/COO INPATIENT SERVICES	40.00 0.				X			1,087,724.	0.	77,609.
(9) GIOVANNI INFUSINO, MD PHYSICIAN	40.00 0.					X		1,125,432.	0.	26,935.
(10) RANDALL S. MOORE, MD SR VP HEALTH&CARE/COO AMB SRVC	40.00 0.				X			1,059,760.	0.	34,673.
(11) THOMAS GRYZBEK (AS OF 7/20) SR VP OF POST ACUTE SRVCS DIV	40.00 0.				X			292,577.	0.	39,436.
(12) JAIRO CRUZ MD PHYS/UNPAID TRUSTEE (THRU 6/20)	40.00 0.	X						232,169.	0.	30,116.
(13) SISTER M ALINE SHULTZ TRUSTEE AND VP ADMIN SERVICES	40.00 0.	X						0.	0.	0.
(14) SISTER M CLARE REUILLE TRUSTEE	5.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) SISTER M ANGELA MELLADY TRUSTEE	5.00 0.	X					0.	0.	0.	
16) SISTER M MARLENE SHAPLEY TRUSTEE AND VP OF MISSION	40.00 0.	X					0.	0.	0.	
17) SISTER MARILYN OLIVER TRUSTEE	5.00 0.	X					0.	0.	0.	
18) KATHLEEN GOEPPINGER PHD TRUSTEE	5.00 0.	X					0.	0.	0.	
19) SISTER M MADONNA ROUGEAU TRUSTEE	40.00 15.00	X					0.	0.	0.	
20) SISTER JANE MARIE KLEIN CHAIRPERSON AND TRUSTEE	40.00 21.00	X		X			0.	0.	0.	
21) SISTER M ANN KATHLEEN MAGIERA TREAS/TRUSTEE/VP MISSION-FHLA	40.00 16.00	X		X			0.	0.	0.	
22) DONALD J KERNER MD TRUSTEE (THROUGH 6/20)	5.00 0.	X					0.	0.	0.	
23) SISTER LETHIA MARIE LEVEILLE SECRETARY & TRUSTEE	40.00 16.00	X		X			0.	0.	0.	
24) ERNEST IANNOTTA TRUSTEE	5.00 0.	X					0.	0.	0.	
25) KENNETH HERLIN TRUSTEE	5.00 0.	X					0.	0.	0.	
1b Sub-total							12,938,211.	0.	1,363,346.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							12,938,211.	0.	1,363,346.	

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 **2071**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **230**

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			
(26) SISTER M PETRA NIELSEN TRUSTEE/VP MISSION INTEGR. NIR	40.00 0.	X						0.	0.	0.
(27) ALLAN GILLESPIE TRUSTEE (AS OF 6/20)	5.00 0.	X						0.	0.	0.
(28) HILTON HUDSON II, MD TRUSTEE (AS OF 10/20)	5.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ▶ 2071

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

Section B. Independent Contractors

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

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

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	8,138,710.				
	e	Government grants (contributions) . .	1e	148,546,788.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	1,801,883.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶		158,487,381.				
	Program Service Revenue	2a	PATIENT SERVICE AND OTHER REVENUES	Business Code	900099	2,854,447,145.	2,844,373,994.	10,073,151.
b		PREMIUM REVENUE		900099	96,667,765.	96,667,765.		
c		CAFETERIA/FOOD SERVICES		722310	3,121,582.		828.	
d		LAUNDRY		812332	411,855.	-112,682.	524,537.	
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶			2,954,648,347.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts). ▶			37,784,123.		12,336,993.
	4	Income from investment of tax-exempt bond proceeds . ▶			0.			
	5	Royalties ▶			0.			
	6a	Gross rents	(i) Real	(ii) Personal				
					8,044,235.			
			6b	Less: rental expenses		4,318,086.		
	6c	Rental income or (loss)		3,726,149.				
	d	Net rental income or (loss) ▶			3,726,149.		3,726,149.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
						13,002,421.		
			7b	Less: cost or other basis and sales expenses . .		10,501,438.		
	7c	Gain or (loss)		2,500,983.				
	d	Net gain or (loss) ▶			2,500,983.		2,500,983.	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a	0.				
	b	Less: direct expenses	8b	0.				
c	Net income or (loss) from fundraising events. ▶			0.				
9a	Gross income from gaming activities. See Part IV, line 19	9a	0.					
b	Less: direct expenses	9b	0.					
c	Net income or (loss) from gaming activities. ▶			0.				
10a	Gross sales of inventory, less returns and allowances	10a	164,228.					
b	Less: cost of goods sold	10b	239,660.					
c	Net income or (loss) from sales of inventory. ▶			-75,432.		-75,432.		
Miscellaneous Revenue	11a	OTHER OPERATING INCOME	Business Code	900099	2,036,546.		2,036,546.	
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d ▶			2,036,546.			
	12	Total revenue. See instructions ▶			3,159,108,097.	2,940,929,077.	24,972,055.	34,719,584.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	102,000,918.	2	354,078,815.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net.	383,666,647.	4	401,314,380.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	22,500,023.	7	23,299,726.
	8 Inventories for sale or use	55,321,715.	8	64,841,086.
	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 3,695,229,491.		
	b Less: accumulated depreciation	10b 1,748,688,511.		
	11 Investments - publicly traded securities.	1,965,910,364.	10c	1,946,540,980.
	12 Investments - other securities. See Part IV, line 11	2,485,213,400.	11	2,921,817,391.
	13 Investments - program-related. See Part IV, line 11.	194,241,800.	12	216,369,758.
	14 Intangible assets	0.	13	0.
	15 Other assets. See Part IV, line 11	18,781,967.	14	18,403,175.
16 Total assets. Add lines 1 through 15 (must equal line 33)	446,136,839.	15	417,305,194.	
	5,673,773,673.	16	6,363,970,505.	
Liabilities	17 Accounts payable and accrued expenses	248,858,780.	17	243,496,677.
	18 Grants payable	0.	18	0.
	19 Deferred revenue.	0.	19	0.
	20 Tax-exempt bond liabilities.	1,159,778,103.	20	1,134,530,850.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	0.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties.	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	749,925,275.	25	1,186,778,274.
	26 Total liabilities. Add lines 17 through 25.	2,158,562,158.	26	2,564,805,801.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,507,606,631.	27	3,793,601,201.
	28 Net assets with donor restrictions.	7,604,884.	28	5,563,503.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	3,515,211,515.	32	3,799,164,704.
33 Total liabilities and net assets/fund balances.	5,673,773,673.	33	6,363,970,505.	

Part XI Reconciliation 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	3,159,108,097.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,062,728,050.
3	Revenue less expenses. Subtract line 2 from line 1	3	96,380,047.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,515,211,515.
5	Net unrealized gains (losses) on investments	5	199,179,344.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-11,606,202.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,799,164,704.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
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?	X	
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 on Schedule O and describe any steps taken to undergo such audits	X	

Form **990** (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
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

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2020; 15 Public support percentage from 2019 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2020; 16b 33 1/3% support test - 2019; 17a 10%-facts-and-circumstances test - 2020; 17b 10%-facts-and-circumstances test - 2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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):		
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 (<i>explain in detail in Part VI</i>):	1e	
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 0.015 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 0.035.	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 0.85 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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.)

Schedule of Contributors

2020

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization FRANCISCAN ALLIANCE, INC.

Employer identification number
35-1330472**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF OPAL BRENNAN 500 W. JEFFERSON STREET LOUISVILLE, KY 40202	\$ 24,286.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	TREASURER OF TIPPECANOE COUNTY 20 N. 3RD STREET LAFAYETTE, IN 47901	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FRANCISCAN HEALTH FOUNDATION, INC. 1515 DRAGOON TRAIL MISHAWAKA, IN 46544	\$ 8,138,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LAFAYETTE YMCA 3001 S CREASY LANE LAFAYETTE, IN 47905	\$ 600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	INDIANA PACKERS 6755 W 100 N DELPHI, IN 46923	\$ 18,708.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ED-AN PROPERTIES 2304 NATALIE LANE LAFAYETTE, IN 47905	\$ 15,844.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FRANCISCAN ALLIANCE, INC.**

Employer identification number
35-1330472

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CORNERSTONE COMPANIES 8902 N MERIDIAN STREET, STE 205 INDIANAPOLIS, IN 46260	\$ 1,289,836.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	US TREASURY 1500 PENNSYLVANIA AVE NW WASHINGTON, DC 20220	\$ 147,969,741.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	INDIANA HOSPITAL ASSOCIATION 500 N MERIDIAN ST., STE 250 INDIANAPOLIS, IN 46204	\$ 80,101.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **FRANCISCAN ALLIANCE, INC.**

Employer identification number

35-1330472

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization FRANCISCAN ALLIANCE, INC.

Employer identification number
35-1330472

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____	_____	_____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____	_____
_____	_____
_____	_____

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (See instructions).

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2020

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 (grassroots 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.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a. If zero or less, enter -0-															
i Subtract line 1f from line 1c. If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		346,201.
j Total. Add lines 1c through 1i			346,201.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?		X	

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 campaign activity 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.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C, PART II-B, LINE 1

DESCRIPTION OF LOBBYING ACTIVITIES

FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") ENGAGES IN INSUBSTANTIAL AMOUNTS OF LOBBYING ACTIVITIES. FRANCISCAN MAKES GRANTS TO OTHER ORGANIZATIONS THAT LOBBY ON ITS BEHALF INCLUDING VARIOUS HEALTH AND HOSPITAL ASSOCIATIONS. FRANCISCAN ALSO ENGAGES IN DIRECT CONTACT WITH LEGISLATORS AND THEIR STAFFS ON TOPICS RELATED TO FRANCISCAN'S HEALTHCARE MISSION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, and Amount. Includes rows for art collections, revenue, and assets.

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

Schedule D (Form 990) 2020

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 make 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 program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| 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 on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,600,017.	3,584,807.	3,718,716.	8,127,360.	8,051,417.
b Contributions				10,000.	15,000.
c Net investment earnings, gains, and losses		39,000.	39,140.	153,000.	90,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,721,602.	23,790.	173,049.	4,571,644.	29,057.
f Administrative expenses					
g End of year balance	1,878,415.	3,600,017.	3,584,807.	3,718,716.	8,127,360.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ _____ %
 - b** Permanent endowment ▶ 100.0000 %
 - c** Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | X | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | X | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		164,601,953.		164,601,953.
b Buildings		1568018880.	1077509502.	490,509,378.
c Leasehold improvements		46,229,053.	31,452,391.	14,776,662.
d Equipment		1823713118.	639,726,618.	1,183,986,500.
e Other		92,666,487.		92,666,487.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,946,540,980.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) OTHER ASSETS	147,767,634.
(2) OTHER CURRENT ASSETS	124,810,906.
(3) RIGHT TO USE LEASED ASSETS	144,726,654.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	417,305,194.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	197,112,775.
(3) ACCRUED PAYROLL	153,330,583.
(4) LEASE LIABILITIES	120,191,394.
(5) SWAP VALUATION	79,408,860.
(6) DUE TO THIRD PARTY PAYORS	178,916,080.
(7) ACCRUED PROF & GEN'L LIABILITY	22,814,675.
(8) ACCRUED INTEREST PAYABLE	5,748,678.
(9) OTHER SHORT & LONG TERM LIABIL	429,255,229.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,186,778,274.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

FRANCISCAN ALLIANCE, INC. USES ITS ENDOWMENT FUNDS FOR CAPITAL EXPENDITURES FOR EQUIPMENT, CAPITAL PROJECTS, OR OTHER CAPITAL NEEDS; MEDICAL EDUCATION PROGRAMS; AND HEALTH CARE PROGRAMS FOR MEDICAL AND PATIENT SERVICES IN ACCORDANCE WITH ANY STIPULATED DONOR RESTRICTIONS.

SCHEDULE D, PART XI, LINE 2D

EQUITY IN EARNINGS OF AFFILIATES	27,820,440
OTHER COMPONENTS OF NET PERIODIC PENSION COST	6,004,916
MINORITY INTEREST IN AFFILIATES	(3,285,157)
OTHER COMPREHENSIVE INCOME	(42,198,652)
DIVIDENDS RECEIVED FROM AFFILIATES	1,239,407
EQUITY TRANSFER (TO)/FROM AFFILIATES	3,622,662
CHANGES IN NET UNREALIZED GAINS/LOSSES - HILLS	9,785,647
CHANGES IN NET UNREALIZED GAINS/LOSSES - SWAP	(23,935,962)
CHANGE IN NONCONTROLLING INTEREST IN SUBS	15,831,039
CHANGE DONOR RESTRICTED NET ASSETS	(2,041,381)
CONTRIBUTIONS OF PPE	4,823,574
OTHER CHANGES IN NET ASSETS	(9,272,735)

TOTAL OTHER CHANGES IN NET ASSETS	(11,606,202)

SCHEDULE D, PART XI, LINE 4B

RENT EXPENSE	\$ (4,318,086)

TOTAL EXPENSE ON RETURN NOT ON BOOKS	(4,318,086)

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

RENT EXPENSE	\$	4,318,086

TOTAL EXPENSE ON RETURN NOT ON BOOKS		4,318,086

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		60,035,046.
(2) EUROPE	0.	0.	INVESTMENTS		13,025,789.
(3) NORTH AMERICA	0.	0.	INVESTMENTS		4,122,157.
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					77,182,992.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					77,182,992.

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

Schedule F (Form 990) 2020

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization 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" on 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 noncash assistance	(g) Description of noncash 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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V **Supplemental Information**

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

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Part I 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	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
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"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

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)			113,950,594.	767,587.	113,183,007.	3.70
b Medicaid (from Worksheet 3, column a)			497,679,465.	354,019,802.	143,659,663.	4.69
c Costs of other means-tested government programs (from Worksheet 3, column b)			271,178.		271,178.	.01
d Total. Financial Assistance and Means-Tested Government Programs			611,901,237.	354,787,389.	257,113,848.	8.40
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,513,680.	717,846.	9,883,868.	.32
f Health professions education (from Worksheet 5)			29,917,754.	16,641,401.	13,276,353.	.43
g Subsidized health services (from Worksheet 6)			119,964,654.	68,804,186.	51,160,468.	1.67
h Research (from Worksheet 7)			1,507,753.		1,507,753.	.05
i Cash and in-kind contributions for community benefit (from Worksheet 8)			530,294.	1,111.	240,859.	.01
j Total. Other Benefits			163,434,135.	86,164,544.	76,069,301.	2.48
k Total. Add lines 7d and 7j			775,335,372.	440,951,933.	333,183,149.	10.88

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

Schedule H (Form 990) 2020

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			2,692.		2,692.	
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			203.	50.	153.	
7 Community health improvement advocacy			263.		263.	
8 Workforce development			380.		380.	
9 Other			53,017.		53,017.	
10 Total			56,555.	50.	56,505.	

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	X	
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.		
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		
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	842,312,511.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	1,235,938,321.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-393,625,810.
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	X	
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	X	

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? 10

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 HEALTH INDIANAPOLIS 8111 SOUTH EMERSON AVENUE INDIANAPOLIS IN 46217 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 11-004972-1	X	X		X		X	X			A
2 FRANCISCAN HEALTH LAFAYETTE 1701 S CREASY LANE LAFAYETTE IN 47905 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005096-1	X	X		X			X			A
3 FRANCISCAN HEALTH OLYMPIA FIELDS 20201 SOUTH CRAWFORD AVE OLYMPIA FIELDS IL 60461 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 0005074	X	X		X			X			A
4 FRANCISCAN HEALTH MICHIGAN CITY 3500 FRANCISCAN WAY MICHIGAN CITY IN 46360 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005015-1	X	X					X	X		A
5 FRANCISCAN HEALTH CROWN POINT 1201 SOUTH MAIN STREET CROWN POINT IN 46307 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005107-1	X	X		X			X			A
6 FRANCISCAN HEALTH HAMMOND 5454 HOHMAN AVENUE HAMMOND IN 46320 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005004-1	X	X		X			X			A
7 FRANCISCAN HEALTH DYER 24 JOLIET STREET DYER IN 46311 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005080-1	X	X		X			X			A
8 FRANCISCAN HEALTH MOORESVILLE 1201 HADLEY ROAD MOORESVILLE IN 46158 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 14-005052-1	X	X		X		X	X			A
9 FRANCISCAN HEALTH MUNSTER 701 SUPERIOR STREET MUNSTER IN 46321 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005615-1	X	X		X			X			A
10 FRANCISCAN HEALTH CRAWFORDSVILLE 1710 LAFAYETTE ROAD CRAWFORDSVILLE IN 47933 WWW.FRANCISCANALLIANCE.ORG/HOSPITALS 15-005021-1	X	X					X			A

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 A

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

		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?		X
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		X
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply):	X	
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
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	X	
6b	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	X	
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	X	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V-C</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a	If "Yes," (list url): <u>SEE PART V-C</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
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)?		X
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group A

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.0000</u> % and FPG family income limit for eligibility for discounted care of <u>400.0000</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group A

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

Policy Relating to Emergency Medical Care

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

Part V Facility Information *(continued)*

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

Name of hospital facility or letter of facility reporting group A

		Yes	No
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	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.		X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2020

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SCHEDULE H, PART V, SECTION B - SUPPLEMENTAL INFORMATION

LINE 3E:

PLEASE SEE THE RESPONSE TO SCHEDULE H, PART V, LINE 11 BELOW FOR AN EXPLANATION OF HOW THE HEALTH NEEDS IDENTIFIED IN THE CHNA WERE PRIORITIZED.

LINE 5: INPUT FROM INDIVIDUALS IN THE COMMUNITY

TO COLLECT PRIMARY DATA FROM THE HOSPITAL'S SERVICE AREA POPULATION, A SURVEY WAS DESIGNED, FIELDDED, AND ANALYZED. TO ENSURE THAT THE PERSPECTIVES OF THE RESIDENTS OF THE SERVICE AREA WERE INCLUDED IN THIS ASSESSMENT, THE HOSPITAL USED A RIGOROUS POPULATION-BASED METHODOLOGICAL APPROACH TO COVER THE SERVICE AREA. TO DEVELOP THE SURVEY USED FOR THE CHNA, THE HOSPITAL PARTNERED WITH FACULTY FROM INDIANA-BASED UNIVERSITIES WHO HAD PARTICULAR EXPERTISE IN COMMUNITY-BASED SURVEY RESEARCH. DR. WILLIAM MCCONNELL OF THE UNIVERSITY OF EVANSVILLE SERVED AS THE LEAD RESEARCHER ON THE PROJECT, IN PARTNERSHIP WITH DR. MICHAEL REECE AND DR. CATHERINE SHERWOOD-LAUGHLIN (BOTH OF THE INDIANA UNIVERSITY SCHOOL OF PUBLIC HEALTH). THE UNIVERSITY OF EVANSVILLE CONTRACTED WITH THE CENTER FOR SURVEY RESEARCH (CSR) AT INDIANA UNIVERSITY TO ADMINISTER THIS SURVEY IN TWO PHASES: PHASE I WAS CONDUCTED AS A PAPER SURVEY MAILED TO A RANDOM ADDRESS-BASED SAMPLE AND PHASE II WAS CONDUCTED AS A PAPER SURVEY ADMINISTERED BY THE HOSPITALS TO A CONVENIENCE SAMPLE OF THEIR CHOOSING. THE SURVEY WAS CONDUCTED WITH APPROVAL OF THE INSTITUTIONAL REVIEW BOARD

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

(IRB) OF THE UNIVERSITY OF EVANSVILLE. PLANNING AND DEVELOPMENT FOR THE SURVEY BEGAN IN THE WINTER OF 2017. USING A CONSTRUCT-BASED APPROACH THAT IDENTIFIED THE LEADING AREAS TO BE INCLUDED ON THE SURVEY, THE HOSPITALS AND FACULTY DEVELOPED A SURVEY. THE SURVEY INCLUDED MEASURES THAT HAD BEEN VALIDATED FOR USE IN SIMILAR PROJECTS BY OTHER RESEARCHERS AND ADDITIONAL MEASURES THAT WERE DEVELOPED BY THE PARTNERS FOR SPECIFIC NEEDS OF THIS CHNA. THE SURVEY COVERED TEN MAJOR AREAS.

TWO WEIGHTING ADJUSTMENTS WERE MADE TO ENHANCE CONSISTENCY BETWEEN THE SURVEY SAMPLE AND THE CHARACTERISTICS OF THE HOSPITAL'S SERVICE POPULATION. THE FIRST WAS A BASE WEIGHT ADJUSTMENT TO ACCOUNT FOR UNEQUAL PROBABILITIES OF SELECTION WITHIN HOUSEHOLD. THE SECOND WAS A POSTSTRATIFICATION ADJUSTMENT TO THE U.S. CENSUS BUREAU 2012-2016 AMERICAN COMMUNITY SURVEY FIVE-YEAR POPULATION ESTIMATES. THE TWO WEIGHTING ADJUSTMENTS WERE MULTIPLIED TO CALCULATE A PRELIMINARY FINAL WEIGHT FOR EACH HOSPITAL'S CATCHMENT AREA. THESE PRELIMINARY WEIGHTS WERE THEN TRIMMED AND SCALED SO THAT THE FINAL WEIGHTS SUMMED TO THE NUMBER OF RESPONDENTS IN EACH CATCHMENT AREA.

THREE TYPES OF FOCUS GROUPS WERE CONDUCTED:

- PROFESSIONAL: REPRESENTATIVES FROM ORGANIZATIONS, SERVICES, AND BUSINESSES THAT CONTRIBUTE TO YOUTH AND BEHAVIORAL HEALTH. THESE MEETINGS MAP COMMUNITY ASSETS AND NEEDS IN ADDITION TO DETERMINING POTENTIAL PARTNERS.
- INTERNAL: FRANCISCAN HEALTH STAFF FROM ALL DIVISIONS ARE INVITED TO

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LEARN ABOUT POTENTIAL INTERVENTIONS AND PROVIDE FEEDBACK.

- RESIDENT: SMALL GROUPS OF RESIDENTS BROUGHT TOGETHER BY A PARTNER

AGENCY WERE ASKED ABOUT STRENGTHS AND CHALLENGES IN COMMUNITIES AS WELL

AS THE LIKELIHOOD OF PARTICIPATING IN INTERVENTIONS.

INTERNAL FOCUS GROUP - FH CRAWFORDSVILLE

- FRANCISCAN HEALTH FOUNDATION, INC.

