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Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div>2009</div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010 B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization ST FRANCIS HOSPITAL AND MEDICAL center Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 114 WOODLAND STREET City or town, state or country, and ZIP + 4 HARTFORD, CT 06105		D Employer identification number 06-0646813 E Telephone number (860) 714-4000 G Gross receipts \$ 627,620,654	
		F Name and address of principal officer JOHN N GIAMALIS 114 WOODLAND STREET HARTFORD, CT 06105		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.STFRANCISCARE.ORG					
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1897		M State of legal domicile CT	







Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities <u>We are committed to health and healing through excellence, compassionate care and reverence for the spirituality of each person</u>	
	2	Check this box <input checked="" 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 <u>3</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 <u>2</u>
	5	Total number of employees (Part V, line 2a)	5 <u>4,66</u>
	6	Total number of volunteers (estimate if necessary)	6 <u>72</u>
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a <u>2,148,29</u>
	b	Net unrelated business taxable income from Form 990-T, line 34	7b <u>-227,94</u>

		Prior Year	Current Year	
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,156,099	5,521,971
	9	Program service revenue (Part VIII, line 2g)	557,032,190	565,752,271
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,111,721	5,780,574
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,345,525	33,153,358
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	585,645,535	610,208,174
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	15,000
14		Benefits paid to or for members (Part IX, column (A), line 4)		0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	289,271,586	300,603,324
16a		Professional fundraising fees (Part IX, column (A), line 11e)		0
b		Total fundraising expenses (Part IX, column (D), line 25) \blacktriangle^0 _____		
17		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	283,018,796	306,027,592
18		Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	572,305,382	606,651,916
19		Revenue less expenses Subtract line 18 from line 12	13,340,153	3,556,258
Net Assets or Fund Balances		Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	746,802,822	774,584,491
	21	Total liabilities (Part X, line 26)	551,925,193	591,882,249
	22	Net assets or fund balances Subtract line 21 from line 20	194,877,629	182,702,242

Part II	Signature Block
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<div> <div>Sign Here</div> </div>	<div> <div>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</div> </div>	
	<div> <div>*****</div> </div>	<div> <div>2011-08-04</div> </div>
	<div> <div>Signature of officer</div> </div>	<div> <div>Date</div> </div>
	<div> <div>JOHN N GIAMALIS senior VP & cfo</div> </div>	
	<div> <div>Type or print name and title</div> </div>	

Paid Preparer's Use Only	Preparer's signature  Douglas Farrington	Date	Check if self-employed  	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 	MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103		
	EIN 			
	Phone no  (860) 549-8500			












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

1 Briefly describe the organization's mission

We are committed to health and healing through excellence, compassionate care and reverence for the spirituality of each person

Form **990** (2009)

Part IV Checklist of Required Schedules

		Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	• 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	312		
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	4,668		
	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 this return (see instructions)				2b
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			3a	Yes
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No	
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	No	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	No	
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the organization make any taxable distributions under section 4966?			9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year			12b		

Part VI

Governance, Management, and Disclosure

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	33	
b	Enter the number of voting members that are independent . . .	1b	26	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ Donna Gilbert 114 woodland street hartford, CT 06105 (860) 714-9632

1b	Total	8,530,497	352,466	554,029
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2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization▶273

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

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
Uconn Health Center 263 FARMINGTON AVENUE FARMINGTON, CT 06030	PHYSICIAN SERVICES	14,228,696
BINGHAM MCCUTCHEN LLP PO BOX 3486 BOSTON, MA 022413486	LEGAL SERVICES	4,135,517
UNICCO CLEANING SERVICES 144 Main Street East Hartford, CT 06118	CLEANING SERVICES	3,632,734
PRICEWATERHOUSE COOPERS LLP One International Place Boston, MA 02110	CONSULTING SERVICES	1,949,410
ALLIANCE HEALTHCARE SERVICES PO BOX 96485 CHICAGO, IL 606936485	MRI/DIAGNOSTIC TESTS	953,882

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 ▶18

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	956,860				
	e	Government grants (contributions)	1e	3,093,172				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,471,939				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f			5,521,971			
Program Service Revenue			Business Code					
	2a	patient revenue	624,100	564,163,700	562,774,509	1,389,191		
	b	PartnerShip revenue	541,900	1,744,702	1,669,662	75,040		
	c	PartnerShip revenue	812,300	-156,131		-156,131		
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			565,752,271			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			4,366,275		4,366,275	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	(i) Real		(ii) Personal				
		4,848,835						
		b	Less rental expenses					
		c	Rental income or (loss)		4,848,835			
	d	Net rental income or (loss)			4,848,835		4,848,835	
	7a	(i) Securities		(ii) Other				
		18,826,779						
		b	Less cost or other basis and sales expenses		17,412,431	49		
		c	Gain or (loss)		1,414,348	-49		
	d	Net gain or (loss)			1,414,299		1,414,299	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		a				
		b	Less direct expenses		b			
		c	Net income or (loss) from fundraising events . .					
	9a	Gross income from gaming activities See Part IV, line 19		a				
		b	Less direct expenses		b			
		c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances		a				
b		Less cost of goods sold		b				
c		Net income or (loss) from sales of inventory . .						
Miscellaneous Revenue		Business Code						
11a	other patient svcs		624,100	12,717,203			12,717,203	
b	Premium income		524,298	9,034,314	8,194,115	840,199		
c	miscellaneous		900,099	4,840,129	4,840,129			
d	All other revenue			1,712,877	1,712,877			
e	Total. Add lines 11a-11d			28,304,523				
12	Total revenue. See Instructions			610,208,174	579,191,292	2,148,299	23,346,612	

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	21,000	21,000		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	5,281,876		5,281,876	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	233,054,763	187,545,251	45,509,512	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,031,531	7,225,455	1,806,076	
9	Other employee benefits	36,664,727	29,382,601	7,282,126	
10	Payroll taxes	16,570,427	13,299,082	3,271,345	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,672,698		2,672,698	
c	Accounting	361,919		361,919	
d	Lobbying	119,567		119,567	
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	77,124,701	61,147,014	15,977,687	
12	Advertising and promotion	1,729,406		1,729,406	
13	Office expenses	116,709,306	115,618,238	1,091,068	
14	Information technology	6,725,737	6,545,864	179,873	
15	Royalties				
16	Occupancy	30,732,478	29,596,973	1,135,505	
17	Travel	846,715	846,715		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	8,911,665	8,911,665		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	25,239,204	25,239,204		
23	Insurance	9,072,474		9,072,474	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Underwriting Expenses	10,109,874		10,109,874	
b	Miscellaneous	6,850,103	2,023,454	4,826,649	
c	FOOD	3,304,960	3,304,960		
d	Resident Tax	1,840,325	1,840,325		
e	hosp DUES/FEEs/membersh	1,800,523		1,800,523	
f	All other expenses	1,875,937		1,875,937	
25	Total functional expenses. Add lines 1 through 24f	606,651,916	492,547,801	114,104,115	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			44,036,871	1	64,107,707
	2	Savings and temporary cash investments			41,776,754	2	51,557,494
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			73,691,535	4	63,545,420
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net			1,223,954	7	1,223,954
	8	Inventories for sale or use			4,353,054	8	4,918,393
	9	Prepaid expenses and deferred charges			5,687,994	9	6,274,108
	10a	Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a	870,730,420			
	b	Less accumulated depreciation	10b	451,972,989	351,045,911	10c	418,757,431
	11	Investments—publicly traded securities			46,342,794	11	51,320,356
	12	Investments—other securities. See Part IV, line 11			25,152,011	12	25,978,673
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			153,491,944	15	86,900,955
	16	Total assets. Add lines 1 through 15 (must equal line 34)			746,802,822	16	774,584,491
Liabilities	17	Accounts payable and accrued expenses			46,792,626	17	41,547,611
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			239,290,000	20	266,005,000
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			11,617,758	23	16,101,637
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities. Complete Part X of Schedule D			254,224,809	25	268,228,001
	26	Total liabilities. Add lines 17 through 25			551,925,193	26	591,882,249
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			112,876,140	27	97,426,336
	28	Temporarily restricted net assets			35,112,873	28	36,394,960
	29	Permanently restricted net assets			46,888,616	29	48,880,946
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			194,877,629	33	182,702,242
	34	Total liabilities and net assets/fund balances			746,802,822	34	774,584,491

Part XI **Financial Statements and Reporting**

	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? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separated basis		
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?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number
06-0646813

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) 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)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts 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						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	
19a33 1/3% support tests—2009. 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		
b33 1/3% support tests—2008. 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		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL center

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
most rev henry j mansell dd chairman	2 00	X		X				0	0	0
rev thomas j barry jcl vice chairman	2 00	X		X				0	0	0
Christopher M Dadlez president & ceo	55 00	X		X				1,594,976	0	290,008
e merritt mcdonough jr secretary	2 00	X		X				0	0	0
SALLY HODGDON CSJ VP CHIEF COMPLIANCE OFFICER	55 00				X			116,269	0	0
martha e hartle asst secretary	55 00			X				98,951	0	12,186
L JEFFREY BALDWIN DIRECTOR	2 00	X						0	0	0
barbara j calderone jd director	2 00	X						0	0	0
surendra k chawla md director	2 00	X						0	0	0
HEMA N DE SILVA MD DIRECTOR	2 00	X						0	352,466	10,366
ROBERT M ELLIS DIRECTOR	2 00	X						0	0	0
john n giamalis director	2 00	X						0	0	0
p anthony giorgio phd director	2 00	X						0	0	0
Richard H Gordon jd director	2 00	X						0	0	0
walter harrison phd director	2 00	X						0	0	0
Jeffrey S Hoffman director	2 00	X						0	0	0
RONALD D JARVIS DIRECTOR	2 00	X						0	0	0
peter g kelly director	2 00	X						0	0	0
karl j krapek director	2 00	X						0	0	0
Sister Dolores Lahr CSJ director	2 00	X						0	0	0
david a lentini director	2 00	X						0	0	0
joyce d mandell director	2 00	X						0	0	0
john j mara md director	2 00	X						0	0	0
rev msgr john j mccarthy director	2 00	X						0	0	0
daniel p o'connell director	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kevin J O'Connor Director	2 00	X						0	0	0
Curtis D Robinson director	2 00	X						0	0	0
John W Rodgers MD director	2 00	X						0	0	0
Dr Galo A Rodriguez MPH director	2 00	X						0	0	0
Jean-Pierre van Rooy director	2 00	X						0	0	0
Andrew A Sadanowicz director	2 00	X						0	0	0
Susan J Sappington director	2 00	X						0	0	0
Henry S Scherer Jr director	2 00	X						0	0	0
Philip J Schulz director	2 00	X						0	0	0
Rosalind E Shenkman director	2 00	X						0	0	0
Jennifer Smith Turner Director	2 00	X						0	0	0
TERESA M BOLTON GENERAL COUNSEL	55 00				X			248,520	0	15,660
Kathleen A DeMatteo SR VP & CIO	55 00				X			367,886	0	18,759
Christopher Hartley SR VP Planning & Fac	55 00				X			501,500	0	14,088
Edward S Johnson SR VP	55 00				X			292,914	0	14,839
Greg Makoul VP Chief of Academic Affairs	55 00				X			432,097	0	10,197
Paul F Pendergast Senior VP and CDO	55 00				X			460,517	0	56,266
Kathleen M Roche Executive VP & COO	55 00				X			586,033	0	20,218
Steven Rosenberg SR VP & CFO	55 00				X			894,620	0	27,525
George Barrows MD Dept Chair Pathology	55 00					X		414,775	0	9,826
Frank Bauer MD Sect Chief Pathology	55 00					X		433,980	0	12,324
Pamela Kowalczyk MD Prgrm Dir Pathology	55 00					X		390,761	0	12,179
Eugenia I Popescu MD Psychiatrist	55 00					X		354,971	0	9,826
Steven Wolf MD Dept Chair Emer Serv	55 00					X		361,017	0	13,149
Barry Feldman Former General Counsel	55 00						X	364,521	0	6,613

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors								
(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	
amitkumar K mody Former exec vp & coo	55 00						X	732,458
								0
								0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Underwriting Expenses	10,109,874		10,109,874	
Miscellaneous	6,850,103	2,023,454	4,826,649	
FOOD	3,304,960	3,304,960		
Resident Tax	1,840,325	1,840,325		
hosp DUES/FEEs/membersh	1,800,523		1,800,523	

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

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

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

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

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number

06-0646813

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

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures ▶ \$
- 3

Volunteer hours

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

- 1

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

Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes ☐ No
- 4a

Was a correction made?

☐ Yes ☐ No
- b

If "Yes," describe in Part IV

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

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><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></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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?		No	
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
	c Media advertisements?		No	
	d Mailings to members, legislators, or the public?		No	
	e Publications, or published or broadcast statements?		No	
	f Grants to other organizations for lobbying purposes?		No	
	g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
	i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i				196,706
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible 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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number
06-0646813

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

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

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

b

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

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

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

2

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

a

Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b

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

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	59,910,100	60,938,954			
b Contributions		18,366			
c Investment earnings or losses	2,974,385	-1,047,220			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	62,884,485	59,910,100			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 22.000 %

b

Permanent endowment ▶ 78.000 %

c

Term endowment ▶

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,025,317		6,025,317
b Buildings		310,464,328	150,187,472	160,276,856
c Leasehold improvements		4,300,354	4,112,404	187,950
d Equipment		353,820,778	287,629,072	66,191,706
e Other		196,119,643	10,044,041	186,075,602
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				418,757,431

Schedule D (Form 990) 2009

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1610,208,174
2	Total expenses (Form 990, Part IX, column (A), line 25)	2606,651,916
3	Excess or (deficit) for the year Subtract line 2 from line 1	33,556,258
4	Net unrealized gains (losses) on investments	43,689,902
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-19,421,547
9	Total adjustments (net) Add lines 4 - 8	9-15,731,645
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-12,175,387

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1652,507,311
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a3,689,902	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d53,911,347	
e	Add lines 2a through 2d	2e57,601,249
3	Subtract line 2e from line 1	3594,906,062
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b15,302,112	
c	Add lines 4a and 4b	4c15,302,112
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5610,208,174

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1646,098,656
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d50,309,159	
e	Add lines 2a through 2d	2e50,309,159
3	Subtract line 2e from line 1	3595,789,497
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b10,862,419	
c	Add lines 4a and 4b	4c10,862,419
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5606,651,916

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES
Part XI, Line 8 - Other Adjustments		increase in assets held in trust by others 1992330 decrease in minimum pension liability -10118923 decrease in interest in st francis foundation -157031 net partnership income -1599167 change in fair market value of swap -9538756
Part XII, Line 2d - Other Adjustments		income from susidiaries 35014793 bad debt expense 18896554
Part XII, Line 4b - Other Adjustments		Net income from partnership investments 1599167 Income from St Francis Indemnity Corporation, LLC 12746085 Net Transfer from Saint Francis Foundation 956860
Part XIII, Line 2d - Other Adjustments		expenses from subsidiaries 31412605 bad debts 18896554
Part XIII, Line 4b - Other Adjustments		Expenses from St Francis Indemnity Company, LLC 10862419

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
▶ **Attach to Form 990.**
▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number
06-0646813

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input checked="" type="checkbox"/> 200%<input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input checked="" type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H				

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care 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 Charity care at cost (from Worksheets 1 and 2)		13,197	5,436,460	0	5,436,460	0 900 %
b Unreimbursed Medicaid (from Worksheet 3, column a)		35,304	30,259,429	0	30,259,429	4 990 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs		48,501	35,695,889		35,695,889	5 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		101,622	2,921,032	66,692	2,854,340	0 470 %
f Health professions education (from Worksheet 5)		1,581	23,275,255	7,248,086	16,027,169	2 640 %
g Subsidized health services (from Worksheet 6)		12,886	2,084,435	0	2,084,435	0 340 %
h Research (from Worksheet 7)		160	1,303,552	0	1,303,552	0 210 %
i Cash and in-kind contributions to community groups (from Worksheet 8)		4,100	328,969	0	328,969	0 050 %
j Total Other Benefits		120,349	29,913,243	7,314,778	22,598,465	3 710 %
k Total. Add lines 7d and 7j		168,850	65,609,132	7,314,778	58,294,354	9 600 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing		5	2,189		2,189	0 %
2Economic development						
3Community support		100	211,630		211,630	0 030 %
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building			3,943		3,943	0 %
7Community health improvement advocacy		496	6,808		6,808	0 %
8Workforce development		0	3,542		3,542	0 %
9Other						
10Total		601	228,112		228,112	0 030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1		No
2Enter the amount of the organization's bad debt expense (at cost)	2	7,281,633	
3Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	190,205,200	
6Enter Medicare allowable costs of care relating to payments on line 5	6	177,714,293	
7Subtract line 6 from line 5. This is the surplus or (shortfall)	7	12,490,907	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input checked="" type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

9aDoes the organization have a written debt collection policy?	9a	Yes	
9bIf "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI.	9b	Yes	

Part IVManagement Companies and Joint Ventures

(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 %
1grtr htfd lithotripsy llc	health care services - lithotripsy	20 000 %		40 000 %
2st francis gi endoscopy llc	health care services - endoscopy	49 000 %		51 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

[illegible]

Part VI

Supplemental Information

Complete this part to provide the following information

- 1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

See additional data

- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

See additional data

- 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 charity care policy

See additional data

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

See additional data

- 5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

See additional data

- 6 Provide any other information important to describing how the organization's hospitals 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)

See additional data

- 7 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 communites served

Part VI, Line 7 The organization is not a part of an affiliated health care system
Part VI, Line 8 Community Benefits are reported to the state's office of the Health Care Advocate in Connecticut A Community Benefit report is published and widely distributed in the local community and it is posted on the website for full viewing

- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

CT

Additional Data

Software ID:
Software Version:
EIN: 06-0646813
Name: ST FRANCIS HOSPITAL AND MEDICAL center

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 3c n/aPart I, Line 4 The Hospital and Medical Center accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Hospital and Medical Center. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital and Medical Center utilizes the generally recognized poverty income levels for the State of Connecticut, but also includes certain cases where incurred charges are significant when compared to incomes. In addition, all self-pay patients receive a 35% discount from charges which is not included in net patient service revenue for financial reporting purposes.