- FRANCISCAN ALLIANCE MISSION (2)

- FRANCISCAN ACCOUNTABLE CARE ORGANIZATION ("ACO")

- FRANCISCAN PHYSICIAN NETWORK ("FPN")

PROFESSIONAL FOCUS GROUP - FH CRAWFORDSVILLE

- PURDUE EXTENSION (3)

- YOUTH SERVICES BUREAU

- CRAWFORDSVILLE COMMUNITY SCHOOL CORPORATION

- CRAWFORDSVILLE FIRE DEPARTMENT

- NURSE FAMILY PARTNERSHIP (2)

- WABASH COLLEGE

- CRAWFORDSVILLE PARKS DEPARTMENT

- CRAWFORDSVILLE PUBLIC LIBRARY

- MONTGOMERY COUNTY HEALTH DEPARTMENT

- FRANCISCAN HEALTH (3)

- WABASH VALLEY ALLIANCE

INTERNAL FOCUS GROUP - FH CROWN POINT

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PRE-ADMITTING
- TRAUMA
- NURSE NAVIGATION
- CANCER REGISTRY
- EMERGENCY DEPARTMENT
- ENGINEERING

EXTERNAL FOCUS GROUP - FH CROWN POINT

- COMMUNITY HEALTHNET
- COVERING KIDS AND FAMILIES
- METHODIST HOSPITALS
- COMMUNITY HEALTH CARE
- FRANCISCAN HEALTH (2)
- PURDUE UNIVERSITY NORTHWEST
- NORTHWEST INDIANA COMMUNITY ACTION
- NURSE FAMILY PARTNERSHIP (2)
- CROWN POINT SCHOOLS

RESIDENT FOCUS GROUP FROM THE FOLLOWING ZIP CODES - FH CROWN POINT

- 46303 (5)
- 46307
- 46356

INTERNAL FOCUS GROUP - FH DYER

- ALVERNO LABORATORY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- FRANCISCAN ACO
- TOBACCO PREVENTION
- VOLUNTEER MANAGEMENT
- FRANCISCAN HOME CARE
- BEHAVIORAL HEALTH

INTERNAL FOCUS GROUP - FH HAMMOND

- FRANCISCAN HOME CARE
- FRANCISCAN ACO (2)
- PRENATAL ASSISTANCE
- ADMINISTRATION
- WOUND HEALTH/INFUSION (2)
- EMERGENCY DEPARTMENT
- CARDIOVASCULAR
- CASE MANAGEMENT

PROFESSIONAL FOCUS GROUP - FH HAMMOND

- HEALTHY START
- MUNSTER PARKS AND RECREATION
- PURDUE EXTENSION (2)
- THE INTREPID PHOENIX
- FOOD BANK OF NORTHWEST INDIANA (2)
- AREA HEALTH EDUCATION CENTER
- INDIANA UNIVERSITY NORTHWEST (2)
- GIRLS ON THE RUN

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- HOPE CHRISTIAN CHURCH

- INDIANA PARENTING INITIATIVE (2)

RESIDENT FOCUS GROUP FROM THE FOLLOWING ZIP CODES - FH HAMMOND

- 46321

- 46404

- 46408 (2)

- 46311 (2)

- 46321

- 46307 (3)

- 46375

- 46323 (2)

- 46360

- 46410 (2)

- 46324 (2)

- 46303

- 60411

INTERNAL FOCUS GROUP - FH INDIANAPOLIS

- SPIRITUAL CARE (2)

- EMERGENCY MEDICAL SERVICES

- BUSINESS DEVELOPMENT

- EDUCATION SERVICES

- MARKETING

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROFESSIONAL FOCUS GROUP - FH INDIANAPOLIS

- COMMUNITY HEALTH NETWORK (2)
- ANTHEM
- NURSE FAMILY PARTNERSHIP
- WINDROSE HEALTH
- INDY SOUTHSIDE QUALITY OF LIFE
- YMCA
- CITY OF GREENWOOD
- INDIANA YOUTH INSTITUTE
- AREA HEALTH EDUCATION CENTER
- PURDUE EXTENSION
- GREATER SOUTHSIDE BUSINESS ALLIANCE

RESIDENT FOCUS GROUP FROM THE FOLLOWING ZIP CODES - FH INDIANAPOLIS

(BURMESE FOCUS)

- 46227 (7)

RESIDENT FOCUS GROUP FROM THE FOLLOWING ZIP CODES - FH INDIANAPOLIS

(LATINO FOCUS)

- UNKNOWN
- 46204
- 46235
- 46227

PROFESSIONAL FOCUS GROUP - FH INDIANAPOLIS (BEECH GROVE FOCUS)

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BEECH GROVE COMMUNITY SCHOOLS
- BEECH GROVE DRUG FREE COALITION

INTERNAL FOCUS GROUP - FH LAFAYETTE

- REHABILITATION SERVICES
- SAFETY
- SCHOOL OF NURSING (2)
- QUALITY
- EMERGENCY MEDICAL SERVICES
- MISSION (3)
- CASE MANAGEMENT
- NUTRITION
- NURSING ADMINISTRATION (2)
- PALLIATIVE CARE
- COMMUNITY EDUCATION
- PHARMACY
- RADIOLOGY
- TRAUMA
- LABORATORY

PROFESSIONAL FOCUS GROUP - FH LAFAYETTE

- NURSE FAMILY PARTNERSHIP
- THE VILLAGES
- PURDUE UNIVERSITY SCHOOL OF NURSING
- AREA IV AGENCY (2)

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BOY SCOUTS
- NORTH CENTRAL HEALTH SERVICES
- PURDUE EXTENSION (3)
- RIGGS COMMUNITY HEALTH CENTER
- INDIANA UNIVERSITY HEALTH
- FRANCISCAN HEALTH (4)
- YWCA
- BAUER SERVICES
- LOCAL WOMEN INFANT CHILDREN'S ("WIC") AGENCY
- HEALTHY COMMUNITIES OF CLINTON COUNTY/COVERING KIDS AND FAMILIES
- INDIANA YOUTH INSTITUTE
- PURDUE EXTENSION-4-H
- WABASH VALLEY ALLIANCE
- FOOD FINDERS
- LTHC HOMELESS SERVICES

- INTERNAL FOCUS GROUP - FH MICHIGAN CITY
- FRANCISCAN HEALTH FOUNDATION, INC.
- FPN
- EDUCATION
- ADMINISTRATION
- RISK MANAGEMENT
- CLINICAL SUPPORT
- SAFETY
- INPATIENT THERAPY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- MEDICAL ADMINISTRATION
- NURSING ADMINISTRATION
- FINANCE
- HUMAN RESOURCES
- SPIRITUAL CARE
- CASE MANAGEMENT
- RESPIRATORY CARE
- FRANCISCAN ACO
- OBSTETRICS
- EMERGENCY DEPARTMENT
- WOUND HEALTH
- PHARMACY
- PATIENT ADMINISTRATION
- OPERATING ROOM
- ICU
- QUALITY

PROFESSIONAL FOCUS GROUP - FH MICHIGAN CITY

- UNITED WAY OF LAPORTE COUNTY
- DUNEBROOK
- PURDUE EXTENSION (2)
- OPEN DOOR (2)
- SOUTH CENTRAL SCHOOL DISTRICT
- SWANSON CENTER
- IVY TECH

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BOYS AND GIRLS CLUB
- YMCA (2)
- FRONTLINE FOUNDATION
- WALKER MEDICAL
- AREA HEALTH EDUCATION CENTER
- UNITY FOUNDATION
- LAPORTE COUNTY HEALTH DEPARTMENT

INTERNAL FOCUS GROUP - FH MOORESVILLE

- EDUCATION
- ADMINISTRATION (2)
- PATIENT ACCESS
- WOMEN AND CHILDREN
- MEDICAL STAFF
- PARISH NURSING
- FPN

PROFESSIONAL FOCUS GROUP - FH MOORESVILLE

- HEALTHIER MORGAN COUNTY INITIATIVE
- PURDUE GLOBAL
- BRIDGES OF HOPE
- IVY TECH
- LIFE SMART YOUTH
- UNITED WAY
- MDWISE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- BOYS AND GIRLS CLUB
- MOORESVILLE PARKS DEPARTMENT
- MOORESVILLE SCHOOLS YMCA
- MORGAN COUNTY SUBSTANCE ABUSE COUNCIL (2)
- MORGAN COUNTY HEALTH DEPARTMENT
- PEACE RESTORED
- JACKSON CENTER
- MOORESVILLE CHAMBER OF COMMERCE
- REACH FOR YOUTH
- GIRL SCOUTS

RESIDENT FOCUS GROUP FOCUS GROUP FROM THE FOLLOWING ZIP CODES - FH

MOORESVILLE

- 46158 (15)
- 46168 (4)
- 46157
- 46113 (2)
- UNKNOWN

INTERNAL FOCUS GROUP - FH MUNSTER

- EDUCATION
- FRANCISCAN HOME CARE

PROFESSIONAL FOCUS GROUP - FH OLYMPIA FIELDS

- BLOOM TOWNSHIP HIGH SCHOOL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- GOVENORS STATE UNIVERSITY (2)
- PARK FOREST POLICE
- PRAIRIE STATE COLLEGE
- SOUTH SUBURBAN FAMILY SHELTER
- DISTRICT 163 SCHOOLS (2)
- FRANCISCAN HEALTH (3)
- DISTRICT 227 SCHOOLS
- PREVENT CHILD ABUSE
- SOUTH SUBURBAN PADS

PROFESSIONAL FOCUS GROUP - FH OLYMPIA FIELDS

- RESPOND NOW (2)
- FRANCISCAN HEALTH (3)
- DISTRICT 227 SCHOOLS (2)
- JONES CENTER - DISTRICT 227 SCHOOLS (2)
- JONES CENTER

LINE 6A: ALL FACILITIES

IN INDIANA, ALL FRANCISCAN ALLIANCE HOSPITAL FACILITIES COLLABORATED IN A STATEWIDE PARTNERSHIP WITH ASCENSION ST. VINCENT HEALTH, INDIANA UNIVERSITY HEALTH, COMMUNITY HEALTH NETWORK, DECONESS HOSPITAL, METHODIST HOSPITAL, COMMUNITY HOSPITAL, GIBSON GENERAL HOSPITAL, HENDRICKS REGIONAL HEALTH, ST. MARY'S HOSPITAL AND WITH EACH FACILITY WITHIN THE FRANCISCAN HEALTH SYSTEM.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 6B: ALL FACILITIES

FRANCISCAN HEALTH PARTNERED WITH WARRICK AND VANDERBURG COUNTY HEALTH DEPARTMENTS, KENDRICK FOUNDATION, HEALTHY SOUTHSIDE INITIATIVE, HEALTHY MORGAN COUNTY INTIATIVE, UNIVERSITY OF EVANSVILLE, PURDUE UNIVERSITY, AND INDIANA UNIVERSITY BLOOMINGTON.

LINE 7: ALL FACILITIES

ALL CHNA REPORTS ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT [HTTPS://WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH](https://www.franciscanhealth.org/communityhealth). IN ADDITION, A PRINT COPY IS AVAILABLE FREE OF CHARGE IN EACH HOSPITAL'S ADMINISTRATIVE OFFICE.

LINE 10: ALL FACILITIES

ALL IMPLEMENTATION PLANS ARE CONTAINED IN THE CHNA AS 'CHAPTER 6: CALL TO ACTION.' THE REPORTS ARE AVAILABLE ON FRANCISCAN ALLIANCE'S WEBSITE AT [HTTPS://WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH](https://www.franciscanhealth.org/communityhealth)

LINE 11: COMMUNITY HEALTH NEEDS ASSESSMENT

THE TOP HEALTH NEEDS IN A COMMUNITY IS A DIFFICULT PROCESS. MANY POOR HEALTH OUTCOMES, HEALTH DISPARITIES, AND POOR SOCIAL DETERMINANTS OF HEALTH WEIGH HEAVILY ON SEGMENTS OF OUR COMMUNITY. WE ALSO ACKNOWLEDGE THAT THERE ARE MANY STRENGTHS AND POSITIVE GROWTH THAT BALANCE SOME OF THESE CHALLENGES. FRANCISCAN HEALTH DETERMINED THE TOP HEALTH NEEDS BY REVIEWING SECONDARY DATA, SURVEY RESPONSES, AND FEEDBACK FROM INPUT MEETINGS. A CORE TEAM OF SIX STAFF MEMBERS WITH EDUCATION AND EXPERIENCE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

IN PUBLIC HEALTH WORKED WITH STAFF IN EACH COMMUNITY TO COME TO A CONSENSUS ON THE TOP ISSUES. A COMBINATION OF MULTIVOTE RANKING AND THE HANLON METHOD WERE USED. ONCE A REFINED LIST OF THE TOP TEN ISSUES WAS BROUGHT TO CONSENSUS, EACH STAFF MEMBER RANKED HEALTH ISSUES BASED ON SIZE, SERIOUSNESS, EQUITY, TYPES OF INTERVENTION, AND URGENCY. TO ASSIST WITH INTERVENTION PLANNING, A SECOND SCORE ON THE POTENTIAL FOR FRANCISCAN HEALTH TO PRIORITIZE THE HEALTH ISSUE WAS DETERMINED. SCORING CRITERIA INCLUDED RELATIONSHIP TO ADVERSE CHILDHOOD EXPERIENCES (ACES), INTERNAL CAPACITY, COMMUNITY ACCEPTABILITY, SUSTAINABILITY, AND LONG-TERM IMPACT. USING A MIX OF HANLON AND PEARL TECHNIQUES, THE FRANCISCAN HEALTH COMMUNITY HEALTH TEAM SCORED THE SECONDARY DATA, FEEDBACK MEETING COMMENTS, AND SURVEY DATA TO PRODUCE THE LIST OF TOP HEALTH NEEDS IN THE COMMUNITY.

IN DETERMINING COMMUNITY HEALTH INTERVENTIONS FOR THE SELECTED PRIORITY HEALTH NEEDS, HEALTH EQUITY, SUSTAINABILITY, AND AN EMPHASIS ON SOCIAL DETERMINANTS OF HEALTH WERE HEAVILY WEIGHTED. WHILE MOST INTERVENTIONS FOCUS ON INDIVIDUAL LIFESTYLE FACTORS, KNOWLEDGE, SKILLS, AND BEHAVIORS, CONSIDERATION OF THE CULTURAL AND ENVIRONMENTAL CONTEXTS ARE JUST AS IMPORTANT. FRANCISCAN ALLIANCE ACKNOWLEDGES THAT TRUE CHANGE COMES WITH MAJOR SHIFTS IN ALL AREAS. THE FIRST CRITERIA USED TO DETERMINE IMPLEMENTATION STRATEGIES IS THE CONNECTION TO THE SOCIO-ECOLOGICAL MODEL AND SOCIAL DETERMINENTS OF HEALTH.

INTERVENTIONS IMPLEMENTED BY FRANCISCAN ALLIANCE ARE PERSON-CENTERED AND

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

DESIGNED TO CREATE LASTING CHANGE. MALCOLM KNOWLES' PRINCIPLES OF ANDRAGOGY PROVIDED THE FRAMEWORK. WHILE THIS MODEL IS BASED ON EDUCATIONAL PROGRAMMING, IT APPLIES TO ALL TYPES OF INTERVENTIONS. FOR EXAMPLE, IN THE PROVISION OF CLINICAL CARE OR MEDICATION ASSISTANCE, PARTICIPANTS NOT ONLY RECEIVE THE CARE OR MEDICATION, THEY ALSO LEARN TO BETTER MANAGE THEIR OWN HEALTH OR ACCESS COMPONENTS OF THE HEALTH SYSTEM OR ASSISTANCE PROGRAM. REFLECTION, TEACH-BACK, AND COMMUNICATION TECHNIQUES ARE UTILIZED TO EMPOWER THE PARTICIPANT TO MOVE BEYOND A ONE-TIME INTERACTION OR ASSISTANCE.

FRANCISCAN ALLIANCE USES EVIDENCE-BASED PRACTICES IN PLANNING INTERVENTIONS WHENEVER POSSIBLE, AS THESE PROGRAMS HAVE BEEN THOROUGHLY TESTED AND HAVE PROVEN EFFICACY. WHEN EVIDENCE-BASED PROGRAMS ARE NOT AVAILABLE, BEST PRACTICES AND DOCUMENTED RESEARCH GUIDES THE DEVELOPMENT AND IMPLEMENTATION OF THE INTERVENTION.

IMPLEMENTATION ACTIVITIES WILL BE EVALUATED TO THE FULLEST EXTENT. USING THE KIRKPATRICK MODEL (A STANDARDIZED EVALUATION SYSTEM BASED ON REACTION, LEARNING, BEHAVIOR, AND RESULTS) AS A GUIDE, EVALUATION OF NOT ONLY THE PROGRAM, BUT ITS IMPACT AND RESULTS WILL BE REVIEWED. THIS PROCESS ALLOWS FOR CHANGES TO BE MADE TO IMPROVE THE PROGRAM ON AN ONGOING BASIS. WHILE IT CAN BE DIFFICULT TO DETERMINE THE EXACT CAUSE OF INDIVIDUAL BEHAVIORAL CHANGE, BIOMETRICS, POST-FOLLOW UP SURVEYS, AND OTHER METHODS WERE USED TO CAPTURE QUALITATIVE AND QUANTITATIVE DATA.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDHOOD TRAUMA SPURS TOXIC STRESS RESPONSES THAT CAUSE BOTH IMMEDIATE AND LONG-TERM PHYSICAL AND EMOTIONAL HARMS AND CAN POTENTIALLY BE FATAL. AN ANALYSIS BY THE CENTERS FOR DISEASE CONTROL AND PREVENTION HAS FOUND THAT AT LEAST FIVE OF THE TOP 10 LEADING CAUSES OF DEATH ARE ASSOCIATED WITH ADVERSE CHILDHOOD EXPERIENCES (ACES) SUCH AS EXPERIENCING ABUSE, WITNESSING VIOLENCE OR SUBSTANCE ABUSE IN THE HOME AND HAVING A PARENT IN JAIL. PREVENTING ACES CAN REDUCE HEART DISEASE, CANCER, RESPIRATORY DISEASE, DIABETES AND SUICIDE. FRANCISCAN ALLIANCE HAS PARTNERED WITH AN ONLINE COMMUNITY PLATFORM, ACES CONNECTION, TO GENERATE AWARENESS, ENGAGEMENT, AND DISCUSSION REGARDING CHILDHOOD ADVERSITY. THIS PARTNERSHIP IS A COMPONENT OF FRANCISCAN ALLIANCE'S AWARENESS INITIATIVE TO PROVIDE COMMUNITY MEMBERS WITH FREE RESOURCES TO BUILD A SELF-HEALING, TRAUMA-INFORMED COMMUNITY. FRANCISCAN ALLIANCE'S HOPES TO EDUCATE COMMUNITY MEMBERS TO: "GET DATA. GET TRAINED. GET INVOLVED." FRANCISCAN ALLIANCE HAS ALSO PARTNERED WITH BROADSTREET TO CREATE NATIONALLY AVAILABLE DASHBOARDS FOR ACES RISK IN CHILDREN. THE ACES RISK IN CHILDREN DASHBOARDS WILL PROVIDE DATA THAT PERTAINS TO ACE FOR A SELECTED LOCATION. DASHBOARD INSIGHTS INCLUDE THINGS LIKE MENTAL HEALTH OR INCARCERATION RISKS IN A GIVEN COMMUNITY WHICH AIDS IN CULTIVATING A STORY ABOUT EACH COMMUNITY TO SEE RISK FACTORS AND SOCIAL DETERMINANTS. THE HOPE IS THAT COMMUNITIES WILL BE ABLE TO USE THESE DASHBOARD TO PROVIDE GUIDANCE IN THE DIRECTION OF WHAT PUBLIC HEALTH AREAS TO ADDRESS. FRANCISCAN ALLIANCE IS ALSO A FOUNDING PARTNER OF THE ACES INDIANA COALITION, A TEAM OF AGENCIES, ORGANIZATIONS, AND INDIVIDUALS WORKING TOGETHER TO REDUCE ADVERSE OUTCOMES OF ACES. FRANCISCAN ALLIANCE HAS MADE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THE INVESTMENT TO HAVE SEVEN TEAM MEMBERS CERTIFIED AS ACE INTERFACE MASTERS ALLOWS THEM TO CONDUCT ACES TRAINING AND PRESENTATIONS ON THE RESEARCH WITHIN ITS COMMUNITIES. ACCORDING TO ACE STUDY RESEARCH, PREVENTION IS THE GREATEST OPPORTUNITY TO IMPROVE THE OVERALL WELL-BEING OF POPULATIONS. OUR TRAINING PROGRAMS ARE DESIGNED TO PROMOTE UNDERSTANDING AND IMPROVE COMMUNITY OUTCOMES THROUGH HEALING PROCESSES, INTERVENTIONS, AND EDUCATION AND FRANCISCAN ALLIANCE IS COMMITTED TO ADVANCING THIS EDUCATION THROUGHOUT ITS COMMUNITIES.

THE FRANCISCAN ALLIANCE HOSPITALS MADE THE FOLLOWING PROGRESS DURING 2020 IN ADDRESSING THE IDENTIFIED COMMUNITY HEALTH NEEDS FROM ITS MOST RECENT CHNA:

FRANCISCAN HEALTH CRAWFORDSVILLE

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- CHILD ABUSE AND NEGLECT
- SUBSTANCE ABUSE
- FOOD INSECURITY
- ADULT MENTAL HEALTH
- YOUTH SUPPORT SERVICES
- ACCESS TO HEALTH SERVICES
- PHYSICAL ACTIVITY AND NUTRITION
- TOBACCO/LUNG CANCER
- SEXUALLY TRANSMITTED INFECTIONS
- HEART DISEASE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCE COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.
- LOCAL PROJECT: DUE TO COVID, THE LOCAL PROJECT WAS NOT ABLE TO BE COMPLETED. THE FUNDS ALLOCATED FOR THIS WERE REDIRECTED TO FAMILY EDUCATION/STRESS REDUCTION KITS. VIRTUAL EDUCATION FOR PROFESSIONALS AND FAMILIES WERE OFFERED TO PROVIDE ADDITIONAL SUPPORT. THIS FOLLOWS THE SAME INTENTION AS THE ORIGINAL PROJECT. A NEW PROGRAM WILL BE IMPLEMENTED IN 2021 THAT CONTINUES TO ASSIST FAMILIES WITH STRESS AND TRAUMA.

FRANCISCAN HEALTH CROWN POINT

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- CHILD ABUSE AND NEGLECT
- INFANT MORTALITY
- UNINSURED/UNDERINSURED RATES

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- ADULT MENTAL HEALTH
- FOOD INSECURITY
- FAMILY SUPPORT SERVICES
- SUBSTANCE ABUSE
- RESPIRATORY DISEASES
- PHYSICAL ACTIVITY AND NUTRITION
- TRANSPORTATION

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.
- LOCAL PROJECT: THE LOCAL PROJECT WAS COMPLETED IN 2020, WITH MODIFICATIONS DUE TO COVID. A VIRTUAL VERSION OF THE PROGRAM WAS OFFERED WITH SUCCESSFUL OUTCOMES, BUT A MUCH SMALLER GROUP OF PARTICIPANTS. THE PROGRAM WILL CONTINUE IN A VIRTUAL FORMAT IN 2021.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FRANCISCAN HEALTH HAMMOND, FRANCISCAN HEALTH MUNSTER, AND FRANCISCAN

HEALTH DYER

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- CHILD ABUSE AND NEGLECT
- INFANT MORTALITY
- UNINSURED/UNDERINSURED RATES
- ADULT MENTAL HEALTH
- FOOD INSECURITY
- FAMILY SUPPORT SERVICES
- SUBSTANCE ABUSE
- RESPIRATORY DISEASES
- PHYSICAL ACTIVITY AND NUTRITION
- TRANSPORTATION

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- LOCAL PROJECT: TRAUMA INFORMED EDUCATION WITH EDGERS MIDDLE SCHOOL:
THIS PROJECT WAS NOT COMPLETED AS PLANNED DUE TO COVID. HOWEVER,
RESOURCES FOR TEACHERS, STAFF, PARENTS, AND STUDENTS WERE PROVIDED TO
ASSIST WITH THE STRESS AND TRAUMA OF THE PANDEMIC. FUNDS ALLOCATED
TOWARDS THIS ACTIVITY WERE USED FOR ADDITIONAL FAMILY EDUCATION/STRESS
REDUCTION KITS. IN ADDITION, WATER BOTTLES FOR CHILDREN WERE PROVIDED DUE
TO THE CLOSURE OF WATER FOUNTAINS.

FRANCISCAN HEALTH INDIANAPOLIS

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- INFANT MORTALITY
- ADULT MENTAL HEALTH
- SUBSTANCE ABUSE
- PUBLIC SAFETY
- PEDIATRIC MENTAL HEALTH
- ACCESS TO HEALTH SERVICES
- PHYSICAL ACTIVITY AND NUTRITION
- UNINTENTIONAL INJURY
- TOBACCO USE
- TRANSPORTATION

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE
CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION
STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

2020

- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020. DUE TO COVID, THE ANTICIPATED NUMBER OF SHOWINGS WERE NOT POSSIBLE. HOWEVER, A VIRTUAL SHOWING DID ALLOW FOR THE NUMBER OF ANTICIPATED INDIVIDUALS TO BE SERVED.

- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020

- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020

- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.

- LOCAL PROJECT: DUE TO COVID, THIS PROJECT WAS NOT COMPLETED. FUNDS ALLOCATED TO THIS PROJECT WERE USED FOR RELIEF PROJECTS FOR THE BURMESE COMMUNITY. THIS INLCUDED DISTRIBUTION OF FOOD, HYGIENE SUPPLIES, SCHOOL SUPPLIES, AND YOUTH VACCINES. COVID GREATLY DISTRUPTED FINANCIAL RESOURCES AND THESE EFFORTS ASSISTED THE MOST VULNERABLE FAMILIES. THE PROJECT WILL NOT CONTINUE IN 2021 AS PLANNED BECAUSE OF CONTINUED RESTRICTIONS RELATED TO THE PANDEMIC. IN FALL 2021, A CAREER CONFERENCE FOR THE SAME TARGET POPULATION WILL BE HELD WITH TRAUMA RELATED RESOURCES INTIGRATED INTO THE CONTENT.

FRANCISCAN HEALTH LAFAYETTE

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- FAMILY POVERTY
- INFANT MORTALITY
- YOUTH MENTAL HEALTH

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- SUBSTANCE ABUSE
- ADULT MENTAL HEALTH
- FOOD INSECURITY
- HOMELESSNESS
- AFFORDABLE HEALTH CARE
- TOBACCO USE
- PHYSICAL ACTIVITY AND NUTRITION

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.
- LOCAL PROJECT: EMPATH, A MULTI HEALTH SYSTEM APPROACH TO FINDING APPROPRIATE CARE FOR THOSE WITH MENTAL HEALTH ISSUES: ACHIEVED IN 2020

FRANCISCAN HEALTH MICHIGAN CITY

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- PEDIATRIC MENTAL HEALTH
- ADULT MENTAL HEALTH
- CHILD ABUSE AND NEGLECT
- FOOD INSECURITY
- SUBSTANCE ABUSE
- CANCER
- SOCIAL SUPPORTS
- PHYSICAL ACTIVITY AND NUTRITION
- TOBACCO USE
- TRANSPORTATION

THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- LOCAL PROJECT: FOOD PHARMACY: ACHIEVED IN 2020

FRANCISCAN HEALTH MOORESVILLE

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- SUBSTANCE ABUSE
- ADULT MENTAL HEALTH
- FOOD INSECURITY
- PEDIATRIC MENTAL HEALTH
- PHYSICAL ACTIVITY AND NUTRITION
- PUBLIC SAFETY
- CANCER
- TOBACCO USE
- TRANSPORTATION

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- AFFORDABLE CHILD CARE

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED (WITH 2020 PROGRESS INDICATED):

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.
- LOCAL PROJECT: TRIPLE PLAY PROGRAM WITH BOYS AND GIRLS CLUB: ACHIEVED IN 2020 WITH CHANGES. DUE TO COVID, THE LOCAL PROJECT WAS NOT ABLE TO BE COMPLETED. THE FUNDS ALLOCATED FOR THIS WERE REDIRECTED TO FAMILY EDUCATION/STRESS REDUCTION KITS. VIRTUAL EDUCATION FOR PROFESSIONALS AND FAMILIES WERE OFFERED TO PROVIDE ADDITIONAL SUPPORT. THIS FOLLOWS THE SAME INTENTION AS THE ORIGINAL PROJECT. A NEW PROGRAM WILL BE IMPLEMENTED IN 2021 THAT CONTINUES TO ASSIST FAMILIES WITH STRESS AND TRAUMA.