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 6a Saint Francis Hospital & Medical Center, Inc prepares an annual community benefit report This report is available on the Saint Francis Hospital website

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Line 7 SFH uses a cost accounting system within the Decision Support System product It is a fully absorbed costing system using remaps of expense and revenues where needed Indirect, or Overhead, costs are allocated using statistics in order to allocate the costs to the revenue producing departments The method of allocating dollars to the charge items is currently primarily based on a RCC method using our charge item price as the driver We have interspersed some National RVU's from the CMS Fee schedule to many departments as well as using costs to help allocate our Pharmacy and Supply expenses All charge items obtain a cost and all patient segments are fully costed

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 The Hospital accepts all patients regardless of their ability to pay A patient is classified as a charity patient by reference to the established policies of the Hospital Essentially, these policies define charity services as those services for which no payment is anticipated In assessing a patient's inability to pay, the Hospital utilizes the generally recognized poverty income levels for the State of Connecticut, but also includes certain cases where incurred charges are significant when compared to incomes In addition, all self-pay patients receive a 35% discount from charges which is not included in net patient service revenue for financial reporting purposes

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 n/a for shortfall reported in line 7 Medicare allowable costs of care on line 6 were determined from the Medicare cost reports

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b See Part III, line 4

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Saint Francis Hospital has paired with the three other hospitals located in Hartford, Mount Sinai, Connecticut Children's Medical Center, and Hartford Hospital, to engage the city of Hartford Health and Human Services Department to conduct a community needs assessment Meetings of the "Community Needs Assessment Workgroup" took place over a 6 month period every two weeks to discuss the design and implementation of the needs assessment An inventory of local resources was conducted to determine how best to make use of resources at the local colleges and universities, local community organization, city government and the hospitals themselves An outside consultant was engaged to complete the needs assessment once the work plan was agreed upon The assessment methodology included a number of data gathering processes review of the available secondary data, inclusion of data from a local Health Equity Index and telephone interviews of local key informants Secondary Data Profile Findings Hartford is a very diverse (42% Hispanic and 37% African American), young (49% between the ages of 15-45), poor (32% of all people below the poverty level) and under educated (32% of 25 year olds did not graduate from high school) city The unemployment rate is 18% and safety is a major concern for residents with rates of larceny, drug abuse, assault and murder all higher than state levels Health issues of the cities residents include high rates of diabetes, obesity, asthma, drug abuse and mental illness Rates of heart disease and cancer are on average lower than the rest of the state which is likely due to the age of the city's residents Key Informant Interview Findings Results from the key informant interviews served to clarify the issues that those working in the community see as key community needs Interestingly the information on the most important health issues was right on target with diabetes, obesity, mental illness and drug abuse all included in the top 5 key health issues Additionally key informants felt that neighborhood safety was a major concern as is the quality of housing and the limited number of job opportunities Information collected from key informants on the quality of health care indicate a problem with access to primary care, transportation challenges, limited insurance coverage, and limited knowledge about where to go for help An executive committee has been developed from this project which includes staff from each of the hospitals and the local health department to define and implement next steps in the process

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Patients' ability to pay for health care is assessed during the intake process. If it becomes clear that the patient does not have coverage or has minimal coverage they are referred to a financial counselor who reviews their current income to determine eligibility for either state assistance or help from Saint Francis Charity Care dollars. In areas of the hospital where new patients arrive the ambulatory care clinic, the admissions area, the pediatric clinic and the emergency department, signage is posted about the financial assistance available to all patients who qualify. This information outlines, in both English and Spanish, the availability of financial counseling and assistance for medical bills. Additionally, a "Patient and Family Information Notebook" which includes a chapter on the availability of financial assistance for patients who either do not have coverage or are not covered fully by their health insurance is located in each patient room. Information about the financial assistance policy is also included in discharge materials. Saint Francis does not turn patients away due to their inability to pay. Finally, patients who have not been forthcoming in their need for financial assistance prior to the delivery of health care services are provided with information about our charity care policy when they receive a bill for the services rendered. They are encouraged to talk to a financial counselor to discuss a payment plan and to determine if they are eligible for state assistance or if a portion of their bill can be "written off" to charity care. Saint Francis also contracts with a company to visit patients in their homes to help them apply for state assistance so that they have their health coverage if they should need further assistance. Additionally, a DSS worker is available on-site for direct enrollment into state aid programs for which patients qualify. This position is full time and housed in an area of the hospital close to the ambulatory clinic (where most patients without coverage enter the hospital system). Special funding is available from private resources to help clients pay for specific health care services including mammograms, breast biopsies, prostate cancer screening and treatment and others.

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

Part VI, Line 4 Saint Francis Hospital and Medical Center serves patients from all over Connecticut, and nationally The majority of our patients come from Hartford County, which includes the state capital, Hartford, and thirty-five surrounding urban and suburban communities Hartford, CT is the second most impoverished city of its size 850,000 in the United States, second only to Brownsville, TX According to U S Census Bureau 2009 estimates, 38% of families with children in Hartford live below the federally established poverty level The median household income is \$28,300 per year and only 26% of households are owner occupied Over 70% of children in the Hartford Public schools received free or reduced price lunch The rate of infants born low-birth weight (less than 2500 g) is 9.4%, well over the national average of 6.8% Hartford is an urban community, the majority of Hartford residents are minorities with 42% Latino, 37% African American, 17% White and 4% other races Medical services are readily available in Hartford with three major hospitals including a Children's Hospital, but access to those services varies widely among city residents

Form 990 Schedule H, Part VI - Supplemental Information, Line 5
Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 The hospital is involved in a variety of community building activities which address the root causes of health problems. Some are specific to the community served and others are more global in approach, such as advocacy work and board membership in local organization that provide critical services to those in need. Physical Improvements and Housing Housing issues are a major concern throughout Hartford as evidenced by the low percentage of home ownership and the high incidence of lead poisoning in children who live in the city. Saint Francis has partnered for many years in a variety of housing related projects including the Lead Action for Medicaid Primary Prevention (LAMPP) program to provide services to families impacted by lead poisoning. The LAMPP program works with landlords and homeowners to remediate homes that have been identified with high levels of lead dust which can impact the health of vulnerable children. The Saint Francis Department of Pediatric s runs a Lead Safe House with lead free apartments that can be used by those enrolled in LAMPP so that they have a place to stay while their homes are remediated of lead contaminants. The partnership enables the LAMPP program to efficiently improve housing conditions so that children are not at risk of lead poisoning. The Saint Francis Foundation also makes contributions to organizations that focus on housing in the Hartford community such as the South Park Inn (a homeless shelter), Habitat for Humanity, Rebuilding Hartford Together, and Shelter for Women. On an annual basis the department of Engineering at Saint Francis partners with Rebuilding Hartford Together and works to rebuild or remodel a home for a family in need of assistance. Saint Francis staff contributes time, materials and expertise to the project and play a critical role in the coordination and execution of the project. Additionally, one member sits on the board of directors for Rebuilding Hartford Together on a year round basis. Economic Development The Saint Francis Foundation makes contributions on an annual basis to encourage economic development in the communities served by the hospital. Some examples include contributions to City of Hartford Youth Services, the Hartford Business Journal, the Dress for Success fundraiser, and Leadership of Greater Hartford. Additionally administrative staff at Saint Francis sits on the boards of a number of organizations that focus on the economic development of our community, including creating opportunities for youth and working to reduce violence in the city. Community Support Saint Francis Hospital is involved in a wide array of Community Support programs and initiatives. They range from decreasing the impact of violent crimes on the community to assisting with literacy to facilitating an understanding of what can be done to prevent domestic violence or child abuse. The Peacebuilders at Saint Francis Hospital is a three year partnership, which includes Hospital security staff, the Hartford Office of Youth Services, the Hartford Police Department, Compass Youth Collaborative and Hartford Behavioral Health. Peacebuilders is part of a city-wide strategy to address youth violence that trains troubled youth to become "violence reduction mediators" in the communities they know well. For Saint Francis, the Peacebuilders help with the chaos that often ensues in the Emergency Department after a shooting, particularly a shooting that involves rival groups within the city. Peacebuilders is based on the premise that violence often leads to more violence - unless someone works to prevent that from happening. And preventing that from happening is not an easy task. In order to prevent retaliation, intervention must take place immediately following an incident. The security team at Saint Francis has direct access to the Peacebuilders who are "on-call" to mediate potentially violent situations in the Emergency Department. The Reach Out and Read Program at St. Francis Hospital in Hartford Connecticut is designed to improve early literacy skills of young children and to educate families about the importance of reading to their children. The program has three basic components: first, trained volunteers read to children in the waiting room to model techniques for reading aloud, second, each child is given a new book after each well child visit at 6 months, 12 months, 18 months, and annually at 2-5 year visits, and third, trained primary care providers promote early literacy by explaining the importance of reading aloud to families and encouraging them to do it every day. The program distributes over 1500 books per year to children. The goal of the ROR program at St. Francis Hospital and Medical Center is to increase the exposure of young children to books and to reading as an activity so that they are ready for school. Additionally the program seeks to educate parents about the importance of reading as an activity which can improve language development.

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

nd assist children in learning the skills they need to succeed in school The vision of th e Violence & Injury Prevention Program is To improve the health and overall well-being of the people in our shared community by developing and implementing sustainable, innovative prevention and research initiatives that reduce the occurrence and consequence of violenc e and injury The program includes initiatives to promote the use of car seats to prevent injury, increasing awareness of child abuse and steps that can be taken to prevent it, a d omestic violence training program for health care providers, and a program to help teens m ake the right choice in risky situations called Let's not Meet by Accident Resources to a ddress elderly falls and general injury prevention awareness are also available Let's Not Meet By Accident is a comprehensive education program to encourage teens to make healthy decisions in risky situations It is presented by the Violence and Injury Prevention Progr am of Saint Francis Hospital and Medical Center The goal of the program is to encourage t eens to make "healthy choices in risky situations" Participants learn that traumatic inju ries claim the lives of more Americans under age 34 than AIDS, cancer, and heart disease c ombined Saint Francis Hospital & Medical Center further demonstrates its commitment to pr evention by supporting the Child Advocacy Center and participating regularly in the Child Protection Team Meetings This work focuses on issues regarding Child Abuse/Neglect & Chil d Abuse prevention These, along with other Saint Francis Programs, increase the understan ding of the problem of child abuse, serve as a resource for patients, families and staff, and foster an environment that is committed to child abuse prevention Prevention efforts are the key in ending child abuse Reaching children & families before they are in a crisi s is needed The best way to offer this is through creative, concrete programs that offer support and solutions to the complex problems facing today's children and families The Dom estic Violence Professional Education and Consultation Program offers training sessions pr oviding clear policy guidelines, screening tools to improve efficiency, free resource mate rials for patients, and information regarding local domestic violence resources to improve patient care The trainings are offered at no cost to institutions, and help hospitals co mply with The Joint Commission standards concerning domestic violence During the first tw o years of this program over 1,000 health care providers were trained to conduct screening s and make appropriate referrals for suspected domestic violence in their patient populati on Research shows that victims of domestic violence will discuss abuse with providers if asked Consistent screening increases provider and patient comfort around the topic of dom estic violence and creates an environment where abuse can be discussed and disclosed Our program gives providers confidence to conduct these important screenings If disclosure oc curs through a positive screen, providers will know what resources are available to patien ts The costs of domestic violence associated with repeat office visits, missed or erroneo us diagnoses, and ongoing morbidity and mortality rates can be decreased through consisten t screening see schedule o for continuation

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 The hospital is involved in a variety of initiatives that focus on improving the health of the community overall Collaborative efforts with the City Health Department, the state Department of Social Services, the Department of Mental Health and Addition Services, local community foundations and non-profit organizations are numerous Saint Francis has a long tradition of providing for the poor and those most in need The work done by the founding sisters continues to inform and inspire those who work at Saint Francis Some specific examples of work being done in this area include The Men's Health Institute - working to diagnose and treat prostate cancer in African American MenThe Breast Health Center - providing free mammogram and breast cancer treatment services to women in need of assistance Saint Francis Food Pantry and Emergency Food Bank - providing food to families in needLet's Not Meet by Accident - Teen Violence PreventionKISS - CT Kids in Safety SeatsNurturing Families Network - Teen Parent Support ProgramParent Aid Program - Parenting Support to Prevent Child Abuse and NeglectEmergency Food Bank - providing food to families in need Medical Legal Partnership - Legal support for families with children who have special needsLead Safe House - free housing for families impacted by Lead PoisoningKeep the Power On - Assistance to families for paying utility bills Women's Heart Program - free heart health screening and assessmentMedical Missions - services provided in other countries free of chargeChildren's Advocacy Center - support for children and families impacted by child sexual abuseIntegrative Medicine - Free medical services provided to support traditional approaches of care Peace Builders - program to decrease violence in the city and monitor the ED after a shootingCommunity Access to Recovery - support for drug addicted parents and spousesCommunity Diabetes Support Group - support for community members with diabetes

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Employer identification number
06-0646813

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

[illegible]

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

[illegible]

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization

ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number

06-0646813

Part I

Questions Regarding Compensation

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III

Supplemental Information

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

Identifier	Return Reference	Explanation
	Part I, Lines 4a-b	Part I, Lines 4a-b Amitkumar K Mody received a severance payment Amount \$450,986 Barry Feldman received a severance payment Amount \$364,521 Part I, Line 4b CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN AMOUNT \$258,500

Software ID:
Software Version:
EIN: 06-0646813
Name: ST FRANCIS HOSPITAL AND MEDICAL center

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Christopher M Dadlez	(i)	784,033	526,000	284,943	258,500	31,508	1,884,984	0
	(ii)	0	0	0	0	0	0	0
HEMA N DE SILVA MD	(i)	0	0	0	0	0	0	0
	(ii)	307,466	0	45,000	0	10,366	362,832	0
TERESA M BOLTON	(i)	198,520	50,000	0	0	15,660	264,180	0
	(ii)	0	0	0	0	0	0	0
kathleen a dematteo	(i)	243,456	61,050	63,380	0	18,759	386,645	0
	(ii)	0	0	0	0	0	0	0
r christopher hartley	(i)	293,183	95,000	113,317	0	14,088	515,588	0
	(ii)	0	0	0	0	0	0	0
edward s johnson	(i)	265,914	27,000	0	0	14,839	307,753	0
	(ii)	0	0	0	0	0	0	0
gREG mAKOUL	(i)	302,108	124,489	5,500	0	10,197	442,294	0
	(ii)	0	0	0	0	0	0	0
PAUL F PENDERGAST	(i)	322,411	101,010	37,096	0	56,266	516,783	0
	(ii)	0	0	0	0	0	0	0
kathleen m roche	(i)	393,617	138,425	53,991	0	20,218	606,251	0
	(ii)	0	0	0	0	0	0	0
steven rosenberg	(i)	512,129	177,974	204,517	0	27,525	922,145	0
	(ii)	0	0	0	0	0	0	0
george barrows md	(i)	414,775	0	0	0	9,826	424,601	0
	(ii)	0	0	0	0	0	0	0
frank bauer md	(i)	433,980	0	0	0	12,324	446,304	0
	(ii)	0	0	0	0	0	0	0
pamela kowalczyk md	(i)	390,761	0	0	0	12,179	402,940	0
	(ii)	0	0	0	0	0	0	0
Eugenia I Popescu MD	(i)	354,971	0	0	0	9,826	364,797	0
	(ii)	0	0	0	0	0	0	0
steven wolf md	(i)	361,017	0	0	0	13,149	374,166	0
	(ii)	0	0	0	0	0	0	0
barry feldman	(i)	254,698	0	109,823	0	6,613	371,134	0
	(ii)	0	0	0	0	0	0	0
amitkumar K mody	(i)	450,986	0	281,472	0	0	732,458	0
	(ii)	0	0	0	0	0	0	0

Schedule K (Form 990)	<div>Supplemental Information on Tax Exempt Bonds</div> <div>▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.</div>		OMB No 1545-0047
			2009
			Open to Public Inspection

Department of the Treasury Internal Revenue Service	
Name of the organization ST FRANCIS HOSPITAL AND MEDICAL center	Employer identification number 06-0646813