FRANCISCAN HEALTH OLYMPIA FIELDS

TOP HEALTH NEEDS INCLUDE (TOP NEEDS FIRST):

- POVERTY

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- ACCESS TO HEALTH SERVICES
- MATERNAL MORBIDITY
- UNINSURED/UNDERINSURED
- ADULT MENTAL HEALTH
- YOUTH SOCIAL SUPPORTS
- PUBLIC SAFETY/GUN VIOLENCE
- CANCER
- RESPIRATORY DISEASES
- TRANSPORTATION

THERE IS A SIGNIFICANT LINK BETWEEN EIGHT OF THESE ISSUES AND ADVERSE CHILDHOOD EXPERIENCES ("ACES"). THEREFORE, THE FOLLOWING IMPLEMENTATION STRATEGIES WILL BE USED, WITH 2020 PROGRESS INDICATED:

- FACILITATE ACES CONNECTION COMMUNITY PAGES: ACHIEVED IN 2020
- PROVIDE FACT SHEETS, ARTICLES, AND OTHER FREE RESOURCES: ACHIEVED IN 2020
- OFFER FREE SCREENINGS OF RESILIENCE FILM: ACHIEVED IN 2020
- COORDINATE TRAINING OPPORTUNITIES FOR PROFESSIONALS: ACHIEVED IN 2020
- DEVELOP COMMUNITY RESILIENCY COALITION: ACHIEVED IN 2020
- PROVIDE HEALING ACTIVITIES: THIS WAS MET IN 2020, WITH A SLIGHT CHANGE DUE TO COVID. FAMILY EDUCATION/STRESS REDUCTION KITS WERE DISTRIBUTED TO VULNERABLE FAMILIES TO ASSIST IN COPING WITH THE PANDEMIC.
- LOCAL PROJECT: JONES CENTER PARTNERSHIP: YOUTH BEHAVIORAL HEALTH SERVICES AND EDUCATION PROVIDED TO LOW INCOME FAMILIES: DUE TO COVID, THE LOCAL PROJECT WAS NOT ABLE TO BE COMPLETED. THE FUNDS ALLOCATED FOR THIS WERE REDIRECTED TO FAMILY EDUCATION/STRESS REDUCTION KITS. VIRTUAL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EDUCATION FOR PROFESSIONALS AND FAMILIES WERE OFFERED TO PROVIDE ADDITIONAL SUPPORT. THIS FOLLOWS THE SAME INTENTION AS THE ORIGINAL PROJECT. THE PROGRAM WILL CONTINUE IN 2021.

LINES 15 AND 16: ALL FACILITIES

THROUGH FRANCISCAN ALLIANCE, INC. ("FRANCISCAN"), WE CONTINUE THE HEALING MINISTRY OF CHRIST IN A CATHOLIC HEALTH CARE SYSTEM THAT UPHOLDS THE MORAL VALUES AND TEACHINGS OF THE CATHOLIC CHURCH.

CENTRAL CONCERNS OF THIS CORPORATE MINISTRY INCLUDE COMPASSION FOR THOSE IN NEED, RESPECT FOR LIFE AND THE DIGNITY OF PERSONS. FRANCISCAN BELIEVES IN THE DIGNITY, UNIQUENESS, AND WORTH OF EACH INDIVIDUAL AND, WITHIN THE LIMITS OF OUR RESOURCES, FRANCISCAN OFFERS A COMPREHENSIVE RANGE OF HEALTH CARE SERVICES TO ALL REGARDLESS OF RACE, CREED, COLOR, SEX, NATIONAL ORIGIN, HANDICAP OR AN INDIVIDUAL'S FINANCIAL CAPABILITY. IN LIGHT OF THIS BELIEF, WE CONSIDER OUR HEALTH CARE SERVICES TO BE REACHING OUT AND RESPONDING, IN A CHRIST-LIKE MANNER, TO THOSE WHO ARE PHYSICALLY, MATERIALLY, OR SPIRITUALLY IN NEED. FRANCISCAN IS COMMITTED TO PROVIDING FINANCIAL ASSISTANCE, IN THE FORM OF CHARITY CARE OR UNINSURED DISCOUNTS, TO PERSONS WHO ARE UNINSURED OR UNDERINSURED, WHO ARE INELIGIBLE FOR GOVERNMENTAL OR SOCIAL SERVICE PROGRAMS, AND WHO OTHERWISE ARE UNABLE TO PAY FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE BASED ON THEIR INDIVIDUAL FINANCIAL SITUATION. CONSISTENT WITH OUR MISSION TO DELIVER COMPASSIONATE, HIGH QUALITY, AFFORDABLE HEALTH CARE AND TO ADVOCATE FOR THOSE WHO ARE POOR AND DISENFRANCHISED, FRANCISCAN STRIVES TO ENSURE THE

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

FINANCIAL CAPACITY OF PEOPLE WHO NEED MEDICALLY NECESSARY HEALTH CARE SERVICES DOES NOT PREVENT THEM FROM SEEKING OR RECEIVING THAT CARE. FRANCISCAN'S FINANCIAL ASSISTANCE POLICY IS DESIGNED TO ALLOW RELIEF FROM ALL OR PART OF THE CHARGES RELATED TO EMERGENCY OR MEDICALLY NECESSARY HEALTH CARE SERVICES THAT EXCEED A PATIENT'S REASONABLE ABILITY TO PAY. IN ORDER TO ENSURE TRANSPARENCY, CONSISTENCY AND FAIRNESS, WE ASK PATIENTS TO COOPERATE BY PROVIDING NECESSARY INFORMATION TO DETERMINE THEIR ELIGIBILITY FOR FINANCIAL ASSISTANCE.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS, ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.
2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.
3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE, AND HEALTH INSURANCE EXCHANGE PROGRAMS AND FRANCISCAN'S FINANCIAL

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

6. PATIENTS/GUARANTORS CAN REQUEST FINANCIAL ASSISTANCE INFORMATION BY CALLING FRANCISCAN'S BILLING OFFICE PHONE LINE ON A 24-HOUR BASIS.

7. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

8. PRIOR TO TRANSFER TO A COLLECTION AGENCY, FRANCISCAN SENDS A MINIMUM OF 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

A PATIENT'S QUALIFICATION FOR CHARITY CARE IS DETERMINED THROUGH A FINANCIAL ASSISTANCE APPLICATION AND SCREENING PROCESS. PATIENTS WHO MAY QUALIFY FOR MEDICAID OR ANY OTHER GOVERNMENTAL ASSISTANCE MUST BE DENIED COVERAGE OR ASSISTANCE FROM THOSE GOVERNMENTAL PROGRAMS PRIOR TO RECEIVING APPROVAL FOR CHARITY CARE. AS SUCH, FRANCISCAN OFFERS PATIENTS ASSISTANCE IN APPLYING OR ENROLLING IN SUCH PROGRAMS. A PATIENT WILL NEED

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

TO FILL OUT, SIGN, AND SUBMIT THE FINANCIAL ASSISTANCE APPLICATION ALONG WITH ALL REQUESTED DOCUMENTATION OF INCOME, EXPENSES, ASSETS, AND LIABILITIES. FRANCISCAN'S BILLING OFFICE WILL PLACE THE PATIENT'S ACCOUNT ON HOLD ONCE A FINANCIAL ASSISTANCE APPLICATION HAS BEEN REQUESTED AND UNTIL A FINANCIAL ASSISTANCE DETERMINATION IS MADE. APPLICANTS ARE TREATED WITH DIGNITY AND RESPECT THROUGHOUT THE FINANCIAL ASSISTANCE PROCESS AND ALL INFORMATION/MATERIALS RECEIVED ARE CONFIDENTIALLY MAINTAINED. FRANCISCAN ALSO UTILIZES AN EXTERNAL VENDOR, SERVICE, OR DATA SOURCE THAT PROVIDES INFORMATION ON A PATIENT'S OR GUARANTOR'S ABILITY TO PAY (I.E. CREDIT SCORING). ELIGIBILITY FOR CHARITY CARE MAY BE DETERMINED AT ANY POINT IN THE COLLECTIONS CYCLE (I.E. PRIOR TO THE PROVISION OF SERVICES, DURING THE NORMAL COLLECTIONS CYCLE, OR MAY BE USED TO RE-CLASSIFY ACCOUNTS AFTER THEY HAVE BEEN DEEMED UNCOLLECTIBLE AND SUBSEQUENTLY RETURNED FROM A THIRD PARTY COLLECTION AGENCY). ONCE APPROVED, THE PATIENT WILL REMAIN ELIGIBLE FOR CHARITY CARE FOR A MAXIMUM OF FOUR MONTHS. THE ELIGIBILITY PERIOD WILL BEGIN FROM THE DATE OF THE PATIENT'S APPROVAL OF CHARITY CARE. CHARITY CARE DISCOUNTS WILL BE GIVEN FOR CURRENT OPEN ACCOUNTS AND THE FOLLOWING FOUR MONTHS OF EMERGENCY SERVICES OR MEDICALLY NECESSARY CARE. AFTER THE ELIGIBILITY PERIOD HAS ELAPSED, THE PATIENT MUST REAPPLY FOR FINANCIAL ASSISTANCE.

LINES 16A, 16B, AND 16C: ALL FACILITIES

THE FAP, FAP APPLICATION FORM, AND PLAIN LANGUAGE SUMMARY OF THE FAP ARE AVAILABLE AT THE FOLLOWING ADDRESS:

[HTTPS://STATEMENTS.FRANCISCANALLIANCE.ORG/INFO/FINANCIALASSISTANCE.ASPX](https://statements.franciscanalliance.org/info/financialassistance.aspx)

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, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LINE 22: FRANCISCAN HEALTH OLYMPIA FIELDS

FRANCISCAN HEALTH OLYMPIA FIELDS COMPUTES THE MAXIMUM AMOUNTS CHARGED TO

FAP-ELIGIBLE INDIVIDUALS BASED ON THE ILLINOIS UNINSURED DISCOUNT ACT.

UNDER THIS ACT, ILLINOIS FACILITIES CANNOT CHARGE GREATER THAN 135% OF

COST. THIS METHOD RESULTS IN A LARGER DISCOUNT THAN THAT DETERMINED BY

THE FEDERAL CALCULATION.

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? 170

Name and address	Type of Facility (describe)
1 INDIANA HEART PHYSICIANS 5330 E STOP 11 RD INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
2 INDIANA INTERNAL MEDICINE CONSULTANTS 701 E COUNTY LINE RD, STE 101 GREENWOOD IN 46143	PHYSICIAN PRACTICE
3 FRANCISCAN HAMMOND CLINIC 7905 CALUMET AVE MUNSTER IN 46321	SPECIALTY CENTER/URGENT CARE
4 FRANCISCAN SURGERY CENTER 421 N EMERSON AVE GREENWOOD IN 46143	AMBULATORY SURGERY CENTER
5 FPN MC HPMG BUILDING 1225 E COOLSPRING AVE MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
6 FPN OBSTETRICS/GYNECOLOGY 3900 SAINT FRANCIS WAY LAFAYETTE IN 47905	PHYSICIAN PRACTICE
7 ORTHOPEDIC SPECIALISTS 5255 E STOP 11 RD #300 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
8 FPN MEDICAL PAVILION SOUTH 2150 GETTLER ST DYER IN 46311	MEDICAL PAVILION
9 FPN HP FW 3500 FRANCISCAN WAY MICHIGAN CITY IN 46360-0021	PHYSICIAN PRACTICE
10 FRANCISCAN MEDICAL SPECIALISTS 761 45TH ST MUNSTER IN 46321	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 FRANCISCAN HAMMOND CLINIC 9800 VALPARAISO DR MUNSTER IN 46321	FAMILY WELLNESS CENTER
2 COLUMBUS PRIMARY & SPECIALTY CARE 123 2ND ST COLUMBUS IN 47201	PHYSICIAN PRACTICE
3 SPECIALTY PHYSICIANS OF ILLINOIS 20201 SOUTH CRAWFORD AVE OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
4 FPN ST ANTHONY WOODLAND HEALTH CENTER 8865 W 400 NORTH MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
5 FPN FAMILY & GERIATRIC MEDICINE 3920 ST FRANCIS WAY, STE 209 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
6 SPECIALTY PHYSICIANS OF ILLINOIS 3700 W 203RD ST OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
7 FRANCISCAN MEDICAL SPECIALISTS 919 MAIN ST DYER IN 46311	PHYSICIAN PRACTICE
8 NEUROSURGICAL SPECIALISTS 8051 S EMERSON AVE, STE 300 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
9 SPECIALTY PHYSICIANS OF ILLINOIS 3800 W 203RD ST OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
10 WEIGHT LOSS SPECIALISTS 5230A E STOP 11 RD, STE 190 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN STONES CROSSING 1703 W STONES CROSSING RD, STE 100 GREENWOOD IN 46143-8558	PHYSICIAN PRACTICE
2 FRANCISCAN HEALTH MUNSTER 701 SUPERIOR DR MUNSTER IN 46321	FPN ONCOLOGY
3 FPN DERMATOLOGY, FAMILY MEDICINE, & PEDS 915 SAGAMORE PARKWAY WEST WEST LAFAYETTE IN 47906	PHYSICIAN PRACTICE
4 INDY SOUTHSIDE SURGICAL 5255 E STOP 11 RD #450 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
5 FPN CP CARDIOLOGY 1205 S MAIN ST, STE 101 CROWN POINT IN 46307	PHYSICIAN PRACTICE
6 FPN CP VALPARAISO CLINIC 2421 LAPORTE AVE VALPARAISO IN 46385	PHYSICIAN PRACTICE
7 FPN CROWN POINT PEDIATRIC HEALTH CENTER 1141 S INDIANA AVE CROWN POINT IN 46307	PHYSICIAN PRACTICE
8 JOINT REPLACEMENT SURGEONS 1199 HADLEY RD MOORESVILLE IN 46158	PHYSICIAN PRACTICE
9 KENDRICK COLON & RECTAL CENTER 5255 E STOP 11 RD #250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 THE ENDOSCOPY CENTER AT ST FRANCIS 8501 S EMERSON AVE, STE 150 INDIANAPOLIS IN 46237-9707	ENDOSCOPY CENTER

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

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

Name and address	Type of Facility (describe)
1 FPN SURGICAL SPECIALISTS 1630 LAFAYETTE RD, STE 300 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
2 ONCOLOGY AND HEMATOLOGY SPECIALISTS 8111 S EMERSON AVE, STE 101 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
3 VASCULAR 5255 E STOP 11 RD, STE 430 INDIANAPOLIS IN 46237-6341	PHYSICIAN PRACTICE
4 DIABETES AND ENDOCRINOLOGY SPECIALISTS 5230A E STOP 11 RD, STE 150 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
5 FPN CARDIOLOGY / ELECTROPHYSIOLOGY 3900 SAINT FRANCIS WAY, STE 200 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
6 PEDIATRIC ASSOCIATES OF GREENWOOD 900 AVERITT RD GREENWOOD IN 46143	PHYSICIAN PRACTICE
7 CARMEL FAMILY MEDICINE 12188 B NORTH MERIDIAN ST #280 CARMEL IN 46032	PHYSICIAN PRACTICE
8 MOORESVILLE SURGERY & ENDOSCOPY CENTER 1215 HADLEY RD MOORESVILLE IN 46260	SURGERY/ENDOSCOPY CENTER
9 FRANCISCAN IMMEDIATE CARE THOMPSON 5210 E THOMPSON RD INDIANAPOLIS IN 46237	IMMEDIATE CARE
10 FPN CP WINFIELD CLINIC 11161 RANDOLPH ST CROWN POINT IN 46307	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 GREENWOOD IMMEDIATE CARE 1001 N MADISON AVE GREENWOOD IN 46142	IMMEDIATE CARE
2 FRANCISCAN MEDICAL SPECIALISTS 5529 HOHMAN AVE HAMMOND IN 46320	PHYSICIAN PRACTICE
3 FPN SA SV MULTI 7310 W LINCOLN HWY CROWN POINT IN 46307	PHYSICIAN PRACTICE
4 FPN BROADWAY HEALTH CENTER 9470 BROADWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
5 MADISON AVE FAMILY MEDICINE 747 E COUNTY LINE RD, STE D GREENWOOD IN 46143	PHYSICIAN PRACTICE
6 FPN CP EXPRESS CARE 12800 MISSISSIPPI PARKWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
7 FPN HP FS INTERNAL MED 3723 FRANKLIN ST MICHIGAN CITY IN 46360-7310	PHYSICIAN PRACTICE
8 FPN CP SPECIALTY CENTER 1205 S MAIN ST, STE 201 CROWN POINT IN 46307	PHYSICIAN PRACTICE
9 FPN CP CHESTERTON NEURO 770 INDIAN BOUNDARY RD CHESTERTON IN 46304	PHYSICIAN PRACTICE
10 FPN EXPRESS CARE & IMAGING CENTER 909 SAGAMORE PARKWAY WEST WEST LAFAYETTE IN 47906	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 SOUTHPORT FP AND SPORTS MEDICINE 7825 MCFARLAND LANE #A INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
2 FPN HP MC EXPRESS CARE 4111 FRANKLIN ST MICHIGAN CITY IN 46360-7803	PHYSICIAN PRACTICE
3 SOUTHEAST FAMILY MEDICINE 965 EMERSON PARKWAY, STE J GREENWOOD IN 46143	PHYSICIAN PRACTICE
4 COUNTY LINE PEDIATRICS 747 E COUNTY LINE RD #G GREENWOOD IN 46143	PHYSICIAN PRACTICE
5 SOUTHSIDE FAMILY MEDICINE 1640 CRAWFORDSVILLE SQUARE DR CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
6 MOORESVILLE FAMILY CARE 1001 HADLEY RD, STE 102 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
7 FPN OMNI FAMILY HEALTH CENTER 221 US HWY 41, STE I SCHERERVILLE IN 46375	PHYSICIAN PRACTICE
8 FPN RENSSELAER MED CTR - FM&GEN SURGERY 118 W DREXEL PARKWAY RENSSELAER IN 47978	PHYSICIAN PRACTICE
9 FRANKLIN TOWNSHIP FAMILY MEDICINE 8325 E SOUTHPORT RD, STE 100 INDIANAPOLIS IN 46259	PHYSICIAN PRACTICE
10 HEARTLAND INTERNAL MEDICINE 10701 ALLIANCE DR CAMBY IN 46113	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN DYER FAMILY HEALTH CENTER 840 RICHARD RD DYER IN 46311	PHYSICIAN PRACTICE
2 FRANCISCAN MEDICAL SPECIALISTS 300 W 80TH PLACE MERRILLVILLE IN 46410	PHYSICIAN PRACTICE
3 BEECH GROVE FAMILY MEDICINE 2030 CHURCHMAN AVE #A BEECH GROVE IN 46107	PHYSICIAN PRACTICE
4 FPN MC 8955 W 400 NORTH MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
5 SOUTH 31 FAMILY CARE 610 E SOUTHPORT RD, STE 205 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
6 ORTHOPEDIC FOOT & ANKLE SURGEONS 1199 HADLEY RD, STE 300 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
7 KENDRICK FAMILY MEDICINE 1001 HADLEY RD, STE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
8 FPN CP MUNSTER NEURO, RADIOLOGY, PT 759 45TH ST MUNSTER IN 46321	ORTHO/PT
9 FPN CROWN POINT CLINIC 12800 MISSISSIPPI PARKWAY CROWN POINT IN 46307	PHYSICIAN PRACTICE
10 GREENWOOD PARKE FAMILY MEDICINE 701 E COUNTY LINE RD, STE 204 GREENWOOD IN 46143	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 FPN BEHAVIOR HEALTH 1116 N 16TH ST LAFAYETTE IN 47904	PHYSICIAN PRACTICE
2 SPECIALTY PHYSICIANS OF ILLINOIS 3900 W 203RD ST OLYMPIA FIELDS IL 60461	PHYSICIAN PRACTICE
3 FPN CP CEDAR LAKE CLINIC 6831 133RD AVE CEDAR LAKE IN 46303	FAMILY PRACTICE
4 FPN CP LOWELL CLINIC 4500 W 181ST AVE LOWELL IN 46356	PHYSICIAN PRACTICE
5 HEARTLAND CROSSING PEDIATRICS 1001 HADLEY RD, STE LL 100 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
6 FPN FHC MS OBGYN 1644 45TH AVE MUNSTER IN 46321-3970	PHYSICIAN PRACTICE
7 PLAINFIELD FAMILY MEDICINE 315 DAN JONES RD, STE 150 PLAINFIELD IN 46168	PHYSICIAN PRACTICE
8 FPN CP MEDICAL ARTS INTERNAL MEDICINE 297 WEST FRANCISCAN LANE, STE 104 CROWN POINT IN 46307	PHYSICIAN PRACTICE
9 GYNECOLOGIC ONCOLOGY SPECIALISTS 8111 S EMERSON, STE 204 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 INDY SOUTHSIDE FAMILY MEDICINE 4018 E SOUTHPORT RD INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 FPN HAMMOND FAMILY HEALTH CENTER 5500 HOHMAN AVE, STE 2A HAMMOND IN 46320	PHYSICIAN PRACTICE
2 FPN PMR, PULMONARY, NEPHROLOGY, ENDOCRIN 3920 ST FRANCIS WAY, STE 220 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
3 FPN FAMILY MEDICINE FERRY ST 2708 FERRY ST LAFAYETTE IN 47904	PHYSICIAN PRACTICE
4 FPN ST. JOHN HEALTH CENTER 10860 MAPLE LANE ST. JOHN IN 46373	PHYSICIAN PRACTICE
5 PLASTIC & RECONSTRUCTIVE SURGEONS 8051 S EMERSON AVE, STE 450 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 FRANCISCAN MEDICAL SPECIALISTS 2001 US 41 SCHERERVILLE IN 46375	PT/SPEC CENTER
7 RHEUMATOLOGY & OSTEOPOROSIS SPECIALISTS 5255 E STOP 11 RD, STE 320 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
8 FPN NORTHSIDE FAMILY MEDICINE 1660 LAFAYETTE RD, STE 170 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
9 OMNI REHABILITATION 810 MICHAEL DR CHESTERTON IN 46304	PHYSICIAN PRACTICE
10 FPN BREAST SPECIALISTS 8111 S EMERSON #104 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN OBGYN HEALTH CENTER 1205 S MAIN ST CROWN POINT IN 46321	PHYSICIAN PRACTICE
2 FPN LAKE RIDGE 1573 N CLINE AVE GRIFFITH IN 46319	PHYSICIAN PRACTICE
3 CITYWAY FAMILY & SPORTS MEDICINE 426 S ALABAMA ST INDIANAPOLIS IN 46225	PHYSICIAN PRACTICE
4 FPN HAMMOND SPECIALTY HEALTH CENTER 5454 HOHMAN AVE HAMMOND IN 46320	PHYSICIAN PRACTICE
5 ST FRANCIS RADIATION THERAPY CENTERS 421 N EMERSON AVE GREENWOOD IN 46143	PHYSICIAN PRACTICE
6 FPN EASTSIDE FAMILY MEDICINE 2056 LEBANON RD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
7 MONTICELLO MEDICAL CENTER 826 N 6TH ST MONTICELLO IN 47960	MEDICAL PRACTICE
8 FPN CP MIDWIFE CENTER 297 WEST FRANCISCAN LN, STE 203 CROWN POINT IN 46307	PHYSICIAN PRACTICE
9 FPN INDIANA HEART PHYSICIANS 1201 HADLEY RD MOORESVILLE IN 46260	PHYSICIAN PRACTICE
10 FPN OF ILLINOIS 30 E 15TH ST CHICAGO HEIGHTS IL 60411	RESIDENCY CLINIC