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	
							Yes	No	Yes	No
A	State of CT Health & Educational Facility Authority Rev Bonds - Series E	06-0806186	20774UZC2	05-29-2008	39,745,000	Refund existing debt issued 11/10/93		X		X
B	State of CT Health & Educational Facility Authority Rev Bonds - Series F	06-0806186	20774UZH1	06-30-2008	175,000,000	Partial replacement facility and renovation of existing facilities		X		X
C	State of CT Health & Educational Facility Authority Rev Bonds - Series G	06-0806186	20774USF9	09-30-2010	29,870,000	Refund existing debt issued 4/10/93		X		X

Part II

Proceeds

		A		B		C		D		E	
1	Total proceeds of issue	39,745,000		175,000,000		29,870,000					
2	Gross proceeds in reserve funds	628,782		860,858							
3	Proceeds in refunding or defeasance escrows										
4	Other unspent proceeds	26,343,068		26,343,068		184,324					
5	Issuance costs from proceeds	443,198		1,536,917		426,341					
6	Working capital expenditures from proceeds	38,673,020				29,259,335					
7	Capital expenditures from proceeds	146,259,157		146,259,157							
8	Year of substantial completion	2011		2011							
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?	X			X	X					
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?	X		X		X					
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III

Private Business Use

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
			X								
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 with respect to the financed property which may result in private business use?		X								

Part III

Private Business Use (Continued)

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X								
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or 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	0 %									
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %									
6	Total of lines 4 and 5	0 %									
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X									

Part IV

Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X	X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X				
b	Name of provider	na		na		na					
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider	na		na		na					
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X		X				

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number
06-0646813

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL center

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STEVEN ROSENBERG	CFO & SR VP	643,282	RENTAL OF OFFICE SPACE, administrative & accounting services TO SAINT FRANCIS HEALTHCARE PARTNERS STEVEN ROSENBERG IS DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
STEVEN ROSENBERG	CFO & SR VP	21,643,820	RENTAL OF OFFICE SPACE, administrative & accounting services TO COLLABORATIVE LABORATORY SERVICES STEVEN ROSENBERG IS DIRECTOR OF COLLABORATIVE LABORATORY SERVICES		No
CHRISTOPHER DADLEZ	CEO & PRESIDENT	643,282	RENTAL OF OFFICE SPACE, administrative & accounting services TO SF HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
DANIEL O'CONNELL	DIRECTOR	643,282	RENTAL OF OFFICE SPACE, administrative & accounting services TO SF HEALTHCARE PARTNERS DANIEL O'CONNELL IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
JOHN N GIAMALIS	DIRECTOR	564,490	HARTFORD FINANCIAL SERVICES GROUP - INSURANCE AND EMPLOYEE BENEFITS		No
PETER KELLY	DIRECTOR	90,266	UPDIKE, KELLY & SPELLACY - LEGAL SVC & LOBBYING		No
E MERRITT MCDONOUGH JR	DIRECTOR	2,836,457	RC KNOX AND COMPANY - INSURANCE SERVICES		No
R CHRISTOPHER HARTLEY	SR VP	3,237,801	DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE - LAUNDRY SERVICES		No
STEVEN ROSENBERG	CFO & SR VP	3,237,801	DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE - LAUNDRY SERVICES		No
STEVEN ROSENBERG	CFO & SR VP	1,325,718	DIRECTOR OF Saint Francis Healthcare Partners - MANAGED CARE SERVICES		No
CHRISTOPHER DADLEZ	CEO & PRESIDENT	1,325,718	DIRECTOR OF Saint francis healthcare partners - MANAGED CARE SERVICES		No
DANIEL O'CONNELL	DIRECTOR	1,325,718	DIRECTOR OF Saint francis healthcare partners - MANAGED CARE SERVICES		No
Philip Schulz	director p schulz's Daughter-in-law is the VP of the revenue cycle FOR SFH	164,061	None		No
Peter Kelly	director p kelly's Daughter is a physician assistant FOR SFH & MC	80,692	None		No
JOHN MARA	DIRECTOR JOHN MARA'S SPOUSE IS A BOARD MEMBER FOR MT SINAI REHAB HOSPITAL		None		No
HENRY SCHERER JR	DIRECTOR HENRY SCHERER'S SPOUSE IS A BOARD MEMBER FOR ST FRANCIS FOUNDation		None		No
cHRISTOPHER DADLEZ	president & ceo	87,588	christopher dadlez along with peter kelly,karl krapek,rev msgr john mccarthy,e merritt mcdonough, daniel o'connell,philip schulz and jean-pierre van rooy are directors on the board of st francis hospital and medical center and the malta house of care, inc the hospital has transactions with the malta house of care, inc		No
StEVEN ROSENBERG	CFO & SR VP	25,645,401	Purchase of Services and Supplied from Collaborative Laboratory Services Steven is President of Collaborative Laboratory Services		No
Kathleen Roche	Executive Vice President and Chief Operating Officer	643,282	Rental of Office Space, Adminstrative & Accounting Services to Saint Francis Healthcare Partners		No
Kathleen Roche	Executive Vice President and Chief Operating Officer	1,325,718	Managed Care Services from Saint Francis Healthcare Partners		No

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL center	Employer identification number 06-0646813
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		P ANTHONY GIORGIO, PHD (DIRECTOR) AND KARL KRAPEK (DIRECTOR) ARE BOTH 50% PARTNERS IN KEY STONE COMPANIES, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS NO TRANSACTIONS WITH THIS LLC THERE ARE NO TRANSACTIONS WITH THIS ORGANIZATION DURING THIS FISCAL YEAR DAVID LENTINI (DIRECTOR) IS PRESIDENT OF CONNECTICUT BANK & TRUST, COMPANY PHILIP SCHULZ (DIRECTOR), KARL KRAPEK (DIRECTOR) AND P ANTHONY GIORGIO (DIRECTOR) ARE MEMBERS OF THE BOARD OF DIRECTORS OF CONNECTICUT BANK & TRUST, COMPANY MT SINAI REHABILITATION HOSPITAL, A RELATED PARTY TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER MAINTAINS A BUSINESS BANKING RELATIONSHIP WITH CBT ONE THOUSAND CORPORATION, A RELATED PARTY TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER LEASES OFFICE SPACE TO CBT FOR A BANK BRANCH LOCATED IN THE HOSPITAL GARAGE PHILIP SCHULZ (DIRECTOR) RECEIVES A FIXED PENSION PAYMENT FROM PRICEWATERHOUSE COOPERS, A PORTION OF WHICH IS UNFUNDED PWC PERFORMS CONSULTING SERVICES FOR SAINT FRANCIS HOSPITAL & MEDICAL CENTER ALL TRANSACTIONS ARE PERFORMED AT ARM'S LENGTH AND FAIR MARKET TERMS

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Audit and Corporate Compliance committee has responsibility for review ing the form 990 and will report back to the full board regarding their review of the Form 990 The Form 990 is available on the board's internal secure web portal

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The policy includes an obligation of each board member to annually disclose all material facts and relationships and refrain from voting on any matter when there is a conflict of interest. The Governance and Nominations Committee reviews the results of those submissions on an annual basis for compliance with governance policies.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		ALL DISQUALIFIED EMPLOYEES are SUBJECT TO A WRITTEN POLICY AN EXTERNAL MARKET ANALYSIS IS PERFORMED & REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THERE IS A LINK ON THE SAINT FRANCIS EXTERNAL WEBSITE FOR INDIVIDUALS TO REQUEST THE FOLLOWING DOCUMENTS, (A) ANNUAL FINANCIAL STATEMENTS, (B) FORM 990, (C) CONFLICT OF INTEREST POLICIES AND (D) GOVERNING DOCUMENTS THE ANNUAL REPORT IS CURRENTLY PUBLISHED ON THE EXTERNAL WEBSITE

Identifier	Return Reference	Explanation
Form 990, Part XI, Line 2c		the board of directors has delegated its oversight responsibility of the audit of the organization's financial statements to the audit and corporate compliance committee

Identifier	Return Reference	Explanation
		<p>Schedule H, Part VI, Line 5, community building activities (continued) Leadership Development In the area of leadership development and training Saint Francis focuses on areas of expertise in pastoral counseling training Classes are held on a regular basis to assist religious leaders of all denominations to participate in pastoral work throughout the community Additionally, a formal internship program is provided through the chaplaincy program at Saint Francis which provides internship training to chaplains on an on-going basis Clinical Pastoral Education (CPE) is an interfaith professional education program for ministry It brings theology students, clergy of all faiths, and qualified lay people into supervised encounters with persons in crisis PARTNERS IN CPE is a unique program co-sponsored by Mercy Community Health and Saint Francis Hospital & Medical Center, two faith based organizations The mission, core values, and vision of Partners in CPE institutions emphasize the spiritual well-being of patients, their loved ones, and staff The work of pastoral counseling relies heavily on the branch of psychology that honors blending sound clinical insight with meaningful forms of spirituality in everyday life Classes most often reference examples or "case studies" (without specific reference to any particular name) to ground the counseling skills in practical ministry Participants are encouraged to thoughtfully bring their spiritual and religious orientation and beliefs into the class to consider how they care for the soul with their unique traditions Participants are introduced to important clinicians in their local community to whom they can rely when needed Coalition Building In the areas of coalition building formal participation in local coalitions such as the Obesity Prevention Coalition, the Community Youth Violence Coalition and others take place on a regular basis In addition, informal partnerships and collaborative relationships with numerous community organizations facilitate building of strong partnerships and coalitions that work to address a myriad of public health issues facing the population served by Saint Francis Hospital Saint Francis is a member of the CHA Falls Protection Collaboration which is a multifaceted, multidisciplinary fall prevention program that reaches older adults via the existing health care system and community organizations A primary consequence of falling is fracture, which may lead to significant changes on an older person's quality of life, everyday functioning & independence Falls in the elderly can also have a larger impact on health care services and our larger society In an effort to help prevent falls & raise an awareness of safety in everyday activities The program focuses both on the actions that can be taken in the hospital setting and at home, after discharge, so that patients learn the behaviors that can help to prevent falls Executive staff at Saint Francis is expected to participate in community improvement activities such as serving on boards, assisting small non-profits with fundraising activities, providing expertise and in-kind support and providing meeting space free of charge In the area of workforce development Saint Francis partners with local nursing schools to train nursing staff to address areas of high need through out the county Work in this area also include providing internship opportunities for college students as well as high school students during the summer months to expose them to the type of work that can take place in a hospital setting Masters and PhD level student are also recruited to participate in a variety of projects so that they better understand the opportunities available in the workplace Finally, classes and support are offered to support staff's participation in educational programs that enable RNs to become BSNs in order to improve their earning power and knowledge base, and ability to continue their education Saint Francis offers a wide array of support in the area of workforce development and has a long history of doing so Advocacy for Health Improvements Advocacy work at Saint Francis is done by those with high level expertise in an area of health care to which they can speak with both knowledge and conviction Some examples of staff who have been engaged in advocacy work in the past include Dr Kristen Zarfes who worked tirelessly to advocate for mammography screening coverage in the new health care reform legislation at the national level Dr Lisa Menillo who testified at the Connecticut State Legislative hearings about the importance of improving the state laws regarding blood lead screening for children Dr Jeff Steinberg has developed an expertise in health disparities and is involved collaborations at the state and national level to address this issue</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments (Continued)		<p>WE DO NOT TAKE THESE RELATIONSHIPS FOR GRANTED BY LISTENING AND RESPONDING TO COMMUNITY NEEDS, WE OFFER A PARTNERSHIP BUILT ON TRUST YOU CAN COUNT ON OUR EMERGENCY DEPARTMENT WHEN YOU NEED IMMEDIATE HELP, OUR CLINICS AND REFERRAL SERVICES TO FIND A GOOD PHYSICIAN FOR YOUR FAMILY, AND RESPECTFUL PROFESSIONALS THROUGHOUT OUR INSTITUTION WHO WILL ENSURE YOUR DIGNITY REGARDLESS OF YOUR SITUATION IN LIFE THE FOLLOWING SAINT FRANCIS COMMUNITY BENEFIT REPORT HIGHLIGHTS JUST A FEW OF THE WAYS WE FULFILL OUR MISSION TO SERVE WE HOPE YOU HAVE DIRECTLY BENEFITED FROM OUR OUTREACH WE ALSO HOPE YOU CONTINUE TO ENGAGE OUR GROWING COMMUNITY BENEFIT INITIATIVE BY SHARING YOUR THOUGHTS, JOINING IN OUR MISSION, AND EXPERIENCING WITH US THE JOY OF WORKING TO IMPROVE THE HEALTH OF EVERYONE IN OUR REGION RESPONDING TO THE SCRIPTURAL CALL TO HEAL OUR MISSION IS WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON OUR CORE VALUES ARE RESPECT WE HONOR THE WORTH AND DIGNITY OF THOSE WE SERVE AND WITH WHOM WE WORK INTEGRITY WE ARE FAITHFUL, TRUSTWORTHY AND JUST SERVICE WE REACH OUT TO THE COMMUNITY, ESPECIALLY THOSE MOST IN NEED LEADERSHIP WE ENCOURAGE INITIATIVE, CREATIVITY, LEARNING AND RESEARCH STEWARDSHIP WE CARE FOR AND STRENGTHEN RESOURCES ENTRUSTED TO US SAINT FRANCIS CARE IS A HEALTHCARE MINISTRY OF THE CATHOLIC ARCHDIOCESE OF HARTFORD SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS A STORY TO TELL IT IS A STORY OF OPPORTUNITIES TO REACH OUT TO NEIGHBORHOODS IN OUR CAPITAL REGION GIVING BACK TO OUR COMMUNITY IS BOTH OUR MISSION AND OUR RESPONSIBILITY AS A CATHOLIC NOT-FOR-PROFIT HEALTHCARE PROVIDER EVERY DAY OUR COMMUNITY CONNECTS WITH OUR HEALING MISSION BY ACCESSING QUALITY CARE, EDUCATION, RESEARCH, AND HEALTH PROMOTION ACTIVITIES "COMMUNITY BENEFIT" IS A PLANNED, MANAGED, AND MEASURED APPROACH TO BOTH EVALUATING AND PROVIDING THOSE SERVICES IDENTIFIED AS HIGH PRIORITIES BY THE COMMUNITY THIS IS ONE WAY TO TELL THE STORY OF SAINT FRANCIS' CONTINUING SERVICE OF OUTREACH AS LONG AS PEOPLE NEED FINANCIAL HELP TO ACCESS THE BEST CARE, AS LONG AS THERE IS A NEED FOR HEALTH EDUCATION RESPONSIVE TO THE UNDER-SERVED, AND AS LONG AS THERE IS A NEED FOR INSPIRED CAREGIVERS WHO APPRECIATE THE DIGNITY OF EVERY LIFE, THERE WILL BE ROOM FOR SAINT FRANCIS' MISSION TO GROW AND NEW WAYS TO BENEFIT OUR COMMUNITY SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS ESTABLISHED BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY IN 1897 IN A SMALL HOUSE ON WOODLAND STREET THE MISSION WAS AMBITIOUS WITH MODEST RESOURCES SAINT FRANCIS SOUGHT TO CARE FOR THE SICK IN OUR REGION REGARDLESS OF A PERSON'S ABILITY TO PAY THE NECESSITY TO RESPOND TO SUCH NEEDS WAS NO LESS IN 2009 EVEN AS STATE AND NATIONAL LEADERS DELIBERATE OVER THE FUTURE OF HEALTHCARE, WE ARE COMMITTED TO ONE CLEAR PURPOSE WE REACH OUT TO ALL WHO NEED HEALTHCARE THIS COMMUNITY BENEFIT REPORT WILL HIGHLIGHT STORIES OF OUTREACH THROUGH EDUCATION, PREVENTION, TRAINING, AND GREATER ACCESS TO CARE TARGETED ACTIVITIES THAT TOUCH LIVES AND INVEST OUR MISSION IN THE HOMES OF OUR COMMUNITY SAINT FRANCIS COMMUNITY BENEFIT ACTIVITY AT A GLANCE IN FISCAL YEAR 2010, SAINT FRANCIS PROVIDED \$64,090,786 IN COMMUNITY BENEFIT, OF WHICH \$5,436,460 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$18,896,554 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS) WE DO NOT COUNT THIS FIGURE AS COMMUNITY BENEFIT BECAUSE, WHILE IT DOES ASSIST THOSE WHO NEED FINANCIAL ASSISTANCE, WE DID NOT INTENTIONALLY INITIATE THIS BENEFIT THIS IS IN LINE WITH THE CATHOLIC HEALTH ASSOCIATION'S GUIDELINES OUR MISSION PROUDLY SUPPORTS THE ROLE WE SERVE IN TIMES OF ECONOMIC DISTRESS During 2010, Saint Francis provided community benefit services to over 169,650 individuals who received financial assistance for their medical care and support through our Community Benefit programs Charity Care - \$ 5,436,460 Free or discounted health services are provided to persons who cannot afford to pay and who meet the organization's financial assistance policy criteria Generally, a patient record and bill are generated Charity care is reported in terms of costs, not charges Charity care does not include bad debt, which may be reported elsewhere but not as a community benefit Government-Sponsored Health Services - \$ 30,259,429 Government-sponsored means-tested healthcare community benefits include unpaid costs of public programs for low-income persons - the shortfall created when a facility receives payments that are less than the cost of caring for public program beneficiaries This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments Community Benefit Services - \$ 28,394,897 An organization provides these services because the community needs them and other providers are unwilling to offer them, or b</p>