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

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

Name and address	Type of Facility (describe)
1 FPN HP LH OBGYN 309 W JOHNSON RD LAPORTE IN 46350-1943	PHYSICIAN PRACTICE
2 FPN MULTI 1201 S MAIN ST CROWN POINT IN 46307	PHYSICIAN PRACTICE
3 FPN NORTHRIDGE INTERNAL MEDICINE 1704 LAFAYETTE RD, STE 8 CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
4 FPN FHC SJ 8345 WICKER AVE ST. JOHN IN 46373-8879	PHYSICIAN PRACTICE
5 FPN INDIANA HEART PHYSICIANS SHELBYVILLE 2451 INTELLIPLEX DR SHELBYVILLE IN 46176	CARDIOVASCULAR
6 FPN SPORTS MEDICINE 4035 MIMOSA DR COLUMBUS IN 47201	PHYSICIAN PRACTICE
7 FRANCISCAN EXPRESSCARE CITYWAY 325 S ALABAMA ST STE 100 INDIANAPOLIS IN 46204	EXPRESS CARE CLINIC
8 MARTINSVILLE FAMILY & INTERNAL MEDICINE 49 BILLS BLVD MARTINSVILLE IN 46151	PHYSICIAN PRACTICE
9 PULMONARY & SLEEP SPECIALISTS 1040 GREENWOOD SPRINGS BLVD GREENWOOD IN 46143	PHYSICIAN PRACTICE
10 FPN ST CLARE HEALTH CLINIC 1121 S INDIANA CROWN POINT IN 46307	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 ST FRANCIS IMAGING CENTER 421 N EMERSON AVE GREENWOOD IN 46143	IMAGING
2 FPN FAMILY MEDICINE 107 N STATE RD 135 #103 GREENWOOD IN 46142	PHYSICIAN PRACTICE
3 FRANCISCAN EXPRESSCARE PORTAGE 3283 WILLOWCREEK RD PORTAGE IN 46368	PHYSICIAN PRACTICE
4 FRANCISCAN MUNSTER SKILLED NURSING 757 45TH ST MUNSTER IN 46321	SKILLED NURSING
5 FPN HOBART EXPRESS CARE & IMAGING 101 W 61ST AVE HOBART IN 46342-6449	PHYSICIAN PRACTICE
6 FPN OF ILLINOIS 16650 HARLEM AVE TINLEY PARK IL 60477	PHYSICIAN PRACTICE
7 IRVINGTONTON FAMILY MEDICINE 5839 E WASHINGTON ST INDIANAPOLIS IN 46219	PHYSICIAN PRACTICE
8 MOORESVILLE AFTER HOURS CLINIC 1001 HADLEY RD, STE 101 MOORESVILLE IN 46158	PHYSICIAN PRACTICE
9 EXPRESS CARE RENSSELAER 919 GRACE ST RENSSELAER IN 47978	PHYSICIAN PRACTICE
10 FPN OF ILLINOIS EXPRESS CARE 20180 S LAGRANGE RD FRANKFORT IL 60423	EXPRESS CARE CLINIC

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 FPN INDIANA HEART PHYSICIANS 1710 LAFAYETTE RD CRAWFORDSVILLE IN 47933	PHYSICIAN PRACTICE
2 FRANCISCAN EXPRESSCARE VALPARAISO 2307 LAPORTE AVE, STE 8 VALPARAISO IN 46383	PHYSICIAN PRACTICE
3 FPN OF ILLINOIS 20939 S CICERO AVE MATTESON IL 60443	PHYSICIAN PRACTICE
4 MCFARLAND INTERNAL MEDICINE 7855 S EMERSON AVE #P INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
5 WOUND CARE SPECIALISTS 8111 S EMERSON AVE INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
6 FPN PRIMARY CARE & SPORTS MEDICINE(YMCA) 3001 SOUTH CREASY LN, STE 100A LAFAYETTE IN 47905	PHYSICIAN PRACTICE
7 FPN CARDIOLOGY LOGANSPORT 1201 MICHIGAN AVE, STE 50 LOGANSPORT IN 46947	PHYSICIAN PRACTICE
8 BEECH GROVE INTERNAL MEDICINE 2030 CHURCHMAN AVE, STE A BEECH GROVE IN 46107	PHYSICIAN PRACTICE
9 FPN CP DEMOTTE CLINIC 200 3RD COURT SE DEMOTTE IN 46310	PHYSICIAN PRACTICE
10 CENTRAL INDIANA DERMATOLOGY 5255 E STOP 11 RD #310 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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

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

Name and address	Type of Facility (describe)
1 SOUTH EMERSON SURGERY CENTER 8141 S EMERSON AVE, STE A INDIANAPOLIS IN 46227	AMBULATORY SURGERY CENTER
2 FPN ONCOLOGY HEMATOLOGY 1701 S CREASY LANE, STE 1W93 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
3 FPN ONCOLOGY & HEMATOLOGY SPECIALISTS IN 8111 S EMERSON AVE INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 FPN MC 1507 WABASH ST MICHIGAN CITY IN 46360	PHYSICIAN PRACTICE
5 FPN GREENCASTLE 1542 S BLOOMINGTON ST GREENCASTLE IN 46135	PHYSICIAN PRACTICE
6 FPN INDIANA HEART PHYSICIANS GREENSBURG 720 N. LINCOLN ST GREENSBURG IN 47240	PHYSICIAN PRACTICE
7 FRANCISCAN HEALTH BREAST DIAGNOSTIC CTR 1345 UNITY PL, STE 220 LAFAYETTE IN 47905	PHYSICIAN PRACTICE
8 FPN CP CROWN POINT PEDIATRICS 1505 SOUTH COURT ST CROWN POINT IN 46307	PHYSICIAN PRACTICE
9 DR. JOHN LANMAN CLINIC 5530 HOHMAN AVE HAMMOND IN 46320	PHYSICIAN PRACTICE
10 FPN FRANKLIN 1300 W JEFFERSON ST FRANKLIN IN 46131	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 MAJOR HOSPITAL CARDIAC DIAGNOSTICS, LLC 2451 INTELLIPLEX DR SHELBYVILLE IN 46176	CARDIOVASCULAR
2 FPN FHC MV GASTRO 5825 BRDWAY, STE B MERRILLVILLE IN 46410-2664	PHYSICIAN PRACTICE
3 AFTER HOURS CLINIC INDY 7855 S EMERSON #P INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
4 FPN AFTER HOURS CLINIC 1205 HADLEY RD MOORESVILLE IN 46260	PHYSICIAN PRACTICE
5 FPN MC 900 I ST LAPORTE IN 46350	PHYSICIAN PRACTICE
6 FPN FAMILY MEDICINE LA PORTE 900 I ST, FL 2 LA PORTE IN 46350	PHYSICIAN PRACTICE
7 SPORTS MEDICINE SPECIALISTS 315 DAN JONES RD, #120 PLAINFIELD IN 46168	PHYSICIAN PRACTICE
8 FPN SA REN OP UROLOGY 1104 E GRACE ST RENSSELAER IN 47978-3211	PHYSICIAN PRACTICE
9 CENTRAL INDIANA PROCTOLOGY 49 BILLS BOULEVARD MARTINSVILLE IN 46151	PHYSICIAN PRACTICE
10 INDIANA SLEEP CENTER 701 E COUNTY LINE RD, STE 207 GREENWOOD IN 46143	SLEEP CENTER

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

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

Name and address	Type of Facility (describe)
1 FPN WOUND CARE 1701 S CREASY LANE LAFAYETTE IN 47905	PHYSICIAN PRACTICE
2 FPN HP MC EXPRESS CARE 301 W HOMER ST MICHIGAN CITY IN 46360-4358	PHYSICIAN PRACTICE
3 FPN OF ILLINOIS 344 VICTORY DR PARK FOREST IL 60466	PHYSICIAN PRACTICE
4 FPN OF ILLINOIS 18636 DIXIE HIGHWAY HOMEWOOD IL 60430	PHYSICIAN PRACTICE
5 FRANCISCAN HEALTH OUTPATIENT CENTER 24 JOLIET ST, STE 101 DYER IN 46311	PHYSICIAN PRACTICE
6 FPN BREAST & MELANOMA SPECIALIST 1205 HADLEY RD MOORESVILLE IN 46260	PHYSICIAN PRACTICE
7 FPN SOUTHSIDE SURGICAL 1203 HADLEY RD MOORESVILLE IN 46260	PHYSICIAN PRACTICE
8 PURDUE SPORTS MEDICINE 900 JOHN R WOODEN DR WEST LAFAYETTE IN 47907	PHYSICIAN PRACTICE
9 REHABILITATION SPECIALISTS 8051 S EMERSON AVE, STE 250 INDIANAPOLIS IN 46237	PHYSICIAN PRACTICE
10 FPN PLASTICS SPA STONES CROSSING 1703 W STONES CROSSING RD, STE 310 GREENWOOD IN 46143-8558	PHYSICIAN PRACTICE

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

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

Name and address	Type of Facility (describe)
1 FPN NEIGHBORHOOD HEALTH CENTER 362 MERIDIAN PARKE LN GREENWOOD IN 46142	PHYSICIAN PRACTICE
2 FPN VALPARAISO SPECIALTY HEALTH CENTER 2590 MORTHLAND DR VALPARAISO IN 46385	PHYSICIAN PRACTICE
3 FPN OF ILLINOIS FAMILY MEDICINE 20180 S LAGRANGE RD FRANKFORT IL 60423	PHYSICIAN PRACTICE
4 SOUTH INDY MRI AND REHAB 8141 S EMERSON AVE, STE A INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
5 FPN HONEY GROVE FAMILY MEDICINE 1711 S STATE RD 135, STE C GREENWOOD IN 46143	PHYSICIAN PRACTICE
6 CENTRAL EXPRESS CARE 1501 HARTFORD ST LAFAYETTE IN 47905	URGENT CARE
7 FPN URGENT CARE 11355 WEST 97TH LANE ST. JOHN IN 46373	URGENT CARE
8 FPN FAMILY MEDICINE KENSINGTON 3875 KENSINGTON DR LAFAYETTE IN 47905	PHYSICIAN PRACTICE
9 GREENWOOD PEDIATRICS 8849 SHELBY ST #B1 INDIANAPOLIS IN 46227	PHYSICIAN PRACTICE
10 SIGMA FAMILY MED SOUTH 3218 DAUGHTERY DR LAFAYETTE IN 47909	PHYSICIAN PRACTICE

Schedule H (Form 990) 2020

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.

SUPPLEMENTAL INFORMATION

SCHEDULE H, PART VI, ITEM 2

NEEDS ASSESSMENT

FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") HOSPITALS ASSESS THE HEALTH CARE NEEDS OF THE COMMUNITIES WE SERVE BY COLLABORATING WITH PUBLIC AND PRIVATE AGENCIES TO DETERMINE COMMUNITY HEALTH NEEDS AND HOW BEST TO ADDRESS THEM. FRANCISCAN'S CORPORATE COMMUNITY BENEFIT COMMITTEE, AS WELL AS COMMITTEES IN THE LOCAL FACILITIES, COMMITTED TO AN ONGOING ASSESSMENT OF COMMUNITY HEALTH NEEDS AND PRIORITIES BASED UPON HEALTH INITIATIVES OF THE MUNICIPAL, COUNTY, AND STATE HEALTH DEPARTMENTS, COMMUNITY-BASED ASSESSMENTS BY OTHER PUBLIC SECTOR PARTNERS, PROFESSIONAL RESEARCH CONSULTANT REPORTS, AND FAITH-BASED PARTNERS WITHIN THE COMMUNITIES SERVED. IN ADDITION, OUR HOSPITALS ADDRESS PUBLIC AGENCY AND COMMUNITY GROUP REQUESTS TO PROVIDE COMMUNITY BENEFIT ACTIVITIES AND PROGRAMS THAT MEET CERTAIN SPECIALTY OR HYBRID NEEDS OR POPULATIONS. THE DETAILED CHNA ACTIVITIES FOR EACH OF FRANCISCAN'S HOSPITALS CAN BE FOUND IN PART V OF THIS SCHEDULE H.

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.

SCHEDULE H, PART VI, ITEM 3

FINANCIAL ASSISTANCE POLICY

FRANCISCAN'S HOSPITALS INFORM AND EDUCATE PATIENTS AND PERSONS WHO MAY BE BILLED FOR PATIENT CARE ABOUT THEIR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS OR UNDER FRANCISCAN'S FINANCIAL ASSISTANCE AND CHARITY CARE POLICY.

FOR PATIENTS NOT INITIALLY IDENTIFIED AS QUALIFYING FOR FINANCIAL ASSISTANCE, FRANCISCAN COMMUNICATES THE AVAILABILITY OF CHARITY CARE AND FINANCIAL ASSISTANCE IN THE APPLICABLE LANGUAGES OF THE HOSPITAL COMMUNITY THROUGH THE FOLLOWING MEANS:

1. FRANCISCAN COMMUNICATES THE AVAILABILITY OF FINANCIAL ASSISTANCE IN APPROPRIATE CARE SETTINGS SUCH AS EMERGENCY DEPARTMENTS,

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.

ADMITTING/REGISTRATION AREAS, BILLING OFFICES, OUTPATIENT SERVICE

SETTINGS, AND ON OUR HOSPITALS' WEBSITES. SIGNS/POSTINGS INFORM PATIENTS

THAT FREE OR REDUCED COST CARE MAY BE AVAILABLE TO QUALIFYING PATIENTS

WHO COMPLETE A FINANCIAL ASSISTANCE APPLICATION.

2. BROCHURES SUMMARIZING OUR FINANCIAL ASSISTANCE PROGRAMS ARE AVAILABLE THROUGHOUT EACH FRANCISCAN HOSPITAL.

3. FINANCIAL COUNSELORS AND BUSINESS OFFICE PERSONNEL ARE AVAILABLE TO HELP PATIENTS UNDERSTAND AND APPLY FOR LOCAL, STATE, FEDERAL HEALTH CARE PROGRAMS; HEALTH INSURANCE EXCHANGES; AND FRANCISCAN'S FINANCIAL ASSISTANCE PROGRAMS.

4. ALL BILLS AND STATEMENTS FOR SERVICES INFORM UNINSURED PATIENTS THAT FINANCIAL ASSISTANCE IS AVAILABLE.

5. PATIENTS/GUARANTORS MAY REQUEST A COPY OF THE FINANCIAL ASSISTANCE APPLICATION BY CALLING THE FRANCISCAN BILLING OFFICE OR DOWNLOADING A

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.

COPY AT NO COST FROM FRANCISCAN HOSPITAL'S WEBSITES.

6. INDIVIDUALS OTHER THAN THE PATIENT, SUCH AS THE PATIENT'S PHYSICIAN, FAMILY MEMBERS, COMMUNITY OR RELIGIOUS GROUPS, SOCIAL SERVICES, OR HOSPITAL PERSONNEL MAY MAKE REQUESTS FOR FINANCIAL ASSISTANCE ON THE PATIENT'S BEHALF, SUBJECT TO APPLICABLE PRIVACY LAWS.

7. FRANCISCAN SENDS 4 STATEMENTS AND MAKES 6 PHONE CALL ATTEMPTS TO CONTACT THE PATIENT/GUARANTOR AT THE ADDRESS AND PHONE NUMBER PROVIDED BY THE PATIENT/GUARANTOR. STATEMENTS AND COMMUNICATIONS INFORM THE PATIENT OF THE AMOUNT DUE AND IF THEY CANNOT PAY THEIR BALANCE THE AVAILABILITY OF FINANCIAL ASSISTANCE.

SCHEDULE H, PART VI, ITEM 4

COMMUNITY INFORMATION

THE FRANCISCAN ALLIANCE SERVES A LARGE GEOGRAPHIC AREA WHICH INCLUDES 18

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.

COUNTIES IN INDIANA (BENTON, CARROLL, FOUNTAIN, HAMILTON, JASPER, JOHNSON, LAKE, LAPORTE, MARION, MONTGOMERY, MORGAN, NEWTON, PORTER, SHELBY, STARKE, TIPPECANOE, WARREN, AND WHITE) AND 3 COUNTIES IN ILLINOIS (COOK, KANKAKEE, AND WILL). THE POPULATION OF THE COMMUNITIES THAT WE SERVE WAS ESTIMATED CLOSE TO 3.94 MILLION PEOPLE WITH AN AVERAGE HOUSEHOLD INCOME BELOW \$65,000 IN 2020. FOR THESE COMMUNITIES, THE PERCENTAGE OF RESIDENTS BELOW THE FEDERAL POVERTY LEVEL WAS ESTIMATED AT 12.2%. THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE SERVED BY MEDICAID WAS 24.2%. AND THE PERCENTAGE OF INPATIENTS FROM THESE COMMUNITIES WHO WERE UNINSURED WAS APPROXIMATELY 3.4%. THERE ARE 58 OTHER HOSPITALS THAT SERVE THESE COMMUNITIES AS WELL.

SCHEDULE H, PART VI, ITEM 5 & PART I, LINE 6A

OTHER INFORMATION

IN RESPONSE TO THE COVID-19 PANDEMIC, FRANCISCAN ALLIANCE AND ITS

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.

AFFILIATES EXPENDED CONSIDERABLE RESOURCES TO TREAT THE INFLUX OF PATIENTS WITH, OR WHO WERE PRESUMED TO HAVE, COVID-19 ("COVID-19 PATIENTS") AND TO PROTECT PATIENTS AND EMPLOYEES FROM THE VIRUS. THE FOLLOWING IS A SUBSET OF THE COMMUNITY BENEFIT TYPE MEASURES THE CORPORATION TOOK TO RESPOND TO THE COVID-19 PANDEMIC WITH THE VAST MAJORITY OF THE COSTS NOT COVERED OR NOT REIMBURSED BY FEDERAL OR STATE GOVERNMENT GRANTS OR SUPPLEMENTAL AID PROGRAMS.

WITH THE ONSET OF THE COVID-19 PANDEMIC, AND FOR MANY MONTHS THEREAFTER, FRANCISCAN ALLIANCE QUICKLY FACED AN IMMEDIATE, LARGE SCALE HUMAN RESOURCE AND PERSONAL PROTECTIVE SUPPLY NEED THAT DID NOT PREVIOUSLY EXIST. HUNDREDS OF EMPLOYEE POSITIONS WERE IMMEDIATELY REQUIRED FOR FRANCISCAN TO TREAT COVID-19 PATIENTS, TO PREVENT THE FURTHER SPREAD OF COVID-19, AND TO CREATE PERSONAL PROTECTIVE EQUIPMENT AND SANITIZER THAT WAS NOT AVAILABLE IN THE MARKET. IN THE EARLY ONSET OF COVID-19, FRANCISCAN ALLIANCE QUICKLY MADE A SIZABLE INVESTMENT IN VIRTUAL AND TELEHEALTH CAPABILITIES SUCH AS DEVELOPING ITS HOSPITAL AT HOME PROGRAM AND COVID-19 CARE AT HOME MONITORING DISCHARGE KITS. THE CORPORATION

Part VI Supplemental Information

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QUICKLY EXPANDED ITS ONLINE VIRTUAL PHYSICIAN AND PROVIDER VISIT CAPABILITIES AS CHRONIC HEALTHCARE CONDITIONS NEEDED TO BE MANAGED. THE CORPORATION ALSO DEVELOPED AN ONLINE COVID-19 INFORMATION AND RESOURCES WEBSITE CHANNEL WHICH INCLUDES AN ONLINE COVID-19 PATIENT ASSESSMENT PROGRAM TO IDENTIFY THE NEED AND LOCATION OF FURTHER TESTING OR CARE AS WELL AS ONLINE VIDEOS PREPARED BY FRANCISCAN'S HEALTHCARE PROVIDERS DESCRIBING COVID-19 SIGNS/SYMPTOMS, PREVENTION MEASURES, TOOLS FOR CHILDREN TO GET USED TO MASK WEARING, HOME TREATMENT PROGRAMS, BENEFITS AND MYTHS OF THE COVID-19 VACCINE, ETC. THE CORPORATION HAS NUMEROUS COVID-19 VACCINATION LOCATIONS THROUGHOUT THE STATES OF INDIANA AND ILLINOIS TO HELP FLATTEN THE SPREAD OF THE VIRUS. THE CORPORATION WAS ONE OF A FEW ORGANIZATIONS ACROSS THAT COUNTRY THAT PARTICIPATED IN THE NATIONAL STUDY OF COVID-19 CONVALESCENT PLASMA AND THE CORPORATION CONTINUES TO BE A LEADER IN WORKING WITH RECOVERED PATIENTS TO DONATE THEIR BLOOD PLASMA THAT IS USED TO CARE FOR THOSE SUFFERING FROM SEVERE EFFECTS OF COVID-19. FRANCISCAN PHYSICIAN NETWORK HAS NUMEROUS COVID-19 LONG HAUL CLINICS THROUGHOUT INDIANA AND ILLINOIS THAT SUPPORT PATIENTS HAVING LONG-TERM SYMPTOMS.

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AS PART OF THE NATIONAL RESPONSE TO PROTECT THE PUBLIC AND CONSERVE PERSONAL PROTECTIVE RESOURCES, HEALTHCARE PROCEDURES THAT WERE SCHEDULABLE AND NONURGENT WERE POSTPONED OR CANCELLED PRIMARILY FROM MID-MARCH 2020 THROUGH IN SOME CASES, BASED ON FRANCISCAN'S MARKET, JUNE 2020. DURING THIS PERIOD, FRANCISCAN ALLIANCE MADE THE DECISION TO NOT TERMINATE OR FURLOUGH EMPLOYEES SINCE THE ORGANIZATION VIEWED SUPPORTING ITS COWORKERS AS ANOTHER KEY COMPONENT IN FURTHER SUPPORTING THE COMMUNITIES IT IS A PART OF.

SHORTLY INTO THE COVID-19 PANDEMIC, FRANCISCAN ALLIANCE'S CONSTRUCTION COMPANY, TONN & BLANK CONSTRUCTION, MOBILIZED TO BUILD TEMPORARY TRIAGE UNITS EXTERNALLY PLACED ON THE CAMPUSES OF ALL FRANCISCAN'S HOSPITALS SO IT COULD TEST AND TREAT COVID-19 PATIENTS. THIS DESIGN WAS SHARED, AT NO COST, STATE-WIDE WITH OTHER HEALTHCARE SYSTEMS IN AN EFFORT TO BE A COMMUNITY RESOURCE FOR THE CRISIS. BECAUSE PERSONAL PROTECTIVE EQUIPMENT WAS IN LIMITED SUPPLY FOR THE NEED THAT WAS REQUIRED, THE ORGANIZATION INTERNALLY PRODUCED OVER 10,000 FACE SHIELDS, OVER 50,000 SURGICAL GOWNS,

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AND THOUSANDS OF GALLONS OF SANITIZER.

WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE. THE FOLLOWING IS A SUBSET OF THE MANY CLINICAL SERVICES AS WELL AS POPULATION HEALTH IMPROVEMENT AND COMMUNITY OUTREACH ACTIVITIES OFFERED BY ONE OR MORE OF FRANCISCAN'S HEALTHCARE FACILITIES:

- INPATIENT HOSPITAL SERVICES INCLUDING: MEDICAL SERVICES, SURGICAL SERVICES, INTENSIVE CARE SERVICES, TELEMETRY SERVICES, OBSTETRICS SERVICES, PEDIATRICS SERVICES, NEONATAL INTENSIVE CARE SERVICES, ACUTE REHABILITATION SERVICES, ONCOLOGY SERVICES, BONE MARROW TRANSPLANT SERVICES, GENERAL SURGERY SERVICES, CARDIAC SURGERY SERVICES, VASCULAR SERVICES, PULMONARY SERVICES, INTERVENTIONAL RADIOLOGY, ORTHOPEDICS, JOINT AND SPINE CARE, GASTROINTESTINAL CARE, NEUROSCIENCES SERVICES, COLON AND RECTAL SERVICES, ANESTHESIA SERVICES, HOSPICE SERVICES,

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INPATIENT PSYCHIATRIC CARE, RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS, ETC.

- EMERGENCY SERVICES INCLUDING: 24 HOUR EMERGENCY ROOM SERVICES, AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, TRAUMA SERVICES, ETC.

- OUTPATIENT SERVICES INCLUDING: LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEART FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING, DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL

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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.

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- FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES CLASSES AND INDIVIDUALIZED SESSIONS TO HELP PATIENTS TAKE CONTROL OF THEIR HEALTH WITH A FOCUS ON NUTRITIONAL, EXERCISE, MEDICATIONS, CHRONIC CONDITIONS, PRECONCEPTION AND PREGNANCY, BLOOD GLUCOSE MONITORING, GOAL SETTING, PROBLEM SOLVING, PSYCHOSOCIAL ADJUSTMENT, DETECTION/TREATMENT OF HIGH AND LOW BLOOD SUGAR, AND INSULIN ADMINISTRATION.

- FRANCISCAN'S WOMEN'S AND CHILDREN'S SERVICES INCLUDE PREVENTIVE MEDICAL CARE AND HEALTH SCREENINGS TO GYNECOLOGICAL CARE, MATERNITY, LACTATION CONSULTATION SERVICES, AND BEYOND WITH A FOCUS ON KEEPING WOMEN HEALTHY.