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4a, Program Service Accomplishments (Continued)		<p>because the services would otherwise not be available to meet patient demand. Among them are clinical patient care services that are provided despite a negative margin - public health programs, community outreach and education, and partnerships to meet community needs. Total Community Benefit - \$ 64,090,786. As noted earlier, Community Benefits are categorized into three broad areas which include Charity Care, Government Sponsored Means-Tested Health Care, and Community Benefit Services. The following list outlines, in more detail, the Community Benefit Services portion which this past year totaled \$28,394,897.</p> <p>A. Community Health Improvement Services - \$ 2,843,238. These activities are carried out to improve community health, and are usually subsidized by the healthcare organization. There are four groupings within this category: Community Health Education, Community Based Clinical Services, Health Care Support Services and Other Community Health Improvement Services. The following is a sample of programs and activities in each of these categories and their annual community benefit amount:</p> <p>Community Health Education - \$ 750,939 - Breast and Cervical Cancer Education and Outreach - Women's Heart Program Education - Access to Recovery for Substance Abuse Clients - Adaptive Rowing Program - Diabetes Care Program Education and Outreach - Domestic Violence Prevention Training - Healthy Start and Parenting Program - Integrative Health Services Classes - Lead Poisoning Prevention Education and Outreach - Medical Legal Partnership Program - Child Abuse Prevention Education and Outreach - Childbirth Education Classes - Violence and Injury Prevention Programs - Let's Not Meet By Accident - Kids in Safety Seats Community Based Clinical Services - \$ 1,422,110 - Services for Children and Families Impacted by Child Abuse - Malta Van Services - Diabetes Screening - Preventive Health Screenings - Mammograms - Pap Smears - Prostate Cancer - Cardiovascular Risk Assessment - Child Seat Safety - Blood Drives Health Care Support Services - \$ 602,230 - Nurturing Families Network Case Management Services - Diabetes Support Services - Emergency Food Bank - Keep Power On Utility Clinic - Procurement of Medicines for Indigent Clients - Pharmacy Take Back Event - Multidisciplinary Case Management Team for Child Abuse Other Health Improvement Services - \$ 67,959 - Caregiver Support Service - Literacy Support Programs B. Health Professional Education - \$ 21,489,560. Included here are the unpaid costs of undergraduate training, internships, clerkships, residencies, nursing training, residency education, and continuing medical education (CME) offered to physicians outside of the medical staff - Medical Student Education - Soul of Medicine - Thomas Moore Project - Nurses and Nursing Student Education - Other Health Professional Education - Clinical Pastoral Education Mentorship - Community Pastoral Counseling Program - Dental Assistant and Dental Hygienist Training - Dietician Training - Residency Training - Support of CREC Medical Profession and Teacher Education Magnet School - Pharm-D Training Site - Academic Summer Medicine Camp C. Subsidized Health Services - \$ 2,084,435. This category includes health services and clinical programs that are provided despite a financial loss. These services are provided because it meets an identified community need that is not being fulfilled by the government or other not-for-profit organization - Uncompensated Care - Dental Clinic - Uncompensated Care - Family Medicine</p>

Identifier	Return Reference	Explanation
		<p>D Research - \$ 1,303,552 This category includes clinical and community health research that is shared with the public and funded by the government or a tax-exempt entity (including the organization itself) - Federal Research Grants - State and Local Research Grants - Trainee Research Grants - Community Research Grants</p> <p>E Financial and In-Kind Donations - \$ 356,868 This category includes funds and in-kind services donated to individuals not affiliated with the organization or to community groups and other not-for-profit organizations. In-kind services include hours contributed by staff to the community while on health care organization work time, overhead expenses of space donated to not-for-profit community groups (such as for meetings) and the donation of food, equipment, and supplies - Support for Local Community Organizations - In-Kind Use of Facilities - Donations to Charitable Organizations - Medical Mission Support</p> <p>F Community-Building Activities - \$ 264,161 Community-building activities include programs that address the root causes of health problems, such as poverty, homelessness, and environmental problems. These activities support community assets by offering the expertise and resources of the health care organization. Costs for these activities include cash, in-kind donations, and budgeted expenditures for the development of community-building programs and partnerships.</p> <p>G Community Benefit Operations - \$ 53,083 Community benefit operations include costs associated with assigned staff and community health needs and/or assets assessment, as well as other costs associated with community benefit strategy and operations.</p> <p>Beyond Our Comfort Zone</p> <p>So often we hear of people who work hard and push themselves to accomplish what seem like impossible tasks. In doing so, they often work at the limit of their abilities or indeed, beyond what they believe they are able to do. We have all experienced this feeling of trying our hardest and learning from the experience be it a success or a failure. In this report we highlight some of the community benefit programs at Saint Francis that are "Beyond our Comfort Zone." They are programs that people are surprised to learn belong to a hospital. They provide services where previously there were none, they push the limits of what is expected of a hospital, and they teach us the value of healing both for our patients and for ourselves as providers of care.</p> <p>The recreational therapists working at the Connecticut Adaptive Rowing Program go beyond what is expected by providing a service critical to both the emotional and physical healing of those involved. The Medical Missions supported by Saint Francis provide care for those in developing countries such as Bolivia, Ecuador and the Dominican Republic. The care provided is the most basic of assistance but it would not be available without our commitment. And the services of the Integrative Medicine Program are simply invaluable. More often than not, the patients making use of Integrative Medicine services are facing the difficult truth of a challenging new diagnosis. Their journey to health is enhanced by the healing and sense of control this program can offer patients.</p> <p>Healthcare has changed significantly since the Sisters of Charity founded Saint Francis over 114 years ago. The founding sisters might find a program that today provides acupuncture and mind-body services within the hospital setting "Beyond their Comfort Zone." But, they would clearly see the support for a vision of care that honors individuals as physical, emotional and spiritual beings, as familiar. We continue to keep that vision in mind as we develop programs designed to meet the needs of those in the community and push the boundaries of what it means to "care" for our patients as they heal.</p> <p>The Connecticut Adaptive Rowing Program (CARP)</p> <p>The Connecticut Adaptive Rowing Program at Mount Sinai Rehabilitation Hospital was founded in 2005 in response to a need identified by individuals who previously had been active but were unable to continue that lifestyle due to a recent change in their health namely, a physical disability. The program offers a way for people with disabilities to stay active and continue to enjoy the beauty of the outdoors. This program is the first-of-its-kind in Connecticut and provides individuals an opportunity to participate in the sport of rowing on the Connecticut River, one of the most scenic settings in New England. Rowing is a unique sport in that it is done in partnership with others, thereby allowing for support but enabling the athlete with a disability to take use of all possible muscle groups as they participate in the activity. Rowing is a sport of mind and body. It requires as much concentration as it does physical motion. It is a smooth non-jarring exercise and an excellent way to enhance well-being through an enjoyable leisure activity in a stunning outdoor setting. In essence, the program allows rowers an opportunity</p>

Identifier	Return Reference	Explanation
		<p>ty to blend the healing activities of exercise, group recreation and rehabilitation as the y focus on the task of moving their boat through the water Fifteen years ago Alexia, a pa rticipant in the row ing program, was in a tragic accident when a tree fell on her car and killed her husband and son Alexia was in a coma for over a month and when she woke up, wa s unable to use her legs She now uses a wheel chair to get around moving around her house , going out with friends, or participating in a marathon But she does not use her 'chair' when she is on the river row ing "Suddenly I wasn't disabled I'm at the same level as oth ers," observed Alexia The CARP program is a community based collaboration with Riverfront Recapture, Inc at the Greater Hartford Jaycees Community Boathouse in Hartford's Riversi de Park, and is led by therapeutic recreation specialists and physical therapists from Mou nt Sinai Rehabilitation Hospital Each participant is accompanied in the tw o person shell by an experienced rower who has been specially trained in adaptive row ing by the staff of Mount Sinai Rehabilitation Hospital Although not all program participants can master all of the skills of row ing with the same degree of ability and ease, all are able to progress steadily and enjoy the challenges and benefits of the activity The experience provides more than a realization of one's limits and abilities, it teaches confidence and acceptance it helps participants recognize the connection between the body, mind and spirit, all of w hich contribute to a full life As Alexia pointed out, "It's great because I don't have t o be a world class athlete to participate Alexia has been involved with CARP for three ye ars During the first year she showed up every day they offered rowing, even if she wasn't signed up As she explains, "Just in case there was room in a boat, I wanted to get out t here as often as possible " She even noted that when she was having a bad week, her kids w ould ask, "Mom, when are you getting back on the river?" The CARP program has offered Alex ia a chance to move on and see herself in a new light in spite of the overw helming loss she experienced Saint Francis is proud to offer this healing opportunity for a community th at can easily get overlooked by traditional medicine As Alexia noted, "The view from the river is glorious, it is great to be out in nature like that There is something about being on the water that seems to serve as a healing force " International Medical Missions (IMM) The core values of service and leadership are exemplified by the Saint Francis medical missions Saint Francis sponsors teams that travel to Ecuador, Bolivia and the Dominican Republic to provide much needed medical treatment The mission trips are organized by Sain t Francis staff and have been led by Dr Ibrahim Daoud for the past 10 years Dr Michael Bourque recently began to lead a second team w hich returned from the Dominican Republic wh ere a group of 50 mssionaries, including surgeons, pediatricians, nurses, and a dentist, treated over 400 patients "The need is just so overw helming, it just kind of boggles your mind when you see how many people are waiting in line for help," noted Dr Bourque Staff volunteers pay for their ow n transportation and donate their time, resources and skills t o help those in need They go for many reasons but one thing is certain - those w ho receiv e their services benefit greatly from the effort "Finding some way to give yourself to ot hers makes you a much happier person "</p>