- FRANCISCAN'S HOSPICE CARE SERVICES PROVIDE A SENSE OF DIGNITY AND COMPASSION TO BOTH THE PATIENT AND THEIR FAMILY IN CARING FOR PATIENTS WITH A LIFE EXPECTANCY OF SIX MONTHS OR LESS. OUR PROGRAMS AFFIRM AND CELEBRATE LIFE AND REGARD DYING AS A NATURAL PROCESS, RECOGNIZING THAT EVERY PERSON HAS THE RIGHT TO DIE WITH DIGNITY, PEACE, AND COMFORT REGARDLESS OF THEIR ETHNICITY, FAITH BACKGROUND, OR ABILITY TO PAY.

- LEVEL III NICU

- AMBULANCE SERVICE

- PHYSICIAN SERVICES

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- INPATIENT PSYCHIATRIC UNITS

- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS

- CLINICAL CARE COORDINATORS TO SUPPORT FRANCISCAN'S VARIOUS ACCOUNTABLE CARE ORGANIZATIONS WHICH ARE DESIGNED TO IMPROVE QUALITY AND REDUCE COST.

- FRANCISCAN SENIOR HEALTH & WELLNESS IS A COMPLETE HEALTH CARE SOLUTION FOR SENIORS WHO WANT TO REMAIN AT HOME. OUR PROGRAM ENABLES SENIORS TO LIVE AS INDEPENDENTLY AS POSSIBLE BY PROVIDING TRULY ALL-INCLUSIVE SERVICES. FRANCISCAN SENIOR HEALTH & WELLNESS IS A PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE), A COMMUNITY-BASED HEALTHCARE PROGRAM CREATED FOR PEOPLE 55 OR OLDER WHO ARE ELIGIBLE FOR NURSING-HOME LEVEL CARE BUT PREFER TO RECEIVE THEIR CARE IN THEIR OWN FAMILIAR SURROUNDINGS. THE FRANCISCAN SENIOR HEALTH & WELLNESS - PACE PROGRAM DELIVERS ALL THE SERVICES NEEDED TO KEEP PEOPLE HEALTHY, SAFE AND COMFORTABLE IN THE PLACE THEY CALL HOME. COVERED BENEFITS INCLUDE:

- PRIMARY MEDICAL AND NURSING CARE
- OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY
- MEDICATIONS AND DURABLE MEDICAL EQUIPMENT

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- LABORATORY AND DIAGNOSTIC SERVICES
- ALL NECESSARY PRESCRIPTION DRUGS
- SKILLED HOME CARE AND PERSONAL CARE AIDES
- HOSPITALIZATION AND SKILLED NURSING FACILITY CARE
- CARE FROM MEDICAL SPECIALISTS IN CARDIOLOGY, NEPHROLOGY,

OPHTHALMOLOGY, DERMATOLOGY, ORTHOPEDICS, SURGERY, PODIATRY ANDMORE

- MEDICALLY NECESSARY TRANSPORTATION

OUR BROAD RANGE OF SERVICE PROVIDERS, INCLUDING DOCTORS, NURSES, PHARMACISTS, THERAPISTS AND PERSONAL CARE AIDES ARE READILY ACCESSIBLE. THROUGH THESE MEDICAL SERVICES, WE CAN MANAGE THE CARE OF AN AGING LOVED ONE, AND HELP AVOID THE ILLNESSES AND HOSPITALIZATIONS THAT SENIORS OFTEN FACE. IN ADDITION TO ADDRESSING EACH PARTICIPANT'S UNIQUE MEDICAL NEEDS, FRANCISCAN SENIOR HEALTH & WELLNESS ALSO HELPS WITH THE SOCIAL, EMOTIONAL, AND PRACTICAL CHALLENGES THAT OLDER ADULTS OFTEN FACE. THROUGH INTERACTIONS WITH PEERS, STIMULATIVE ACTIVITIES AND OTHER SUPPORTIVE SERVICES, PARTICIPANTS WILL ENJOY A BETTER QUALITY OF LIFE.

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- MATCLINICS IS DEDICATED TO HELPING PEOPLE RECOVER FROM ADDICTION TO OPIOIDS THROUGH ACCESS TO MEDICATION ASSISTED TREATMENT (MAT). OPIOIDS INCLUDE PRESCRIPTION PAIN MEDICATIONS SUCH AS CODEINE, PERCOET, VICODIN, OXYCONTIN, HYDROCODONE AND DEMEROL, AS WELL AS ILLICIT STREET OPIOIDS LIKE HEROIN AND FENTANYL. MEDICATION ASSISTED TREATMENT COMBINES PRESCRIPTION MEDICATIONS SUCH AS NALTREXONE (I.E. VIVITROL) AND BUPRENORPHINE (I.E. SUBOXONE, SUBLOCADE, ETC) AND OTHER BUPRENORPHINE BASED MEDICATIONS WITH BEHAVIORAL THERAPY TO TREAT OPIOID ADDICTION. MATCLINICS HELP PATIENTS OVERCOME THE PHYSICAL, EMOTIONAL AND SOCIAL BARRIERS ASSOCIATED WITH RECOVERY.

- BEHAVIORAL HEALTH SERVICES AT FRANCISCAN HEALTH DYER TOUCHES ALL FACETS OF EMOTIONAL, MENTAL HEALTH, BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS. WE OFFER TREATMENTS IN PSYCHIATRIC DISORDERS, SUBSTANCE ABUSE AND ADDICTION, FAMILY CONFLICTS, AND EMOTIONAL DISORDERS, INCLUDING TESTING FOR PSYCHOLOGICAL DISORDERS AND CONSULTATIONS. OUR BEHAVIORAL HEALTH SERVICES AND PROGRAMS ARE TAILORED TO MEET THE NEEDS OF ADULTS, ADOLESCENTS AND CHILDREN WITH BOTH INDIVIDUAL AND GROUP BEHAVIORAL THERAPY AND COUNSELING OPTIONS. AFTERCARE AND LONG-TERM RECOVERY PROGRAMS

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ARE ADDITIONAL, CRITICAL ASPECTS OF OUR BEHAVIORAL HEALTH SERVICES.

- THE ST. FRANCIS CENTER RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS BASED AT FRANCISCAN HEALTH DYER, IS AN ADOLESCENT RESIDENTIAL TREATMENT PROGRAM FOR MALE AND FEMALE YOUTHS, AGES 12 THROUGH 18, WHO WOULD BE UNSUCCESSFUL WITHOUT A HIGHLY STRUCTURED AND CONTROLLED ENVIRONMENT. THE ST. FRANCIS CENTER OFFERS TWO LEVELS OF CARE IN A NURTURING, THERAPEUTIC AND SECURE ENVIRONMENT. THE PROGRAM IS DESIGNED TO ASSIST ADOLESCENTS IN DEVELOPING THE NECESSARY SKILLS TO FUNCTION AGE-APPROPRIATELY AND SUCCESSFULLY ON A DAILY BASIS SO THEY CAN REINTEGRATE WITH THE COMMUNITY AND THEIR FAMILIES. IT IS OUR BELIEF THAT SUCCESS IS OFTEN DEPENDENT ON FAMILY INVOLVEMENT. THEREFORE, FAMILIES ARE ENCOURAGED TO TAKE AN ACTIVE ROLE IN THE TREATMENT WITH FAMILY SESSIONS ROUTINELY SCHEDULED.
- THE EMPATH UNIT AT FRANCISCAN HEALTH LAFAYETTE EAST IS FOCUSED ON TREATING AND STABILIZING PATIENTS EXPERIENCING A PSYCHIATRIC CRISIS. THIS TRAUMA-INFORMED TEAM COLLABORATES WITH COMMUNITY RESOURCES TO CONNECT PATIENTS WITH THE BEHAVIORAL HEALTH CARE THAT IS RIGHT FOR THEM.
- LOCATED AT FRANCISCAN HEALTH CRAWFORDSVILLE, THE GENERATIONS PROGRAM SERVES SENIORS 55 AND OLDER THROUGHOUT INDIANA AND EASTERN ILLINOIS WHO

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ARE EXPERIENCING DEMENTIA OR ALZHEIMER'S DISEASE OR EXHIBITING

INCONSISTENT, DISRUPTIVE, UNPREDICTABLE OR EVEN SUICIDAL BEHAVIOR.

- NEONATAL INTENSIVE CARE SERVICES OFFERS ADVANCED PROCEDURES, TECHNOLOGY AND EXPERTISE TO GIVE VERY SMALL OR VERY ILL NEWBORNS THE BEST CHANCE FOR A HEALTHY START IN LIFE. OUR TEAM OF DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS DEMONSTRATES THE GENUINE CARING, WARMTH AND SINCERITY THAT BRING OUR MISSION OF SERVICE TO LIFE AND OFFER REASSURANCE AND CONFIDENCE TO PARENTS AND REFERRING PHYSICIANS ALIKE.

- PALLIATIVE CARE SERVICES ASSIST PATIENTS AND FAMILIES IN MAKING COMPLEX MEDICAL DECISIONS BY PROVIDING A GOOD UNDERSTANDING OF THE PATIENT'S PRESENT CONDITION, COORDINATING AND COMMUNICATING CARE WITH PHYSICIANS, ADVOCATING FOR PATIENTS' WISHES, AND HELPING THEM TO ACHIEVE A SENSE OF CONTROL OVER THEIR MEDICAL CARE. PALLIATIVE CARE IS OFFERED REGARDLESS OF THE STAGE OF DISEASE OR THE NEED FOR OTHER THERAPIES AND CAN BE PROVIDED CONCURRENTLY WITH LIFE-PROLONGING CARE OR AS THE MAIN FOCUS OF CARE.

- CLINICS FOR THE UNINSURED INCLUDE THE ST. CLARE HEALTH CLINIC AND DR. JOHN LANMAN CLINIC. THESE CLINICS PROVIDE PRIMARY CARE FOR NON-EMERGENCY SERVICES WITH AN EMPHASIS ON PREVENTION, EARLY DETECTION, PATIENT

Part VI Supplemental Information

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EDUCATION, PHYSICAL EXAMS AND HEALTH SCREENINGS. THE CLINIC ALSO SERVES THOSE WHO ENDURE HARDSHIP TO ACCESS QUALITY HEALTH CARE.

- EMERGENCY SERVICES PROVIDE OUR COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY FACILITIES, OPEN 24-HOURS A DAY, SEVEN DAYS A WEEK. EQUIPPED WITH ADVANCED MEDICAL TECHNOLOGY, OUR EMERGENCY TEAM OF SPECIALLY TRAINED PHYSICIANS AND NURSES TREAT THEIR PATIENTS FOR TRAUMA, STROKE, CARDIAC, AND OTHER LIFE-THREATENING CONDITIONS IN ADULTS AND CHILDREN.

- INDIGENT HEALTH CARE CLINICS

- AT FRANCISCAN HOSPICE HOUSE, PATIENTS RECEIVE SPECIALIZED CARE AND RESPITE CARE FOR FAMILIES WHILE BEING PROVIDED ALL THE COMFORTS OF HOME. FROM ROOMS THAT ARE LARGE, PRIVATE AND PET-FRIENDLY TO A GARDEN THAT'S JUST RIGHT FOR PRAYER, CONTEMPLATION OR QUIET CONVERSATION, THE SERVICES AND AMENITIES AT THE FRANCISCAN HOSPICE HOUSE WERE DESIGNED WITH PATIENT COMFORT IN MIND. FRANCISCAN HOSPICE HOUSE WAS ENVISIONED AS A COMPLEMENT TO THE EXCEPTIONAL HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES THAT FRANCISCAN HEALTH AND FRANCISCAN VNS HAVE PROVIDED TO FAMILIES IN SOUTH-CENTRAL INDIANA FOR MORE THAN TWO DECADES. FRANCISCAN HOSPICE HOUSE OFFERS 16 PRIVATE ROOMS FOR PATIENTS AND FAMILIES, A LARGE COMMON AREA

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FOR FAMILIES, A WELL-EQUIPPED KITCHEN WITH DINING ROOM, A CHAPEL AND PRAYER GARDEN, AND HIGH-QUALITY, HOLISTIC MEDICAL CARE FOR ALL PATIENTS-REGARDLESS OF THEIR FINANCIAL SITUATIONS-AND SUPPORT FOR THEIR FAMILIES.

- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS.

- 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, COLORECTAL SCREENINGS, CANCER PREVENTION ACTIVITIES, CANCER SURVIVOR PROGRAMS AND RETREATS, CANCER & 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

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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 FOR SCHOOLS AND VARIOUS MARATHONS, ORTHOPEDIC ROAD SHOWS, FLU VACCINATIONS, COVID VACCINATIONS, CHILD SEAT SAFETY PROGRAMS, BEREAVEMENT SUPPORT GROUPS, COMMUNITY EDUCATION LECTURES, INDIGENT PRESCRIPTION PROGRAMS, SEX CAN WAIT PROGRAMS, CAREGIVERS EDUCATION SYMPOSIUMS, HEALTH CAREER DAYS, ARTHRITIS EXERCISE GROUP, BABYSITTING COURSE, PREPARED CHILDBIRTH PROGRAMS, FOOD SHARE PROGRAMS, NUTRITIONAL COUNSELING FOR GRADE SCHOOLS AND SENIORS, SENIOR PROMISE PROGRAM, ENHANCE FITNESS PROGRAMS, MEDICATION TAKE BACK PROGRAMS, FALL PREVENTION PROGRAMS, SUICIDE PREVENTION TRAINING, WALK WITH A DOC PROGRAM, INFANT SAFE SLEEP PROGRAMS, COMMUNITY PARAMEDICINE PROGRAM, ASTHMA SCHOOL EDUCATION PROGRAM, ADOLESCENTS COPING WITH DEPRESSION PROGRAMS, PET THERAPY PROGRAM, ETC.

- SOCIAL SERVICES INCLUDING: PASTORAL CARE, EUCHARISTIC MINISTRY PROGRAM,

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NO ONE DIES ALONE PROGRAMS, GRIEVANCE SUPPORT PROGRAMS FOR CHILDREN,
LANGUAGE INTERPRETER SERVICES, DEAF INTERPRETER SERVICES, TRANSPORTATION
FOR THE INDIGENT, ENROLLMENT ASSISTANCE IN MEDICAID AND HEALTH INSURANCE
EXCHANGES, CHRISTIAN LEGAL CLINIC, TRANSPORTATION SERVICE FOR INDIGENT
PATIENTS, ETC.

- MEDICAL EDUCATION INCLUDING: PHYSICIAN RESIDENCY PROGRAMS, FAMILY
MEDICINE RESIDENCY PROGRAM, EMERGENCY ROOM PHYSICIAN RESIDENCY PROGRAM,
PHARMACY RESIDENCY PROGRAM, MEDICAL STUDENT TRAINING PROGRAM, ST.
ELIZABETH SCHOOL OF NURSING PROGRAM, ADVANCE NURSING CONTINUING
EDUCATION, NURSING CLINICAL ROTATIONS, PHLEBOTOMY TRAINING PROGRAM,
RESPIRATORY THERAPY TRAINING, REHABILITATIVE TRAINING, MEDICAL ASSISTANCE
TRAINING, MEDICAL TECHNOLOGY TRAINING PROGRAMS, HIGH SCHOOL CAREER DAYS,
SCHOOL OF ECHOCARDIOGRAPHY, SURGICAL TECHNICIAN EXTERNSHIPS, SOCIAL
WORKER INTERNSHIPS, HOME HEALTH STUDENT TRAINING, INTERN & RESIDENT
TRAINING FOR MIDWESTERN UNIVERSITY, OPERATING ROOM TECHNOLOGY TRAINING,
ETC.

- RESEARCH PROGRAMS INCLUDING: CANCER GENOME PROJECT, CARDIAC RESEARCH,
HLA-VASCULAR BIOLOGY RESEARCH, CLINICAL TRIALS, PLAQUE FORMATION STUDIES,

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HEART FAILURE AND LIPD TRIALS, USE OF DRUG ELUTING STENTS STUDIES, PROJECT GRACE PROGRAM, OPIOID TREATMENT PROGRAMS, ETC. AGAIN, PLEASE VISIT WWW.FRANCISCANHEALTH.ORG/COMMUNITY_HEALTH FOR FURTHER DETAILS. FRANCISCAN CONTINUES TO PROVIDE ACCESS TO HEALTH CARE SERVICES AND A WIDE VARIETY OF COMMUNITY EDUCATION/HEALTH AND WELLNESS PROGRAMS. ALL OF OUR FACILITIES REACH OUT TO THEIR COMMUNITIES BY PROVIDING ACCESS TO FREE, PUBLIC WEB SITES AND ONLINE RESOURCES. EACH WEB SITE PROVIDES THE LATEST MEDICAL INFORMATION TO VISITORS, IN A BI-LINGUAL FORMAT, THROUGH THE USE OF INTERACTIVE A TO Z HEALTH LIBRARIES. THERE ARE ONLINE CENTERS THAT FOCUS ON INFORMATION RELATED TO MEDICAL CONDITIONS IN SPECIALTY AREAS SUCH AS THE HEART, BONES, KIDNEYS AND NERVES. THEY FURTHER OFFER CONDITION AND DISEASE-SPECIFIC INFORMATION ON TOPICS LIKE CANCER, PREGNANCY AND GERIATRICS THAT PROVIDE ILLUSTRATIONS, GRAPHICS AND NARRATED VIDEOS. THE WEB SITES ALSO PROVIDE UNLIMITED FREE ACCESS TO ONLINE HEALTH RISK ASSESSMENT TOOLS SUCH AS THE HEART RISK ASSESSMENT THAT USES AN ESTABLISHED ALGORITHM TO CALCULATE RISK FACTORS FOR HEART ATTACK BASED UPON USER-ENTERED PARAMETERS. THE SITES ALSO OFFER CONDITION-SPECIFIC RECOMMENDATIONS FOR MANAGING CHRONIC ILLNESSES AND

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CONDITIONS SUCH AS DIABETES, HIGH BLOOD PRESSURE AND ASTHMA, AMONG OTHERS. FINALLY, THE SITES HAVE HEALTHY LIVING SECTIONS THAT OFFER TIPS AND SUGGESTIONS ON BEGINNING AND MAINTAINING DIET AND EXERCISE REGIMENTS TO OPTIMIZE HEALTHY LIFESTYLES. OUR HOSPITALS PROVIDE URGENT CARE CLINICS WITHIN THE COMMUNITIES THEY SERVE TO HELP MINIMIZE THE COST OF NON-CRITICAL, EMERGENT MEDICAL CARE. WE ENGAGE IN A TREMENDOUS AMOUNT OF UNIVERSITY-AFFILIATED MEDICAL EDUCATION AND TRAINING PROGRAMS INCLUDING BUT NOT LIMITED TO: ALL LEVELS OF NURSING (LPN, ASN, BSN AND MSN), PHARMACY, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL/SPEECH THERAPISTS AND INTERNSHIPS/RESIDENCIES FOR PHYSICIANS. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION PROGRAMS. SEVERAL OF OUR HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS. MOREOVER, THERE ARE OTHER FACTORS THAT DEMONSTRATE THAT FRANCISCAN IS OPERATED FOR A PUBLIC RATHER THAN A PRIVATE INTEREST. FRANCISCAN'S GOVERNING BODY IS COMPOSED OF INDEPENDENT MEMBERS REPRESENTING THE BROAD COMMUNITY SERVED BY FRANCISCAN. MEDICAL STAFF PRIVILEGES ARE AVAILABLE TO QUALIFIED PHYSICIANS. FRANCISCAN USES ANY SURPLUS OF REVENUES OVER

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EXPENSES FOR IMPROVEMENTS IN PATIENT CARE, TO EXPAND AND REPLACE FACILITIES AND EQUIPMENT, FOR THE AMORTIZATION OF INDEBTEDNESS, AND FOR MEDICAL TRAINING, EDUCATION, AND RESEARCH.

FRANCISCAN ALLIANCE, INC. AND ITS ACCOUNTABLE CARE ORGANIZATION ("ACO") WAS THE FIRST AND ONLY PIONEER ACO IN INDIANA AND AMONG THE FIRST IN THE COUNTRY TO PARTNER WITH MEDICARE AS AN ACO. FRANCISCAN ALSO PARTICIPATES IN VARIOUS MEDICARE SHARED SAVINGS ACO PROGRAMS AND NONGOVERNMENTAL ACO PROGRAMS. FORMED IN 2011, FRANCISCAN ACOS PROVIDE COORDINATED, COMPREHENSIVE CARE ACROSS HOSPITALS, PHYSICIAN PRACTICES, AND OTHER HEALTHCARE PROVIDERS, WITH THE AIM OF BRINGING DOWN THE OVERALL COSTS OF MEDICAL CARE AND IMPROVING THE HEALTH OF PATIENTS ATTRIBUTED TO THE ACOS. UNDER THE ACO MODEL, ATTRIBUTED MEDICARE BENEFICIARIES MAINTAIN THE ABILITY TO SEE ANY DOCTOR OR HEALTHCARE PROVIDER, AS WELL AS THE FULL BENEFITS ASSOCIATED WITH TRADITIONAL MEDICARE, BUT WITH THE ADDED BENEFIT OF A MORE COORDINATED CARE EXPERIENCE. THIS INCLUDES COORDINATION OF PREVENTIVE HEALTH SERVICES AND PHARMACY NEEDS, THE ASSIGNMENT OF CARE MANAGERS, THE PROVISION OF SOCIAL SUPPORT SERVICES, AND SUPPORT FOR

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PERSONS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE. FRANCISCAN ACOS SERVE APPROXIMATELY 71,000 MEDICARE BENEFICIARIES AND APPROXIMATELY 82,000 NONGOVERNMENTAL ACO BENEFICIARIES. FRANCISCAN'S ACO EFFORTS INCLUDE IMPROVED COMMUNICATION AND INFORMATION SHARING AMONG AFFILIATED AND NONAFFILIATED HEALTHCARE PROVIDERS REGARDING ACO PATIENTS, ALONG WITH THE EXPANSION OF ACO CASE MANAGEMENT RESOURCES, THE ASSIGNMENT OF DEDICATED CHRONIC DISEASE CASE ADVOCATES TO PATIENTS, EVALUATING THE QUALITY AND CAPABILITIES OF LONG-TERM CARE FACILITIES THAT ACO PATIENTS MAY TRANSITION TO, AND WORKING WITH POST-ACUTE CARE PROVIDERS TO IMPROVE THEIR CONTINUING CARE CAPABILITIES. THE SUPPORTING RESOURCES AND TECHNOLOGY OF FRANCISCAN ACOS ARE FUNDAMENTAL FOR IMPROVING POPULATION HEALTH AND MAKING HEALTHCARE COSTS MORE AFFORDABLE TO THE PATIENTS IN OUR COMMUNITIES WE ARE PRIVILEGED TO SERVE.

FRANCISCAN PHYSICIAN NETWORK HAD AN OVERALL MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) SCORE OF 99% WHICH REFLECTS OUR STRONG COMMITMENT TO QUALITY OUTCOMES.

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FRANCISCAN ALLIANCE FACILITIES AND THEIR EMPLOYEES SPONSOR AND PARTICIPATE IN MANY COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND ACTIVITIES. COMMUNITY HEALTH FAIRS, EDUCATION SESSIONS AND SUPPORT GROUPS ARE MADE AVAILABLE THROUGH PROGRAMS SUCH AS THE ORTHOPEDIC ROAD SHOW, ASK-THE-DOC SEMINARS, DAY OF DANCE, HEART HEALTH CLASSES, SENIOR CITIZENS DAY AT THE FAIR, SPIRIT OF WOMEN, PERINATAL EDUCATION, BEREAVEMENT SUPPORT GROUPS, CANCER SCREENING CLINICS, ARTHRITIS EXERCISE GROUP, SMOKING CESSATION CLASSES, PROSTATE SCREENINGS, CANCER SURVIVORS DAY, NUTRITIONAL COUNSELING SERVICES TO NAME A FEW.

SCHEDULE H, PART VI, ITEM 6

ROLE OF AFFILIATES

EVERY HOSPITAL WITHIN OUR SYSTEM HAS THE DEGREE OF AUTONOMY AND FLEXIBILITY TO MEET THE NEEDS OF THE COMMUNITIES IT SERVES. THE CORPORATE

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COMMUNITY HEALTH IMPROVEMENT DIRECTOR PROVIDES COMMUNITY HEALTH DATA, INCLUDING INFORMATION RELATED TO SOCIAL DETERMINANTS OF HEALTH AND EMERGING PUBLIC HEALTH NEEDS TO LOCAL FACILITY STAFF ON A REGULAR BASIS FOR CONSIDERATION OF LOCAL ACTIVITY. THE CORPORATE DIRECTOR ALSO ORGANIZES A THOROUGH COMMUNITY HEALTH NEEDS ASSESSMENT AND PROVIDES CONSULTATION TO LOCAL STAFF ON THE IMPLEMENTATION PLAN. THE INDIVIDUAL AND REGIONAL COMMUNITY BENEFIT PLANS ARE DESIGNED TO BE PART OF AN OVERALL FRANCISCAN SYSTEM VISION TO PROVIDE FOR THE ONGOING HEALTHCARE NEEDS OF THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

SCHEDULE H, PART I, LINE 3B

IN ADDITION TO USING FEDERAL POVERTY GUIDELINES AS A FACTOR IN DETERMINING ELIGIBILITY FOR DISCOUNTED CARE, FOR UNINSURED PATIENTS, FRANCISCAN WILL PROVIDE AN UNINSURED PATIENT DISCOUNT FOR EMERGENCY SERVICES OR MEDICALLY NECESSARY SERVICES PERFORMED AT ITS HOSPITAL LOCATIONS. THE UNINSURED PATIENT DISCOUNT IS BASED ON THE AVERAGE RATE OF

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THE RESPECTIVE FRANCISCAN HOSPITAL FACILITY'S AVERAGE RATES FOR PRIVATE HEALTH PAYERS, INCLUDING MEDICARE. FRANCISCAN FACILITIES MAY OFFER ADDITIONAL DISCOUNTS BASED ON THE FACTS AND CIRCUMSTANCES UNIQUE TO THEIR LOCAL MARKETS. THIS DISCOUNT SHALL NOT BE COMBINED WITH OTHER FACILITY DISCOUNTS, EXCEPT FOR A PROMPT PAY DISCOUNT, IF AVAILABLE. NO DISCOUNT SHALL BE PROVIDED THAT VIOLATES ANY LAWS OR GOVERNMENT REGULATIONS. FRANCISCAN WILL IDENTIFY UNINSURED PATIENTS DURING THE REGISTRATION AND/OR ADMISSIONS PROCESS. THE UNINSURED DISCOUNT IS APPLIED AUTOMATICALLY BY THE RECEIVABLE SYSTEM AT THE TIME OF INITIAL BILL. ALL STATEMENTS TO PATIENTS WILL INDICATE THE ADJUSTMENT AND THE REVISED PATIENT BALANCE. THE UNINSURED DISCOUNT IS A CONTRACTUAL DISCOUNT AND IS NOT CONSIDERED A CHARITY CARE WRITE OFF UNLESS THE PATIENT ALSO QUALIFIES FOR CHARITY CARE. UNINSURED PATIENT DISCOUNTS WILL NOT BE REVERSED DUE TO NONPAYMENT OF AN ACCOUNT. IF, AT ANY TIME, FRANCISCAN BECOMES AWARE THAT A PREVIOUSLY IDENTIFIED UNINSURED PATIENT WAS IN FACT COVERED BY INSURANCE AT THE TIME OF SERVICE, FRANCISCAN WILL REVOKE THE UNINSURED DISCOUNT AND ISSUE A REVISED STATEMENT TO THE PATIENT AND THE ASSOCIATED INSURANCE PROVIDER. PATIENTS THAT ARE STILL NOT ABLE TO PAY THE BALANCE

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.

AFTER THE UNINSURED DISCOUNT ARE ABLE TO APPLY FOR A CHARITY CARE WRITE
OFF OR A MEDICAL FINANCIAL HARDSHIP ADJUSTMENT.

SCHEDULE H, PART II

COMMUNITY BUILDING ACTIVITIES

FOLLOWING NATIONAL GUIDANCE ON COMMUNITY BUILDING, ACTIVITIES RELATED TO
SOCIAL DETERMINANTS ARE REPRESENTED IN OTHER CATEGORIES. FRANCISCAN
ALLIANCE DOES ENGAGE IN COMMUNITY BUILDING THROUGH VARIOUS PARTNERSHIP
EFFORTS.

FRANCISCAN ALLIANCE DOES ENGAGE IN REDUCING BARRIERS TO HEALTH CARE
ACCESS. MOST ACTIVITIES IN THIS AREA ARE INCLUDED IN THE FINANCIAL
ASSISTANCE AND OTHER COMMUNITY BENEFIT CATEGORIES. EXAMPLES INCLUDE: FREE
OR LOW COST HEALTH SCREENING IN SPECIFIC NEIGHBORHOODS, IMMUNIZATION
SERVICES, PRESCRIPTION MEDICATION ASSISTANCE PROGRAMS, ENROLLMENT
ASSISTANCE IN MEDICAID, FOOD ASSISTANCE, TRANSPORTATION ASSISTANCE, AND

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

REFERRAL ASSISTANCE. ADDITIONALLY, SEVERAL OF OUR HOSPITALS HAVE BEEN IDENTIFIED BY THE FEDERAL GOVERNMENT AS DESIGNATED REGIONAL MEDICATION DISTRIBUTION SITES IN THE EVENT OF A NATIONAL DISASTER OR EPIDEMIC/PANDEMIC. RESPONDING TO FEDERAL, STATE, AND LOCAL NEEDS IN THE EVENT OF NATIONAL OR LOCAL DISASTERS OR EPIDEMIC/PANDEMICS, WE COLLABORATE AND COORDINATE OUR EFFORTS WITH MANY CIVIC AND OTHER AGENCIES TO ENSURE THAT THOSE NEEDS WILL BE MET SHOULD DISASTER STRIKE.

SCHEDULE H, PART III, LINE 2

THROUGHOUT THE YEAR, THE CORPORATION ESTIMATES THIS ALLOWANCE BASED ON THE AGING OF ITS PATIENT ACCOUNTS RECEIVABLE, HISTORICAL COLLECTION EXPERIENCE, AND OTHER RELEVANT FACTORS. THESE FACTORS INCLUDE CHANGES IN THE ECONOMY AND UNEMPLOYMENT RATES, WHICH HAS AN IMPACT ON THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, AS WELL AS TRENDS IN HEALTH CARE COVERAGE, SUCH AS THE INCREASED BURDEN OF DEDUCTIBLES, COPAYMENTS, AND

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

COINSURANCE PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE. AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED PROCEDURES FOR PLACING CERTAIN PAST DUE PATIENT BALANCES WITH COLLECTION AGENCIES, SUBJECT TO THE TERMS AND CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY THE CORPORATION.

SCHEDULE H, PART III, LINE 3

THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY; HAS DETAILED ADMINISTRATIVE PROCEDURES ESTABLISHED FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS; USES VARIOUS ANALYTICAL PROGRAMS INCLUDING SOFT CREDIT INQUIRIES THAT DO NOT AFFECT CREDIT SCORES TO HELP ASSESS A PATIENT'S ABILITY TO PAY; AND UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT THEIR ELIGIBILITY FOR ASSISTANCE WHICH ARE DETAILED UNDER SCHEDULE H, PART VI, ITEM 3. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO

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.
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- 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.

NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE NOR CHOOSE TO ENROLL IN THE STATE'S MEDICAID PROGRAM. ALSO, AS FURTHER DESCRIBED IN HFMA STATEMENT NO. 15, THE APPROPRIATE CLASSIFICATION OF CHARITY CARE AND BAD DEBT IS OFTEN DIFFICULT. THE URGENCY OF SOME TREATMENTS, AS WELL AS CERTAIN FEDERAL REGULATIONS, OFTEN REQUIRES THE PROVISION OF SERVICE WITHOUT CONSIDERATION OF THE PATIENT'S ABILITY TO PAY. SOME PATIENTS HAVE COMPLEX MEDICAL CONDITIONS WITH UNPREDICTABLE TREATMENT NEEDS. FOR THESE AND OTHER REASONS, FRANCISCAN BELIEVES, A PORTION OF ITS BAD DEBT EXPENSE AS REPORTED ON LINE 2 OF PART III REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTHCARE MISSION.

SCHEDULE H, PART III, LINE 4

THE CORPORATION'S UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS FOOTNOTE FROM ITS AUDITED FINANCIAL STATEMENTS IS AS FOLLOWS:

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

THE CORPORATION ALSO PROVIDES A SIGNIFICANT AMOUNT OF UNCOMPENSATED CARE TO PATIENTS WHICH IS NOT REPORTED IN THE SUMMARY OF QUANTIFIABLE COMMUNITY BENEFITS. EFFECTIVE JANUARY 1, 2018, THE CORPORATION ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") ACCOUNTING STANDARD UPDATE ("ASU") 2014-9, REVENUE FROM CONTRACTS WITH CUSTOMERS (TOPIC 606) WHICH REQUIRES REVENUE TO BE RECOGNIZED IN AN AMOUNT THAT REFLECTS THE CONSIDERATION THE ENTITY EXPECTS TO BE ENTITLED TO IN AN EXCHANGE FOR GOODS OR SERVICES. ADOPTION OF THIS ASU DOES NOT ALLOW THE SEPARATE REPORTING OF THE UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS; HOWEVER, THE IDENTIFICATION OF THIS AMOUNT IS NEEDED FOR OTHER PURPOSES INCLUDING GOVERNMENTAL REPORTING AND REIMBURSEMENT CALCULATIONS. THE CORPORATION HAS A SYSTEM-WIDE CHARITY CARE AND UNINSURED DISCOUNT POLICY THAT INCLUDES ADMINISTRATIVE PROCEDURES FOR QUALIFYING AND ENROLLING PATIENTS FOR CHARITY CARE OR UNINSURED/UNDERINSURED DISCOUNTS. THE CORPORATION ALSO USES VARIOUS ANALYTICAL PROGRAMS TO ASSESS A PATIENT'S ABILITY TO PAY AND IT UTILIZES NUMEROUS MECHANISMS TO INFORM AND EDUCATE PATIENTS ABOUT FINANCIAL ASSISTANCE. DESPITE THESE RIGOROUS EFFORTS, PATIENTS WHO

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

NEED SUBSIDIZED CARE MAY NOT SEEK THIS ASSISTANCE NOR CHOOSE TO ENROLL IN MEDICAID OR OTHER FINANCIAL ASSISTANCE PROGRAMS. FOR THESE AND OTHER REASONS, THE CORPORATION BELIEVES A PORTION OF ITS UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS REPRESENTS CHARITY CARE DELIVERED TO INDIVIDUALS IN THE COMMUNITIES IT SERVES CONSISTENT WITH ITS CHARITABLE HEALTH CARE MISSION. DURING THE YEARS ENDED DECEMBER 31, 2020 AND 2019, THE CORPORATION INCURRED APPROXIMATELY \$18.3 MILLION AND \$52.5 MILLION, RESPECTIVELY, AS UNCOLLECTIBLE AMOUNTS DUE FROM PATIENTS BASED ON ACCUMULATED CHARGES.

SCHEDULE H, PART III, LINE 8

CONSISTENT WITH THE CHARITABLE HEALTHCARE MISSION OF FRANCISCAN AND THE COMMUNITY BENEFIT STANDARD SET FORTH IN IRS REVENUE RULING 69-545 AND THE REQUIREMENTS OF IRC SECTION 501(R), FRANCISCAN PROVIDES CARE FOR ALL PATIENTS COVERED BY MEDICARE SEEKING MEDICAL CARE AT FRANCISCAN. SUCH CARE IS PROVIDED REGARDLESS OF WHETHER THE REIMBURSEMENT PROVIDED FOR

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SUCH SERVICES MEETS OR EXCEEDS THE COSTS INCURRED BY FRANCISCAN TO PROVIDE SUCH SERVICES. LIKE MEDICAID, PAYMENT RATES FOR MEDICARE ARE SET BY LAW RATHER THAN THROUGH A NEGOTIATION PROCESS AS WITH PRIVATE INSURERS. THESE PAYMENT RATES ARE CURRENTLY SET BELOW THE COSTS OF PROVIDING CARE RESULTING IN UNDERPAYMENTS. MEDICARE RATES ARE DETERMINED WITHIN THE CONTEXT OF ALL THE BUDGETARY NEEDS OF THE FEDERAL GOVERNMENT AND MEDICARE PAYMENTS HAVE HISTORICALLY BEEN SET BELOW THE COSTS OF PROVIDING CARE TO MEDICARE PATIENTS THOUGH HOW FAR BELOW VARIES OVER TIME AND BY SERVICE. EACH YEAR MEDICARE IS SUPPOSED TO PROVIDE HOSPITALS AN INCREASE IN BOTH INPATIENT AND OUTPATIENT PAYMENTS TO ACCOUNT FOR INFLATION IN THE PRICES FOR GOODS AND SERVICES HOSPITALS MUST PURCHASE IN ORDER TO PROVIDE PATIENT CARE. HOWEVER INPATIENT UPDATES HAVE BEEN SET BELOW THE RATE OF INFLATION AND ACTUALLY NEGATIVE IN RECENT YEARS RESULTING IN A SHORTFALL THAT HAS GROWN OVER TIME. THE COMPOUNDING ISSUE THAT OCCURS IS THAT THIS SHORTFALL JEOPARDIZES HOSPITALS' ABILITY TO SERVE THEIR COMMUNITIES BECAUSE THEY ARE NOT REIMBURSED THEIR INCURRED COSTS. PROVIDERS MAKE THE DECISION TO ELIMINATE OR SIGNIFICANTLY REDUCE NECESSARY CLINICAL SERVICES WITHIN THE MARKETPLACE PLACING THE MEDICARE

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.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SHORTFALL BURDEN ON OTHERS THAT DO, SUCH AS FRANCISCAN. GIVEN THAT FRANCISCAN PROVIDES SUCH SERVICES TO MEDICARE PATIENTS KNOWING THAT THEY WILL RESULT IN A LOSS, AND GIVEN THAT FRANCISCAN BELIEVES THAT IT PROVIDES THESE SERVICES IN AN EFFICIENT AND COST EFFECTIVE MANNER, THE SHORTFALL REPORTED ON LINE 7 OF PART III SHOULD BE VIEWED AS COMMUNITY BENEFIT PROVIDED BY FRANCISCAN.

SCHEDULE H, PART III, LINE 9B

FRANCISCAN ALLIANCE, INC.'S WRITTEN CHARITY CARE AND UNINSURED PATIENT DISCOUNT POLICY AND PATIENT COLLECTION 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 FINANCIAL ASSISTANCE CERTAIN COLLECTION PRACTICES DO NOT APPLY.

Part VI Supplemental Information

Provide the following information.

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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

SCHEDULE H, PART IV

NAME OF ENTITY: MOORESVILLE ENDOSCOPY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA SLEEP CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SLEEP CENTER

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: FRANCISCAN SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

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

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.8474576

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 49.1525424

NAME OF ENTITY: SOUTH EMERSON SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS MOORESVILLE SURGERY CENTER LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: SURGICAL SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS RADIATION THERAPY CENTERS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: RADIATION THERAPY SERVICES

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

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 88.95000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 11.05000

NAME OF ENTITY: SOUTH INDY MRI & REHAB SERVICES LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: MRI SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: ST FRANCIS IMAGING CENTER (GREENWOOD) LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: IMAGING SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 60.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 40.00000

NAME OF ENTITY: THE ENDOSCOPY CENTER AT ST FRANCIS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: ENDOSCOPY SERVICES

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.
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ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 50.00000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 50.00000

NAME OF ENTITY: INDIANA INTERNAL MEDICINE CONSULTANTS LLC

DESCRIPTION OF PRIMARY ACTIVITY OF ENTITY: INTERNAL MEDICINE SERVICES

ORGANIZATION'S PROFIT % OR STOCK OWNERSHIP %: 49.000000

OFFICERS, DIRECTORS, TRUSTEES. ETC. PROFIT % OR STOCK OWNERSHIP %: 0

PHYSICIANS' PROFIT % OR STOCK OWNERSHIP %: 51.000000

FILING OF COMMUNITY BENEFIT REPORT

IL, IN

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in or receive payment from a supplemental nonqualified retirement plan?
 - c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEVIN D LEAHY PRESIDENT AND TRUSTEE	(i)	2,030,773.	0.	43,612.	59,621.	25,733.	2,159,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 ROBERT J BRODY SR VP/COO INPATIENT SERVICES	(i)	1,040,050.	0.	47,674.	45,488.	32,121.	1,165,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JENNIFER P MARION SENIOR VP FINANCE, CFO	(i)	1,327,738.	0.	19,500.	199,915.	32,258.	1,579,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 JAIRO CRUZ MD PHYS/UNPAID TRUSTEE (THRU 6/20)	(i)	216,778.	0.	15,391.	13,958.	16,158.	262,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 THOMAS GRYZBEK (AS OF 7) SR VP OF POST ACUTE SRVCS DIV	(i)	277,069.	0.	15,508.	34,958.	4,478.	332,013.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TERRENCE E WILSON PRESIDENT/CEO - WESTERN IN	(i)	1,053,322.	0.	36,508.	224,158.	30,632.	1,344,620.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JAMES T CALLAGHAN PRESIDENT/CEO - CENTRAL IN	(i)	1,176,475.	0.	49,608.	213,579.	31,183.	1,470,845.	0.
	(ii)	0.	0.	0.				
8 ALBERT P TOMCHANEY SR VP/CHIEF MEDICAL OFFICER	(i)	921,550.	0.	41,767.	220,391.	25,720.	1,209,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 RANDALL S. MOORE, MD SR VP HEALTH&CARE/COO AMB SRVC	(i)	1,004,303.	0.	55,457.	17,100.	17,573.	1,094,433.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 YAMEEN RASHID, DO PHYSICIAN	(i)	1,274,238.	0.	14,492.	12,231.	22,616.	1,323,577.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 NADEEM IKHLAQUE, MD PHYSICIAN	(i)	1,138,154.	0.	12,812.	32,984.	23,556.	1,207,506.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GIOVANNI INFUSINO, MD PHYSICIAN	(i)	1,087,625.	0.	37,807.	18,193.	8,742.	1,152,367.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN ALLIANCE, INC.

Employer identification number
35-1330472

Part I 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) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY (08C)	35-1602316	45470YAX9	09/15/2008	291,837,375.	REFUND PRIOR ISSUE DATED 5/2/06	X			X		X
B INDIANA FINANCE AUTHORITY (08F)	35-1602316	45470YBE0	10/10/2008	279,345,000.	REFUND PRIOR ISSUE DATED 11/20/03		X		X		X
C INDIANA FINANCE AUTHORITY (08I/J)	35-1602316	45470YLB4	11/20/2008	81,850,000.	REFUND PRIOR ISSUE DATED 5/16/06		X		X		X
D INDIANA FINANCE AUTHORITY (12A/B)	35-1602316		05/25/2012	82,620,000.	REFUND PRIOR ISSUES DATED '01&'08		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired	87,062,375.		234,145,000.		16,335,000.		9,670,000.	
2 Amount of bonds legally defeased	192,625,000.							
3 Total proceeds of issue	290,462,634.		278,919,324.		81,693,875.		82,620,000.	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	1,505,785.		503,876.		1,120,800.			
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			124,873,123.					
11 Other spent proceeds	288,956,849.		151,542,325.		80,573,075.		82,620,000.	
12 Other unspent proceeds								
13 Year of substantial completion			2011		2012			
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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

Schedule K (Form 990) 2020

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN ALLIANCE, INC.

Employer identification number
35-1330472

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY (14A)	35-1602316		06/02/2014	50,000,000.	REFUND PRIOR ISSUES DATED '08		X		X		X
B INDIANA FINANCE AUTHORITY (16A/B)	35-1602316	45470YCYJ8	02/04/2016	295,426,956.	REFUNDING AND NEW PROJECTS		X		X		X
C INDIANA FINANCE AUTHORITY (16C/D/E)	35-1602316		10/19/2016	223,085,000.	REFUNDING PRIOR ISSUE		X		X		X
D INDIANA FINANCE AUTHORITY (17A)	35-1602316		10/31/2017	45,250,000.	REFUND 2008G BONDS		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired				320,000.		26,620,000.		
2	Amount of bonds legally defeased								
3	Total proceeds of issue	50,000,000.		295,426,956.		223,085,000.		45,250,000.	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds				2,444,202.				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds				199,269,999.				
11	Other spent proceeds	50,000,000.		93,712,755.		223,085,000.		45,250,000.	
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X		X	
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, 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	

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Schedule K (Form 990) 2020

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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Department of the Treasury
Internal Revenue Service

Name of the organization
FRANCISCAN ALLIANCE, INC.

Employer identification number
35-1330472

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY (17B/C)	35-1602316	45470YET4	12/28/2017	385,659,962.	REFUND 2009A AND NEW PROJECTS		X		X		X
B											
C											
D											

Part II Proceeds

	A	B	C	D
1 Amount of bonds retired	2,560,000.			
2 Amount of bonds legally defeased				
3 Total proceeds of issue	386,124,309.			
4 Gross proceeds in reserve funds				
5 Capitalized interest from proceeds				
6 Proceeds in refunding escrows				
7 Issuance costs from proceeds	2,374,503.			
8 Credit enhancement from proceeds				
9 Working capital expenditures from proceeds				
10 Capital expenditures from proceeds	175,464,347.			
11 Other spent proceeds	208,285,459.			
12 Other unspent proceeds				
13 Year of substantial completion				
	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X			
16 Has the final allocation of proceeds been made?	X			
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			

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Schedule K (Form 990) 2020

Part III Private Business Use		INDIANA FINANCE AUTHORITY (08F)							
		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	
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 ▶		%		.8100 %		.0600 %		.8100 %
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 ▶		%		.0300 %		%		.0300 %
6	Total of lines 4 and 5		%		.8400 %		.0600 %		.8400 %
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?				X		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	

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

Part III Private Business Use		INDIANA FINANCE AUTHORITY (14A)							
		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	
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 ▶	.8100 %		.8600 %		.3600 %		.8100 %	
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 ▶	.0300 %		.0300 %		.0100 %		.0300 %	
6	Total of lines 4 and 58400 %		.8900 %		.3700 %		.8400 %	
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?								
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	

Part III Private Business Use		INDIANA FINANCE AUTHORITY (17B/C)							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	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 ▶	1.2200 %							
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 ▶	.0600 %							
6	Total of lines 4 and 5	1.2800 %							
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						

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

SCHEDULE K, PART II, LINE 3

DIFFERENCES IN AMOUNTS ENTERED IN PART I, COLUMN (E) AND PART II, LINE 3
REPRESENT INVESTMENT EARNINGS.

SCHEDULE K, PART II, LINE 13

FOR THE INDIANA FINANCE AUTHORITY 2008C, INDIANA FINANCE AUTHORITY
2012A/B, INDIANA FINANCE AUTHORITY 2014A, INDIANA FINANCE AUTHORITY
2016C/D/E, AND INDIANA FINANCE AUTHORITY 2017A BONDS, THESE BONDS SOLELY
REFUNDED PRIOR ISSUES, SO THE YEAR OF SUBSTANTIAL COMPLETION HAS NOT BEEN
ENTERED.

SCHEDULE K, PART III

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

SCHEDULE K, PART III, LINE 8B

FOR THE INDIANA FINANCE AUTHORITY 2008F, 2008I/J, AND 2012A/B BONDS,
DURING 2012, THE DISPOSITION PROCEEDS FOR THE DISPOSED OF BOND-FINANCED
PROPERTY WAS \$1.00, WHICH WAS WELL BELOW A TENTH OF A PERCENT OF EACH
ISSUE.

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

SCHEDULE K, PART III, LINE 8C

FRANCISCAN ALLIANCE, THE INDIANA FINANCE AUTHORITY, AND THE IRS ENTERED INTO A CLOSING AGREEMENT TO ADDRESS THE REQUIRED REMEDIAL ACTION UNDER REGULATIONS SECTION 1.142-12 AND 1.145-2.

SCHEDULE K, PART IV, LINE 2C

FOR EACH OF THE FOLLOWING BONDS, THE REBATE COMPUTATION WAS PERFORMED:
SERIES 2008C - JANUARY 2011 AND SERIES 2008I/J - FEBRUARY 2011.

SCHEDULE K, PART IV, LINE 5

FOR THE INDIANA FINANCE AUTHORITY 2008C AND INDIANA FINANCE AUTHORITY 2008I/J ISSUES, ONLY SMALL AMOUNTS OF PROCEEDS RELATED TO THE COST OF ISSUANCE WERE NOT EXPENDED AT THE END OF THE TEMPORARY PERIODS.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN ALLIANCE, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

35-1330472

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 WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH WHICH REFLECTS OUR MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION."

FORM 990, PART V, LINE 4B

ADDITIONAL FOREIGN COUNTRIES (CONTINUATION OF ATTACHMENT 3) - EUROPEAN UNION, FINLAND, FRANCE, GERMANY, HONG KONG, HUNGARY, INDIA, INDONESIA, ISRAEL, ITALY, JAPAN, REPUBLIC OF KOREA (SOUTH), MALAYSIA, MEXICO, MULTI-NATIONAL COMPANIES REGION, NETHERLANDS, NEW ZEALAND, NORWAY, PHILIPPINES, POLAND, PORTUGAL, SINGAPORE, SOUTH AFRICA, SPAIN, SWEDEN, SWITZERLAND, THAILAND, TAIWAN, TURKEY, UNIKED KINGDOM.

FORM 990, PART VI, SECTION A, LINE 7A

THE ENTIRE BOARD OF TRUSTEES SHALL CONSIST OF NO MORE THAN TWENTY (20), AND NO FEWER THAN NINE (9), SEVEN (7) OF WHOM SHALL BE SISTERS OF THE EASTERN PROVINCE ("PROVINCE") OF THE SISTERS OF ST. FRANCIS OF PERPETUAL

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ADORATION, A RELIGIOUS CONGREGATION OF WOMEN OF THE ROMAN CATHOLIC CHURCH ("CONGREGATION"). THE TRUSTEES OF THE BOARD SHALL INCLUDE THE FOLLOWING PERSONS: (A) THREE TRUSTEES SHALL BE MEMBERS OF THE PROVINCIAL LEADERSHIP OF THE PROVINCE, ONE OF WHOM SHALL BE THE PROVINCIAL, OR HER DESIGNEE, AND THE REMAINING TWO SHALL BE APPOINTED BY THE PROVINCIAL LEADERSHIP; (B) THE MEMBER OF THE CORPORATION SERVING AS TREASURER OF THE PROVINCE WHO MAY ALSO BE ONE OF THE PROVINCIAL LEADERSHIP REPRESENTATIVES AS DESCRIBED IN (A); (C) THE MEMBER OF THE CORPORATION SERVING AS SPONSOR LIAISON FOR HEALTHCARE OF THE PROVINCE WHO MAY ALSO BE ONE OF THE PROVINCIAL LEADERSHIP REPRESENTATIVES AS DESCRIBED IN (A); (D) THE PRESIDENT/CHIEF EXECUTIVE OFFICER OF THE CORPORATION; AND (E) THE TRUSTEES ELECTED BY THE MEMBERS TO FILL THE REMAINING POSITIONS.

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.

FORM 990, PART VI, SECTION B, LINE 11B

THE INFORMATION TO PREPARE THE FORM 990 OF FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") IS GATHERED BY FINANCE AND COMMUNITY BENEFIT STAFF AND MISSION REPRESENTATIVES AND PROVIDED TO ITS ACCOUNTING FIRM WHO PREPARES THE RETURN. SENIOR MANAGEMENT THEN REVIEWS THE RETURN PRIOR TO FILING.

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THE FORM 990 IS ALSO MADE AVAILABLE TO FRANCISCAN'S BOARD OF TRUSTEES AND BOARD FINANCE COMMITTEE PRIOR TO FILING.

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.

FORM 990, PART VI, SECTION B, LINE 15

FRANCISCAN ALLIANCE, INC.'S ("FRANCISCAN") PROCESS FOR DETERMINING

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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 VI, SECTION C, LINE 19

FRANCISCAN ALLIANCE, INC.'S ARTICLES OF INCORPORATION ARE AVAILABLE ON THE INDIANA SECRETARY OF STATE WEBSITE. THE BYLAWS AND CONFLICTS OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST. THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ELECTRONIC MUNICIPAL MARKET ACCESS (EMMA) WEBSITE.

FORM 990, PART XI, LINE 9

EQUITY IN EARNINGS OF AFFILIATES	27,820,440
OTHER COMPONENTS OF NET PERIODIC PENSION COST	6,004,916
MINORITY INTEREST IN AFFILIATES	(3,285,147)
OTHER COMPREHENSIVE INCOME	(42,198,652)
DIVIDENDS RECEIVED FROM AFFILIATES	1,239,407
EQUITY TRANSFER (TO)/FROM AFFILIATES	3,622,662
CHANGES IN NET UNREALIZED GAINS/LOSSES - HILLS	9,785,647
CHANGES IN NET UNREALIZED GAINS/LOSSES - SWAP	(23,935,962)
CHANGE IN NONCONTROLLING INTEREST IN SUBS	15,831,039
CHANGE DONOR RESTRICTED NET ASSETS	(2,041,381)
CONTRIBUTIONS OF PPE	4,823,574

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OTHER CHANGES IN NET ASSETS (9,272,735)

TOTAL OTHER CHANGES IN NET ASSETS (11,606,202)

ATTACHMENT 1

FORM 990, PART III, LINE 1 - 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 WHOLENESS. PLEASE VIEW WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH WHICH REFLECTS OUR MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION."

ATTACHMENT 2

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

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

FOR OVER 140 YEARS, FRANCISCAN ALLIANCE, INC. ("FRANCISCAN") HAS ENDEAVORED TO STAY TRUE TO OUR FOUNDING MISSION OF CARING FOR PATIENTS WHO COME THROUGH OUR DOORS AND WE CONTINUE TO LOOK FOR OPPORTUNITIES TO SERVE OUR COMMUNITIES THROUGH THE VERY BEST IN MEDICAL CARE AND SERVICE TO THE LESS FORTUNATE AMONG US.

FRANCISCAN'S PURPOSE IS TO CONTINUE THE HEALING MINISTRY OF CHRIST IN ACCORDANCE WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH AND IN PARTNERSHIP WITH OTHERS TO PROVIDE A FULL CONTINUUM OF HEALTH CARE SERVICES; TO CARRY ON EDUCATIONAL ACTIVITIES RELATED TO THE PROMOTION OF HEALTH; TO PROMOTE AND CARRY ON SCIENTIFIC RESEARCH RELATED TO HEALTH CARE; AND TO PARTICIPATE IN ACTIVITIES DESIGNED AND CONDUCTED TO PROMOTE THE GENERAL HEALTH OF THOSE SERVED BY FRANCISCAN. FRANCISCAN DIRECTLY OR INDIRECTLY OPERATES 12 HOSPITAL CAMPUSES (ONE IN ILLINOIS AND 11 IN INDIANA) ALONG WITH NUMEROUS PHYSICIAN CLINICS AND ANCILLARY SERVICES CENTERS AND OFFERS NUMEROUS COMMUNITY HEALTH IMPROVEMENT PROGRAMS THAT ARE FURTHER DESCRIBED BELOW.

IN 2020, FRANCISCAN SERVED OVER 2.3 MILLION PERSONS AND PROVIDED OVER \$730 MILLION IN CHARITY CARE AND OTHER COMMUNITY BENEFITS. FRANCISCAN PROVIDES SIGNIFICANT BENEFITS THAT REFLECT THE ORGANIZATION'S COMMITMENT TO HEALTHCARE AND THE COMMUNITIES IT IS PRIVILEGED TO SERVE. IN 2020, FRANCISCAN PROVIDED COMMUNITY BENEFITS WHICH INCLUDED:

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ATTACHMENT 2 (CONT'D)

UNREIMBURSED COSTS OF MEDICAID AND OTHER

INDIGENT CARE PROGRAMS	\$145,832,000
COST OF CHARITY CARE PROVIDED	\$114,412,000
OTHER BENEFITS FOR THE POOR AND UNDERSERVED	\$ 2,843,000
SUBSIDIZED HEALTH SERVICES	\$ 51,100,000
HEALTH PROFESSIONS EDUCATION	\$ 12,409,000
COMMUNITY HEALTH IMPROVEMENT SERVICES	\$ 8,477,000
FINANCIAL AND IN-KIND CONTRIBUTIONS	\$ 350,000
RESEARCH	\$ 1,508,000
COMMUNITY BUILDING ACTIVITIES	\$ 56,000
COMMUNITY BENEFIT OPERATIONS	\$ 29,000
UNREIMBURSED COSTS OF MEDICARE	\$393,394,000
<hr/>	
TOTAL	\$730,410,000

WWW.FRANCISCANHEALTH.ORG/COMMUNITYHEALTH REFLECTS FRANCISCAN'S MISSION OF "CONTINUING CHRIST'S MINISTRY IN OUR FRANCISCAN TRADITION." ALTHOUGH IT IS NOT ALL INCLUSIVE OF THE MANY BENEFITS PROVIDED BY FRANCISCAN IT DOES PORTRAY THE SIGNIFICANT BENEFITS THAT REFLECT OUR COMMITMENT TO HEALTHCARE AND THE COMMUNITIES WE ARE PRIVILEGED TO SERVE.

IN RESPONSE TO THE COVID-19 PANDEMIC, FRANCISCAN ALLIANCE AND ITS AFFILIATES EXPENDED CONSIDERABLE RESOURCES TO TREAT THE INFLUX OF

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 ATTACHMENT 2 (CONT'D)

PATIENTS WITH, OR WHO WERE PRESUMED TO HAVE, COVID-19 ("COVID-19 PATIENTS") AND TO PROTECT PATIENTS AND EMPLOYEES FROM THE VIRUS. THE FOLLOWING IS A SUBSET OF THE COMMUNITY BENEFIT TYPE MEASURES THE CORPORATION TOOK TO RESPOND TO THE COVID-19 PANDEMIC WITH THE VAST MAJORITY OF THE COSTS NOT COVERED OR NOT REIMBURSED BY FEDERAL OR STATE GOVERNMENT GRANTS OR SUPPLEMENTAL AID PROGRAMS.

WITH THE ONSET OF THE COVID-19 PANDEMIC, AND FOR MANY MONTHS THEREAFTER, FRANCISCAN ALLIANCE QUICKLY FACED AN IMMEDIATE, LARGE SCALE HUMAN RESOURCE AND PERSONAL PROTECTIVE SUPPLY NEED THAT DID NOT PREVIOUSLY EXIST. HUNDREDS OF EMPLOYEE POSITIONS WERE IMMEDIATELY REQUIRED FOR FRANCISCAN TO TREAT COVID-19 PATIENTS, TO PREVENT THE FURTHER SPREAD OF COVID-19, AND TO CREATE PERSONAL PROTECTIVE EQUIPMENT AND SANITIZER THAT WAS NOT AVAILABLE IN THE MARKET. IN THE EARLY ONSET OF COVID-19, FRANCISCAN ALLIANCE QUICKLY MADE A SIZABLE INVESTMENT IN VIRTUAL AND TELEHEALTH CAPABILITIES SUCH AS DEVELOPING ITS HOSPITAL AT HOME PROGRAM AND COVID-19 CARE AT HOME MONITORING DISCHARGE KITS. THE CORPORATION QUICKLY EXPANDED ITS ONLINE VIRTUAL PHYSICIAN AND PROVIDER VISIT CAPABILITIES AS CHRONIC HEALTHCARE CONDITIONS NEEDED TO BE MANAGED. THE CORPORATION ALSO DEVELOPED AN ONLINE COVID-19 INFORMATION AND RESOURCES WEBSITE CHANNEL WHICH INCLUDES AN ONLINE COVID-19 PATIENT ASSESSMENT PROGRAM TO IDENTIFY THE NEED AND LOCATION OF FURTHER TESTING OR CARE AS WELL AS ONLINE VIDEOS PREPARED BY FRANCISCAN'S HEALTHCARE PROVIDERS DESCRIBING COVID-19

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ATTACHMENT 2 (CONT'D)

SIGNS/SYMPTOMS, PREVENTION MEASURES, TOOLS FOR CHILDREN TO GET USED TO MASK WEARING, HOME TREATMENT PROGRAMS, BENEFITS AND MYTHS OF THE COVID-19 VACCINE, ETC. THE CORPORATION HAS NUMEROUS COVID-19 VACCINATION LOCATIONS THROUGHOUT THE STATES OF INDIANA AND ILLINOIS TO HELP FLATTEN THE SPREAD OF THE VIRUS. THE CORPORATION WAS ONE OF A FEW ORGANIZATIONS ACROSS THAT COUNTRY THAT PARTICIPATED IN THE NATIONAL STUDY OF COVID-19 CONVALESCENT PLASMA AND THE CORPORATION CONTINUES TO BE A LEADER IN WORKING WITH RECOVERED PATIENTS TO DONATE THEIR BLOOD PLASMA THAT IS USED TO CARE FOR THOSE SUFFERING FROM SEVERE EFFECTS OF COVID-19. FRANCISCAN PHYSICIAN NETWORK HAS NUMEROUS COVID-19 LONG HAUL CLINICS THROUGHOUT INDIANA AND ILLINOIS THAT SUPPORT PATIENTS HAVING LONG-TERM SYMPTOMS.

AS PART OF THE NATIONAL RESPONSE TO PROTECT THE PUBLIC AND CONSERVE PERSONAL PROTECTIVE RESOURCES, HEALTHCARE PROCEDURES THAT WERE SCHEDULABLE AND NONURGENT WERE POSTPONED OR CANCELLED PRIMARILY FROM MID-MARCH 2020 THROUGH IN SOME CASES, BASED ON FRANCISCAN'S MARKET, JUNE 2020. DURING THIS PERIOD, FRANCISCAN ALLIANCE MADE THE DECISION TO NOT TERMINATE OR FURLOUGH EMPLOYEES SINCE THE ORGANIZATION VIEWED SUPPORTING ITS COWORKERS AS ANOTHER KEY COMPONENT IN FURTHER SUPPORTING THE COMMUNITIES IT IS A PART OF.

SHORTLY INTO THE COVID-19 PANDEMIC, FRANCISCAN ALLIANCE'S

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ATTACHMENT 2 (CONT'D)

CONSTRUCTION COMPANY, TONN & BLANK CONSTRUCTION, MOBILIZED TO BUILD TEMPORARY TRIAGE UNITS EXTERNALLY PLACED ON THE CAMPUSES OF ALL FRANCISCAN'S HOSPITALS SO IT COULD TEST AND TREAT COVID-19 PATIENTS. THIS DESIGN WAS SHARED, AT NO COST, STATE-WIDE WITH OTHER HEALTHCARE SYSTEMS IN AN EFFORT TO BE A COMMUNITY RESOURCE FOR THE CRISIS. BECAUSE PERSONAL PROTECTIVE EQUIPMENT WAS IN LIMITED SUPPLY FOR THE NEED THAT WAS REQUIRED, THE ORGANIZATION INTERNALLY PRODUCED OVER 10,000 FACE SHIELDS, OVER 50,000 SURGICAL GOWNS, AND THOUSANDS OF GALLONS OF SANITIZER.

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,

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ATTACHMENT 2 (CONT'D)

AMBULANCE SERVICES, IMMEDIATE CARE SERVICES, ADVANCED LIFE SUPPORT SERVICES, BASIC LIFE SUPPORT SERVICES, BEHAVIORAL HEALTH EMERGENCY CONSULTATION SERVICES, 24-HOUR CRISIS AND REFERRAL HOTLINE, TRAUMA SERVICES, ETC.

- OUTPATIENT SERVICES INCLUDING: LABORATORY SERVICES, PHYSICAL THERAPY SERVICES, OCCUPATIONAL THERAPY SERVICES, SPEECH THERAPY SERVICES, GENERAL RADIOLOGY SERVICES, COMPUTED TOMOGRAPHY SERVICES, MAGNETIC RESONANCE IMAGING (MRI), NUCLEAR MEDICINE SERVICES, MAMMOGRAPHY SERVICES, ANGIOGRAPHY SERVICES, NEURODIAGNOSTICS SERVICES, GASTRO/INTESTINAL SERVICES, SLEEP LABORATORY, PULMONARY SERVICES, OUTPATIENT SURGERY, CARDIAC TESTING, ELECTROCARDIOGRAM (EKG) SERVICES, MEDICAL ONCOLOGY SERVICES, RADIATION ONCOLOGY SERVICES, PHARMACY, OCCUPATIONAL MEDICINE SERVICES, CARDIAC/PULMONARY REHABILITATION SERVICES, CONGESTIVE HEART FAILURE CLINIC, WOUND HEALING AND PREVENTION, NUTRITIONAL COUNSELING, DIABETES MANAGEMENT, BARIATRIC SERVICES, PAIN MANAGEMENT, SOCIAL SERVICES, PALLIATIVE CARE, SPORTS MEDICINE, BEHAVIORAL HEALTH, STROKE SERVICES, HOME HEALTH SERVICES, SKILLED NURSING SERVICES, SOCIAL SERVICES, DURABLE MEDICAL EQUIPMENT.

- PRIMARY CARE AND SPECIALTY CARE PHYSICIAN CLINICS.

SUBSIDIZED HEALTHCARE SERVICES OFFERED BY FRANCISCAN:

- FRANCISCAN HAS NEIGHBORHOOD HEALTH CLINICS THAT OFFER FAMILY PRACTICE SERVICES DESIGNED FOR FAMILIES WITHOUT ACCESS TO

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ATTACHMENT 2 (CONT'D)

AFFORDABLE HEALTH CARE. THE FOCUS IS ON PROVIDING PRIMARY AND PREVENTIVE CARE AS WELL AS HEALTH EDUCATION. THESE CLINICS OFFER FREE IMMUNIZATIONS.

- FRANCISCAN'S SEXUAL ASSAULT CLINICS THAT PROVIDE MEDICAL AND FORENSIC ASSISTANCE THAT IS SENSITIVE TO THE SPECIAL NEEDS OF THE VICTIM AS WELL AS A VICTIM ADVOCATE PROGRAM AND CRISIS INTERVENTION COUNSELORS.

- FRANCISCAN'S BLOOD AND MARROW TRANSPLANT PROGRAM IS ONLY ONE OF TWO PROGRAMS IN INDIANA OFFERING FULL SERVICE TRANSPLANT CARE AND SPECIALIZES IN THE TREATMENT OF PATIENTS WITH LEUKEMIA, HODGKIN'S OR NON-HODGKIN'S LYMPHOMA, MULTIPLE MYELOMA, AND MANY OTHER MALIGNANCIES AND BLOOD DISORDERS.

- FRANCISCAN'S DIABETES EDUCATION CENTERS OFFER A NUMBER OF DIABETES CLASSES AND INDIVIDUALIZED SESSIONS TO HELP PATIENTS TAKE CONTROL OF THEIR HEALTH WITH A FOCUS ON NUTRITIONAL, EXERCISE, MEDICATIONS, CHRONIC CONDITIONS, PRECONCEPTION AND PREGNANCY, BLOOD GLUCOSE MONITORING, GOAL SETTING, PROBLEM SOLVING, PSYCHOSOCIAL ADJUSTMENT, DETECTION/TREATMENT OF HIGH AND LOW BLOOD SUGAR, AND INSULIN ADMINISTRATION.

- FRANCISCAN'S WOMEN'S AND CHILDREN'S SERVICES INCLUDE PREVENTIVE MEDICAL CARE AND HEALTH SCREENINGS TO GYNECOLOGICAL CARE, MATERNITY, LACTATION CONSULTATION SERVICES, AND BEYOND WITH A FOCUS ON KEEPING WOMEN HEALTHY.

- FRANCISCAN'S HOSPICE CARE SERVICES PROVIDE A SENSE OF DIGNITY AND COMPASSION TO BOTH THE PATIENT AND THEIR FAMILY IN CARING FOR

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ATTACHMENT 2 (CONT'D)

PATIENTS WITH A LIFE EXPECTANCY OF SIX MONTHS OR LESS. OUR PROGRAMS AFFIRM AND CELEBRATE LIFE AND REGARD DYING AS A NATURAL PROCESS, RECOGNIZING THAT EVERY PERSON HAS THE RIGHT TO DIE WITH DIGNITY, PEACE, AND COMFORT REGARDLESS OF THEIR ETHNICITY, FAITH BACKGROUND, OR ABILITY TO PAY.

- LEVEL III NICU
- AMBULANCE SERVICE
- PHYSICIAN SERVICES
- INPATIENT PSYCHIATRIC UNITS
- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS
 - CLINICAL CARE COORDINATORS TO SUPPORT FRANCISCAN'S VARIOUS ACCOUNTABLE CARE ORGANIZATIONS WHICH ARE DESIGNED TO IMPROVE QUALITY AND REDUCE COST.
- FRANCISCAN SENIOR HEALTH & WELLNESS IS A COMPLETE HEALTH CARE SOLUTION FOR SENIORS WHO WANT TO REMAIN AT HOME. OUR PROGRAM ENABLES SENIORS TO LIVE AS INDEPENDENTLY AS POSSIBLE BY PROVIDING TRULY ALL-INCLUSIVE SERVICES. FRANCISCAN SENIOR HEALTH & WELLNESS IS A PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY (PACE), A COMMUNITY-BASED HEALTHCARE PROGRAM CREATED FOR PEOPLE 55 OR OLDER WHO ARE ELIGIBLE FOR NURSING-HOME LEVEL CARE BUT PREFER TO RECEIVE THEIR CARE IN THEIR OWN FAMILIAR SURROUNDINGS. THE FRANCISCAN SENIOR HEALTH & WELLNESS - PACE PROGRAM DELIVERS ALL THE SERVICES NEEDED TO KEEP PEOPLE HEALTHY, SAFE AND COMFORTABLE IN THE PLACE THEY CALL HOME. COVERED BENEFITS INCLUDE:
 - PRIMARY MEDICAL AND NURSING CARE

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ATTACHMENT 2 (CONT'D)

- OCCUPATIONAL, PHYSICAL, AND SPEECH THERAPY
- MEDICATIONS AND DURABLE MEDICAL EQUIPMENT
- LABORATORY AND DIAGNOSTIC SERVICES
- ALL NECESSARY PRESCRIPTION DRUGS
- SKILLED HOME CARE AND PERSONAL CARE AIDES
- HOSPITALIZATION AND SKILLED NURSING FACILITY CARE
- CARE FROM MEDICAL SPECIALISTS IN CARDIOLOGY, NEPHROLOGY,
OPHTHALMOLOGY, DERMATOLOGY, ORTHOPEDICS, SURGERY, PODIATRY AND
MORE
- MEDICALLY NECESSARY TRANSPORTATION

OUR BROAD RANGE OF SERVICE PROVIDERS, INCLUDING DOCTORS, NURSES, PHARMACISTS, THERAPISTS AND PERSONAL CARE AIDES ARE READILY ACCESSIBLE. THROUGH THESE MEDICAL SERVICES, WE CAN MANAGE THE CARE OF AN AGING LOVED ONE, AND HELP AVOID THE ILLNESSES AND HOSPITALIZATIONS THAT SENIORS OFTEN FACE. IN ADDITION TO ADDRESSING EACH PARTICIPANT'S UNIQUE MEDICAL NEEDS, FRANCISCAN SENIOR HEALTH & WELLNESS ALSO HELPS WITH THE SOCIAL, EMOTIONAL, AND PRACTICAL CHALLENGES THAT OLDER ADULTS OFTEN FACE. THROUGH INTERACTIONS WITH PEERS, STIMULATIVE ACTIVITIES AND OTHER SUPPORTIVE SERVICES, PARTICIPANTS WILL ENJOY A BETTER QUALITY OF LIFE.

- MATCLINICS IS DEDICATED TO HELPING PEOPLE RECOVER FROM ADDICTION TO OPIOIDS THROUGH ACCESS TO MEDICATION ASSISTED TREATMENT (MAT).

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ATTACHMENT 2 (CONT'D)

OPIOIDS INCLUDE PRESCRIPTION PAIN MEDICATIONS SUCH AS CODEINE, PERCOCET, VICODIN, OXYCONTIN, HYDROCODONE AND DEMEROL, AS WELL AS ILLICIT STREET OPIOIDS LIKE HEROIN AND FENTANYL. MEDICATION ASSISTED TREATMENT COMBINES PRESCRIPTION MEDICATIONS SUCH AS NALTREXONE (I.E. VIVITROL) AND BUPRENORPHINE (I.E. SUBOXONE, SUBLOCADE, ETC) AND OTHER BUPRENORPHINE BASED MEDICATIONS WITH BEHAVIORAL THERAPY TO TREAT OPIOID ADDICTION. MATCLINICS HELP PATIENTS OVERCOME THE PHYSICAL, EMOTIONAL AND SOCIAL BARRIERS ASSOCIATED WITH RECOVERY.

- BEHAVIORAL HEALTH SERVICES AT FRANCISCAN HEALTH DYER TOUCHES ALL FACETS OF EMOTIONAL, MENTAL HEALTH, BEHAVIORAL HEALTH AND CHEMICAL DEPENDENCY PROBLEMS. WE OFFER TREATMENTS IN PSYCHIATRIC DISORDERS, SUBSTANCE ABUSE AND ADDICTION, FAMILY CONFLICTS, AND EMOTIONAL DISORDERS, INCLUDING TESTING FOR PSYCHOLOGICAL DISORDERS AND CONSULTATIONS. OUR BEHAVIORAL HEALTH SERVICES AND PROGRAMS ARE TAILORED TO MEET THE NEEDS OF ADULTS, ADOLESCENTS AND CHILDREN WITH BOTH INDIVIDUAL AND GROUP BEHAVIORAL THERAPY AND COUNSELING OPTIONS. AFTERCARE AND LONG-TERM RECOVERY PROGRAMS ARE ADDITIONAL, CRITICAL ASPECTS OF OUR BEHAVIORAL HEALTH SERVICES.

- THE ST. FRANCIS CENTER RESIDENTIAL TREATMENT PROGRAM FOR ADOLESCENTS BASED AT FRANCISCAN HEALTH DYER, IS AN ADOLESCENT RESIDENTIAL TREATMENT PROGRAM FOR MALE AND FEMALE YOUTHS, AGES 12 THROUGH 18, WHO WOULD BE UNSUCCESSFUL WITHOUT A HIGHLY STRUCTURED AND CONTROLLED ENVIRONMENT. THE ST. FRANCIS CENTER OFFERS TWO LEVELS OF CARE IN A NURTURING, THERAPEUTIC AND SECURE ENVIRONMENT.

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

THE PROGRAM IS DESIGNED TO ASSIST ADOLESCENTS IN DEVELOPING THE NECESSARY SKILLS TO FUNCTION AGE-APPROPRIATELY AND SUCCESSFULLY ON A DAILY BASIS SO THEY CAN REINTEGRATE WITH THE COMMUNITY AND THEIR FAMILIES. IT IS OUR BELIEF THAT SUCCESS IS OFTEN DEPENDENT ON FAMILY INVOLVEMENT. THEREFORE, FAMILIES ARE ENCOURAGED TO TAKE AN ACTIVE ROLE IN THE TREATMENT WITH FAMILY SESSIONS ROUTINELY SCHEDULED.

- THE EMPATH UNIT AT FRANCISCAN HEALTH LAFAYETTE EAST IS FOCUSED ON TREATING AND STABILIZING PATIENTS EXPERIENCING A PSYCHIATRIC CRISIS. THIS TRAUMA-INFORMED TEAM COLLABORATES WITH COMMUNITY RESOURCES TO CONNECT PATIENTS WITH THE BEHAVIORAL HEALTH CARE THAT IS RIGHT FOR THEM.

- LOCATED AT FRANCISCAN HEALTH CRAWFORDSVILLE, THE GENERATIONS PROGRAM SERVES SENIORS 55 AND OLDER THROUGHOUT INDIANA AND EASTERN ILLINOIS WHO ARE EXPERIENCING DEMENTIA OR ALZHEIMER'S DISEASE OR EXHIBITING INCONSISTENT, DISRUPTIVE, UNPREDICTABLE OR EVEN SUICIDAL BEHAVIOR.

- NEONATAL INTENSIVE CARE SERVICES OFFERS ADVANCED PROCEDURES, TECHNOLOGY AND EXPERTISE TO GIVE VERY SMALL OR VERY ILL NEWBORNS THE BEST CHANCE FOR A HEALTHY START IN LIFE. OUR TEAM OF DOCTORS, NURSES AND OTHER HEALTH PROFESSIONALS DEMONSTRATES THE GENUINE CARING, WARMTH AND SINCERITY THAT BRING OUR MISSION OF SERVICE TO LIFE AND OFFER REASSURANCE AND CONFIDENCE TO PARENTS AND REFERRING PHYSICIANS ALIKE.

- PALLIATIVE CARE SERVICES ASSIST PATIENTS AND FAMILIES IN MAKING

Name of the organization

FRANCISCAN ALLIANCE, INC.

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35-1330472

ATTACHMENT 2 (CONT'D)

COMPLEX MEDICAL DECISIONS BY PROVIDING A GOOD UNDERSTANDING OF THE PATIENT'S PRESENT CONDITION, COORDINATING AND COMMUNICATING CARE WITH PHYSICIANS, ADVOCATING FOR PATIENTS' WISHES, AND HELPING THEM TO ACHIEVE A SENSE OF CONTROL OVER THEIR MEDICAL CARE. PALLIATIVE CARE IS OFFERED REGARDLESS OF THE STAGE OF DISEASE OR THE NEED FOR OTHER THERAPIES AND CAN BE PROVIDED CONCURRENTLY WITH LIFE-PROLONGING CARE OR AS THE MAIN FOCUS OF CARE.

- CLINICS FOR THE UNINSURED INCLUDE THE ST. CLARE HEALTH CLINIC AND DR. JOHN LANMAN CLINIC. THESE CLINICS PROVIDE PRIMARY CARE FOR NON-EMERGENCY SERVICES WITH AN EMPHASIS ON PREVENTION, EARLY DETECTION, PATIENT EDUCATION, PHYSICAL EXAMS AND HEALTH SCREENINGS. THE CLINIC ALSO SERVES THOSE WHO ENDURE HARDSHIP TO ACCESS QUALITY HEALTH CARE.

- EMERGENCY SERVICES PROVIDE OUR COMMUNITIES WITH STATE-OF-THE-ART EMERGENCY FACILITIES, OPEN 24-HOURS A DAY, SEVEN DAYS A WEEK. EQUIPPED WITH ADVANCED MEDICAL TECHNOLOGY, OUR EMERGENCY TEAM OF SPECIALLY TRAINED PHYSICIANS AND NURSES TREAT THEIR PATIENTS FOR TRAUMA, STROKE, CARDIAC, AND OTHER LIFE-THREATENING CONDITIONS IN ADULTS AND CHILDREN.

- INDIGENT HEALTH CARE CLINICS

- AT FRANCISCAN HOSPICE HOUSE, PATIENTS RECEIVE SPECIALIZED CARE AND RESPITE CARE FOR FAMILIES WHILE BEING PROVIDED ALL THE COMFORTS OF HOME. FROM ROOMS THAT ARE LARGE, PRIVATE AND PET-FRIENDLY TO A GARDEN THAT'S JUST RIGHT FOR PRAYER, CONTEMPLATION OR QUIET CONVERSATION, THE SERVICES AND AMENITIES AT

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

THE FRANCISCAN HOSPICE HOUSE WERE DESIGNED WITH PATIENT COMFORT IN MIND. FRANCISCAN HOSPICE HOUSE WAS ENVISIONED AS A COMPLEMENT TO THE EXCEPTIONAL HOME HEALTH, HOSPICE AND PALLIATIVE CARE SERVICES THAT FRANCISCAN HEALTH AND FRANCISCAN VNS HAVE PROVIDED TO FAMILIES IN SOUTH-CENTRAL INDIANA FOR MORE THAN TWO DECADES. FRANCISCAN HOSPICE HOUSE OFFERS 16 PRIVATE ROOMS FOR PATIENTS AND FAMILIES, A LARGE COMMON AREA FOR FAMILIES, A WELL-EQUIPPED KITCHEN WITH DINING ROOM, A CHAPEL AND PRAYER GARDEN, AND HIGH-QUALITY, HOLISTIC MEDICAL CARE FOR ALL PATIENTS-REGARDLESS OF THEIR FINANCIAL SITUATIONS-AND SUPPORT FOR THEIR FAMILIES.

- HEALTH AND WELLNESS CENTERS AND HEALTHY LIVING EDUCATION CENTERS.

- 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, COLORECTAL SCREENINGS, CANCER PREVENTION ACTIVITIES, CANCER SURVIVOR PROGRAMS AND RETREATS, CANCER & 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

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

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 FOR SCHOOLS AND VARIOUS MARATHONS, ORTHOPEDIC ROAD SHOWS, FLU VACCINATIONS, COVID VACCINATIONS, CHILD SEAT SAFETY PROGRAMS, BEREAVEMENT SUPPORT GROUPS, COMMUNITY EDUCATION LECTURES, INDIGENT PRESCRIPTION PROGRAMS, SEX CAN WAIT PROGRAMS, CAREGIVERS EDUCATION SYMPOSIUMS, HEALTH CAREER DAYS, ARTHRITIS EXERCISE GROUP, BABYSITTING COURSE, PREPARED CHILDBIRTH PROGRAMS, FOOD SHARE PROGRAMS, NUTRITIONAL COUNSELING FOR GRADE SCHOOLS AND SENIORS, SENIOR PROMISE PROGRAM, ENHANCE FITNESS PROGRAMS, MEDICATION TAKE BACK PROGRAMS, FALL PREVENTION PROGRAMS, SUICIDE PREVENTION TRAINING, WALK WITH A DOC PROGRAM, INFANT SAFE SLEEP PROGRAMS, COMMUNITY PARAMEDICINE PROGRAM, ASTHMA SCHOOL EDUCATION PROGRAM, ADOLESCENTS COPING WITH DEPRESSION PROGRAMS, PET THERAPY PROGRAM, ETC.

- SOCIAL SERVICES INCLUDING: PASTORAL CARE, EUCHARISTIC MINISTRY PROGRAM, NO ONE DIES ALONE PROGRAMS, GRIEVANCE SUPPORT PROGRAMS FOR CHILDREN, LANGUAGE INTERPRETER SERVICES, DEAF INTERPRETER SERVICES, TRANSPORTATION FOR THE INDIGENT, ENROLLMENT ASSISTANCE IN MEDICAID AND HEALTH INSURANCE EXCHANGES, CHRISTIAN LEGAL CLINIC, TRANSPORTATION SERVICE FOR INDIGENT PATIENTS, ETC.

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

- MEDICAL EDUCATION INCLUDING: PHYSICIAN RESIDENCY PROGRAMS, FAMILY MEDICINE RESIDENCY PROGRAM, EMERGENCY ROOM PHYSICIAN RESIDENCY PROGRAM, PHARMACY RESIDENCY PROGRAM, MEDICAL STUDENT TRAINING PROGRAM, ST. ELIZABETH SCHOOL OF NURSING PROGRAM, ADVANCE NURSING CONTINUING EDUCATION, NURSING CLINICAL ROTATIONS, PHLEBOTOMY TRAINING PROGRAM, RESPIRATORY THERAPY TRAINING, REHABILITATIVE TRAINING, MEDICAL ASSISTANCE TRAINING, MEDICAL TECHNOLOGY TRAINING PROGRAMS, HIGH SCHOOL CAREER DAYS, SCHOOL OF ECHOCARDIOGRAPHY, SURGICAL TECHNICIAN EXTERNSHIPS, SOCIAL WORKER INTERNSHIPS, HOME HEALTH STUDENT TRAINING, INTERN & RESIDENT TRAINING FOR MIDWESTERN UNIVERSITY, OPERATING ROOM TECHNOLOGY TRAINING, ETC.

- RESEARCH PROGRAMS INCLUDING: CANCER GENOME PROJECT, CARDIAC RESEARCH, HLA-VASCULAR BIOLOGY RESEARCH, CLINICAL TRIALS, PLAQUE FORMATION STUDIES, HEART FAILURE AND LIPD TRIALS, USE OF DRUG ELUTING STENTS STUDIES, PROJECT GRACE PROGRAM, OPIOID TREATMENT PROGRAMS, ETC. AGAIN, PLEASE VISIT [WWW.FRANCISCANHEALTH.ORG/COMMUNITY HEALTH](http://WWW.FRANCISCANHEALTH.ORG/COMMUNITY_HEALTH) FOR FURTHER DETAILS. FRANCISCAN CONTINUES TO PROVIDE ACCESS TO HEALTH CARE SERVICES AND A WIDE VARIETY OF COMMUNITY EDUCATION/HEALTH AND WELLNESS PROGRAMS. ALL OF OUR FACILITIES REACH OUT TO THEIR COMMUNITIES BY PROVIDING ACCESS TO FREE, PUBLIC WEB SITES AND ONLINE RESOURCES. EACH WEB SITE PROVIDES THE LATEST MEDICAL INFORMATION TO VISITORS, IN A BI-LINGUAL FORMAT, THROUGH THE USE OF INTERACTIVE A TO Z HEALTH LIBRARIES. THERE ARE ONLINE CENTERS THAT FOCUS ON

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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 ATTACHMENT 2 (CONT'D)

INFORMATION RELATED TO MEDICAL CONDITIONS IN SPECIALTY AREAS SUCH AS THE HEART, BONES, KIDNEYS AND NERVES. THEY FURTHER OFFER CONDITION AND DISEASE-SPECIFIC INFORMATION ON TOPICS LIKE CANCER, PREGNANCY AND GERIATRICS THAT PROVIDE ILLUSTRATIONS, GRAPHICS AND NARRATED VIDEOS. THE WEB SITES ALSO PROVIDE UNLIMITED FREE ACCESS TO ONLINE HEALTH RISK ASSESSMENT TOOLS SUCH AS THE HEART RISK ASSESSMENT THAT USES AN ESTABLISHED ALGORITHM TO CALCULATE RISK FACTORS FOR HEART ATTACK BASED UPON USER-ENTERED PARAMETERS. THE SITES ALSO OFFER CONDITION-SPECIFIC RECOMMENDATIONS FOR MANAGING CHRONIC ILLNESSES AND CONDITIONS SUCH AS DIABETES, HIGH BLOOD PRESSURE AND ASTHMA, AMONG OTHERS. FINALLY, THE SITES HAVE HEALTHY LIVING SECTIONS THAT OFFER TIPS AND SUGGESTIONS ON BEGINNING AND MAINTAINING DIET AND EXERCISE REGIMENTS TO OPTIMIZE HEALTHY LIFESTYLES. OUR HOSPITALS PROVIDE URGENT CARE CLINICS WITHIN THE COMMUNITIES THEY SERVE TO HELP MINIMIZE THE COST OF NON-CRITICAL, EMERGENT MEDICAL CARE. WE ENGAGE IN A TREMENDOUS AMOUNT OF UNIVERSITY-AFFILIATED MEDICAL EDUCATION AND TRAINING PROGRAMS INCLUDING BUT NOT LIMITED TO: ALL LEVELS OF NURSING (LPN, ASN, BSN AND MSN), PHARMACY, EMERGENCY MEDICAL TECHNICIANS AND PARAMEDICS, RESPIRATORY THERAPISTS, PHYSICAL/OCCUPATIONAL/SPEECH THERAPISTS AND INTERNSHIPS/RESIDENCIES FOR PHYSICIANS. WE ALSO PROVIDE CONTINUING MEDICAL EDUCATION PROGRAMS. SEVERAL OF OUR HOSPITALS PARTICIPATE IN CLINICAL TRIALS, MEDICAL RESEARCH PROGRAMS AND PHARMACEUTICAL TRIALS. MOREOVER, THERE ARE OTHER FACTORS THAT DEMONSTRATE THAT FRANCISCAN IS OPERATED FOR A PUBLIC RATHER THAN A

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 2 (CONT'D)

PRIVATE INTEREST. FRANCISCAN'S GOVERNING BODY IS COMPOSED OF INDEPENDENT MEMBERS REPRESENTING THE BROAD COMMUNITY SERVED BY FRANCISCAN. MEDICAL STAFF PRIVILEGES ARE AVAILABLE TO QUALIFIED PHYSICIANS. FRANCISCAN USES ANY SURPLUS OF REVENUES OVER EXPENSES FOR IMPROVEMENTS IN PATIENT CARE, TO EXPAND AND REPLACE FACILITIES AND EQUIPMENT, FOR THE AMORTIZATION OF INDEBTEDNESS, AND FOR MEDICAL TRAINING, EDUCATION, AND RESEARCH.

FRANCISCAN ALLIANCE, INC. AND ITS ACCOUNTABLE CARE ORGANIZATION ("ACO") WAS THE FIRST AND ONLY PIONEER ACO IN INDIANA AND AMONG THE FIRST IN THE COUNTRY TO PARTNER WITH MEDICARE AS AN ACO. FRANCISCAN ALSO PARTICIPATES IN VARIOUS MEDICARE SHARED SAVINGS ACO PROGRAMS AND NONGOVERNMENTAL ACO PROGRAMS. FORMED IN 2011, FRANCISCAN ACOS PROVIDE COORDINATED, COMPREHENSIVE CARE ACROSS HOSPITALS, PHYSICIAN PRACTICES, AND OTHER HEALTHCARE PROVIDERS, WITH THE AIM OF BRINGING DOWN THE OVERALL COSTS OF MEDICAL CARE AND IMPROVING THE HEALTH OF PATIENTS ATTRIBUTED TO THE ACOS. UNDER THE ACO MODEL, ATTRIBUTED MEDICARE BENEFICIARIES MAINTAIN THE ABILITY TO SEE ANY DOCTOR OR HEALTHCARE PROVIDER, AS WELL AS THE FULL BENEFITS ASSOCIATED WITH TRADITIONAL MEDICARE, BUT WITH THE ADDED BENEFIT OF A MORE COORDINATED CARE EXPERIENCE. THIS INCLUDES COORDINATION OF PREVENTIVE HEALTH SERVICES AND PHARMACY NEEDS, THE ASSIGNMENT OF CARE MANAGERS, THE PROVISION OF SOCIAL SUPPORT SERVICES, AND SUPPORT FOR PERSONS WITH CHRONIC HEALTH CONDITIONS, SUCH AS DIABETES AND CONGESTIVE HEART FAILURE.

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ATTACHMENT 2 (CONT'D)

FRANCISCAN ACOS SERVE APPROXIMATELY 71,000 MEDICARE BENEFICIARIES AND APPROXIMATELY 82,000 NONGOVERNMENTAL ACO BENEFICIARIES. FRANCISCAN'S ACO EFFORTS INCLUDE IMPROVED COMMUNICATION AND INFORMATION SHARING AMONG AFFILIATED AND NONAFFILIATED HEALTHCARE PROVIDERS REGARDING ACO PATIENTS, ALONG WITH THE EXPANSION OF ACO CASE MANAGEMENT RESOURCES, THE ASSIGNMENT OF DEDICATED CHRONIC DISEASE CASE ADVOCATES TO PATIENTS, EVALUATING THE QUALITY AND CAPABILITIES OF LONG-TERM CARE FACILITIES THAT ACO PATIENTS MAY TRANSITION TO, AND WORKING WITH POST-ACUTE CARE PROVIDERS TO IMPROVE THEIR CONTINUING CARE CAPABILITIES. THE SUPPORTING RESOURCES AND TECHNOLOGY OF FRANCISCAN ACOS ARE FUNDAMENTAL FOR IMPROVING POPULATION HEALTH AND MAKING HEALTHCARE COSTS MORE AFFORDABLE TO THE PATIENTS IN OUR COMMUNITIES WE ARE PRIVILEGED TO SERVE.

FRANCISCAN PHYSICIAN NETWORK HAD AN OVERALL MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) SCORE OF 99% WHICH REFLECTS OUR STRONG COMMITMENT TO QUALITY OUTCOMES.

FRANCISCAN ALLIANCE FACILITIES AND THEIR EMPLOYEES SPONSOR AND PARTICIPATE IN MANY COMMUNITY HEALTH IMPROVEMENT INITIATIVES AND ACTIVITIES. COMMUNITY HEALTH FAIRS, EDUCATION SESSIONS AND SUPPORT GROUPS ARE MADE AVAILABLE THROUGH PROGRAMS SUCH AS THE ORTHOPEDIC ROAD SHOW, ASK-THE-DOC SEMINARS, DAY OF DANCE, HEART HEALTH CLASSES, SENIOR CITIZENS DAY AT THE FAIR, SPIRIT OF WOMEN,

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ATTACHMENT 2 (CONT'D)

PERINATAL EDUCATION, BEREAVEMENT SUPPORT GROUPS, CANCER SCREENING CLINICS, ARTHRITIS EXERCISE GROUP, SMOKING CESSATION CLASSES, PROSTATE SCREENINGS, CANCER SURVIVORS DAY, NUTRITIONAL COUNSELING SERVICES TO NAME A FEW.

ATTACHMENT 3FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ARGENTINA
 AUSTRALIA
 AUSTRIA
 BELGIUM
 BRAZIL
 CANADA
 CHILE
 COLOMBIA
 CZECH REPUBLIC
 DENMARK

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
HEALTHTRUST WORKFORCE SOLUTIONS LLC PO BOX 742696 ATLANTA, GA 30374	CONTRACT LABOR	26,842,144.
DELOITTE CONSULTING LLP PO BOX 844717 DALLAS, TX 75284	CONSULTING	11,547,874.

Name of the organization FRANCISCAN ALLIANCE, INC.	Employer identification number 35-1330472
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ATTACHMENT 4 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LAKESHORE BONE AND JOINT INSTITUTE 601 GATEWAY BLVD N CHESTERTON, IN 46304	PHYSICIAN SERVICES	11,050,046.
CARDIAC SURGERY ASSOCIATES SC 2650 WARRENVILLE ROAD, SUITE 280 DOWNERS GROVE, IL 60515	PHYSICIAN SERVICES	8,752,017.
NORTHSTAR ANESTHESIA OF IL, LLC 6225 NORTH STATE HWY 161, SUITE 200 IRVING, TX 75038	PHYSICIAN SERVICES	7,319,627.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ST FRANCIS INSURANCE SERVICES LLC 20-0048077 1600 ALBANY STREET BEECH GROVE, IN 46107	INSURANCE	IN	1,530,270.	0.	FRANCISCAN
(2) SPECIALTY PHYSICIANS OF ILLINOIS LLC 05-0540914 333 DIXIE HIGHWAY CHICAGO HEIGHTS, IL 60411	PHYSICIAN	IL	33,714,720.	9,671,032.	FRANCISCAN
(3) FAITH HOPE AND LOVE CANCER CENTER LLC 68-0612977 1250 SOUTH CREAMY LN, STE A LAFAYETTE, IN 47905	MEDICAL SRVCS	IN	5,012,310.	0.	FRANCISCAN
(4) ST FRANCIS MEDICAL GROUP LLC 26-3877295 5330 E STOP 11 RD INDIANAPOLIS, IN 46237	MEDICAL SRVCS	IN	15,620,663.	0.	FRANCISCAN
(5) FRANCISCAN PHO CENTRAL INDIANA LLC 82-2534628 1515 DRAGOON TRAIL MISHAWAKA, IN 46544	ACCOUNT. CARE	IN	33,714,720.	9,671,032.	FRANCISCAN
(6) FRANCISCAN PHO NORTHERN INDIANA LLC 82-2537889 1515 DRAGOON TRAIL MISHAWAKA, IN 46544	ACCOUNT. CARE	IN	-1,820,564.	0.	FRANCISCAN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HILLS INSURANCE COMPANY INC. 03-0372512 1515 DRAGOON TRAIL MISHAWAKA, IN 46544	CAPTIVE INS	VT	501(C)(3)	12-TYPE 1	FRANCISCAN	X	
(2) SISTERS OF ST FRANCIS OF PERPETUAL ADOR 35-1328145 P.O. BOX 766 MISHAWAKA, IN 46546	RELIGIOUS	IN	501(C)(3)	1	N/A		X
(3) ST ALEXIS HOSPITAL ASSOCIATION 34-0714485 P.O. BOX 1290 MISHAWAKA, IN 46546	SUPPORT ALEXA	OH	501(C)(3)	3	FRANCISCAN	X	
(4) FRANCISCAN HEALTH FOUNDATION, INC. 35-1955283 1515 DRAGOON TRAIL MISHAWAKA, IN 46544	FUNDRAISING	IN	501(C)(3)	7	FRANCISCAN	X	
(5) FRANCISCAN VNS HOME CARE, INC. 35-0868199 4701 N KEYSTONE AVE, S418 INDIANAPOLIS, IN 46205	HOME HEALTH	IN	501(C)(3)	10	FRANCISCAN	X	
(6) FRANCISCAN PERSONAL CARE, INC. 35-2107306 4701 N KEYSTONE AVE, S418 INDIANAPOLIS, IN 46205	HEALTHCARE	IN	501(C)(3)	10	FRANCISCAN	X	
(7) FRANCISCAN HEALTH RENSSSELAER, INC. 47-3825106 1104 E. GRACE ST. RENSSSELAER, IN 47978	HEALTH SRVCS	IN	501(C)(3)	3	FRANCISCAN	X	

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

Schedule R (Form 990) 2020

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2020

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

FRANCISCAN ALLIANCE, INC.

Employer identification number

35-1330472

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FRANCISCAN ACO, INC. 700 E. SOUTHPORT ROAD INDIANAPOLIS, IN 46227 35-1904455	HEALTHCARE	IN	501(C)(3)	12-TYPE 1	FRANCISCAN	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) FRANCISCAN SURGERY CENTER LLC 421 N. EMERSON AVE.	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	9,434,551.	3,080,484.		X	0.		X	50.8500
(2) LAFAYETTE HEART PROGRAM HLDG 1501 HARTFORD STREET	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	921,212.	41,862,753.		X	0.		X	51.0000
(3) ST FRANCIS RADIATION THERAPY 421 N EMERSON AVE.	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	3,905,069.	2,734,422.		X	0.		X	88.9500
(4) ST FRANCIS IMAGING CTR 421 N EMERSON AVE.	IMAGING SERVICES	IN	FRANCISCAN	RELATED	932,289.	430,231.		X	0.		X	60.0000
(5) TONN & BLANK CONSTRUCTION, LLC 1623 GREENWOOD AVE.	CONSTRUCTION	IN	FHC	RELATED	3,091,044.	39,855,403.		X	78,171.		X	65.5000
(6) MAJOR HOSP CARDIAC DIAGNOSTICS 2451 INTELLIPLEX DR.	MEDICAL SERVICES	IN	FRANCISCAN	RELATED	308,460.	275,917.		X	0.		X	53.6000
(7)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) FRANCISCAN HOLDING CORPORATION 1515 DRAGON TRAIL MISHAWAKA, IN 46544	HOLDING CO.	IN	FRANCISCAN	C CORP	1,671,350.	94,841,281.	100.0000	X	
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) FRANCISCAN HEALTH FOUNDATION, INC.	C	8,138,710.	FMV
(2) FRANCISCAN SURGERY CENTER, LLC	B	868,000.	FMV
(3) FRANCISCAN SURGERY CENTER, LLC	C	10,862,480.	FMV
(4) ST. FRANCIS IMAGING CENTER (GREENWOOD), LLC	C	967,680.	FMV
(5) MAJOR HOSPITAL CARDIAC DIAGNOSTICS	C	300,000.	FMV
(6) TONN & BLANK CONSTRUCTION, LLC	C	1,239,410.	FMV

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. FRANCIS RADIATION THERAPY CENTERS, LLC	C	464,501.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