Identifier	Return Reference	Explanation
		<p>The medical mission team brings thousands of pounds of medical equipment and collaborates with Medical Ministry International, who supplies operating room beds and anesthesia machines. Services include surgery, child birth, treatment of infections, preventive care and whenever possible, dentistry. The mission experience involves personnel from several departments: clinical, store room, engineering and administration - all assisting in the organization and preparation necessary to extend the reach of Saint Francis' mission. Kathy Aries, RN, a Labor and Delivery nurse at Saint Francis, has become passionate about medical missions. She explained her commitment by saying, "As we grow older, we have to find something to become passionate about. It just keeps us involved in life, and it keeps us connected to humanity. I have found mine. I hope to continue until I can't anymore." Mrs. Aries is inspired by the people she meets. She told the story of a woman who had a fibroid tumor that weighed over 15 pounds. After the surgery she went home with just Motrin, despite a surgical incision that spanned her entire abdomen. The next day she was out on the street selling plantains. Mrs. Aries went on, "It amazes me how strong and happy they are with the little they have in life. And how grateful they are for what we can offer." The work is definitely challenging. "It's difficult," Dr. Bourque acknowledged, "it's the hardest thing I've ever done, because you are responsible for so many things, the logistics, the people on the trip and the patients you serve. All this in conditions that are hard to imagine." "The satisfaction that staff gets by helping those in need is deeply fulfilling. "Nothing external will satisfy you as what you experience internally in your mind. Finding some way to give of yourself to others makes you a much happier person," noted Kathy Aries. The Medical Missions Program at Saint Francis is guided by the statement, "See the World, and Make a Difference, Change Your Life." "It's been incredible," Dr. Bourque shared. "It's made me happier, a better person, a better father, a better obstetrician. Just about in every way it has brought me inner peace to see what we can bring. And now I want to share this with as many people as I can." Dr. Bourque put it best when he said, "If you are more interested in the smile on the other person's face, rather than on your own, life is easy."</p> <p>Integrative Medicine When Susan, an Integrative Medicine patient, was first told of her diagnosis of uterine cancer back in July she was overwhelmed. "It was very hard to hear what was being said. It was such a shock." Then the doctors outlined the plan for her treatment which included surgery, chemotherapy, time off, radiation for 25 days, time off, and then more chemotherapy and radiation in rotation. Susan remembers crying and breaking down. While she realized this medical treatment could save her life she knew she needed support on this journey. She had been given a brochure outlining Integrative Medicine at Saint Francis, so she asked her oncology nurse to set up a meeting with someone to talk about the alternative therapies that might help her. Working in a collaborative role, Integrative Medicine practitioners can help patients actualize their innate healing capacities while honoring and integrating body, mind and spirit. Susan and her Integrative Medicine practitioner have worked out a schedule for treatment on the days she has an appointment for chemotherapy or radiation. Susan also used guided imagery prior to the initial surgery and continues to use it daily throughout her conventional medicine treatment schedule. Integrative Medicine techniques and treatments help Susan to relax and keep her energy levels up during radiation and chemotherapy. "It set the tone in my mind to be open to healing. And it gives me positive energy as I take an active role in my recovery." For many patients, Integrative Medicine is something they embrace without hesitation - for others, Integrative Medicine modalities may be unfamiliar to them, but most are open to trying something which may prove to expedite their healing. Susan was open to participating in Integrative Medicine because she was familiar with meditation and massage. One day she was receiving energy work treatment during a chemotherapy session. The older gentleman sharing her room looked very anxious as he awaited his treatment. The Integrative Medicine practitioner suggested he try a massage. He somewhat reluctantly agreed to have a hand massage. Susan noted, "You could just see his anxiety melt away, he was so much more relaxed after the massage. He was clearly grateful for the support." Integrative Medicine combines treatments from conventional medicine and complementary and Integrative Medicine. A variety of evidence-based modalities are available which can help decrease pain, reduce anxiety and stress, and promote sleep. Over 250 patients per month are able to receive free Int</p>

Identifier	Return Reference	Explanation
		<p>egrative Medicine services as they heal in the Hospital For cancer patients, acupuncture, massage, energy therapy and guided imagery are able to help reduce some of the side effects of treatment and can be effective in relaxing patients with anxiety and rejuvenating those experiencing depleted energy levels Outreach to those in the military is another focus for Integrative Medicine Supportive programs designed to help soldiers reconnect when returning from tours of duty and address the effects of post-traumatic stress disorder and depression are offered on a regular basis Many of the issues faced by returning soldiers respond well to the modalities offered by Integrative Medicine In addition to improving health outcomes, the use of Integrative Medicine practitioners provides patients with another resource for healing They can offer support during the sometimes difficult journey from illness to health As Susan noted, "Having an alternative medicine practitioner offers a balance to the traditional therapies which are focused on the physical body - and I can talk to her, too It's been a huge help to me " All Hospital practitioners are credentialed through Saint Francis Integrative Medicine Service The modalities offered, include - Acupuncture - Cranial Sacral Therapy - Energy Therapy - Hypnosis - Lymphatic Therapy - Meditation and Relaxation Techniques - Pet Therapy - Reflexology - Soft Touch Hand Massage - Sound Therapy - Therapeutic Massage (Patients and Families)</p>

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL center

Employer identification number
06-0646813

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

(a) Name, address, and EIN 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
MOUNTAIN VIEW AMBULATORY SURGERY 114 WOODLAND STREET HARTFORD, CT 06105 25-1924185	AMBULATORY SURGERY	CT	0	0	N/A
SAINT FRANCIS INDEMNITY COMPANY 76 ST PAUL ST SUITE 500 BURLINGTON, VT 05401 90-0656448	MALPRACTICE INSURANCE	VT	1,397,253	40,803,096	N/A

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
See Additional Data Table					

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
COLLABORATIVE LABORATORY SERVICES 114 WOODLAND STREET HARTFORD, CT06105 06-1520109	LAB SERVICES	CT	N/A	RELATED	175,772	9,114,429		No			No
TOTAL LAUNDRY COLLABORATIVE 114 WOODLAND STREET HARTFORD, CT06105 20-8335788	LAUNDRY SERVICES	CT	N/A	RELATED	-156,131	2,688,568		No			No
MEDWORKS LLC 375 EAST CEDAR STREET NEWINGTON, CT06111 06-1490483	REHABILITATION SERVICES	CT	N/A	RELATED	6,849	102,412		No			No

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT06105 06-1432373	HEALTH SERVICES	CT	N/A	C	-1,032,979	430,427	100 000 %
SAINT FRANCIS BEHAVIORAL HEALTH GROUP 114 WOODLAND STREET HARTFORD, CT06105 06-1384686	BEHAVIOR HEALTH SERVICES	CT	N/A	C	-617,398	839,126	100 000 %
SAINT FRANCIS HEALTH CARE PARTNERS 95 WOODLAND st FOURTH FLOOR HARTFORD, CT06105 06-1391257	MGMT AND ADMIN SERVICES	CT	N/A	C	210,799	1,237,478	50 000 %

Part V

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

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

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 (iv) rent from a controlled entity

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

Yes

No

No

No

No

Yes

No

No

No

Yes

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1) saint francis foundation	R	956,860
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2009

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.

[illegible]

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL center

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

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
ASYLUM HILL FAMILY MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT06105 06-1450170	HEALTH SERVICES	CT	501(C)(3)	3	N/A
ONE THOUSAND CORPORATION 1000 ASYLUM STREET HARTFORD, CT06105 06-0922325	MANAGEMENT	CT	501(C)(2)		N/A
SAINT FRANCIS CARE INC 114 WOODLAND STREET HARTFORD, CT06105 06-1491191	SUPPORTS HEALTH CARE ORGANIZATIONS	CT	501(C)(3)	11 TYPE 1	N/A
SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT06105 06-1008255	FUNDRAISING	CT	501(C)(3)	11 TYPE 1	N/A
THE CAMILLUS CORPORATION 1000 ASYLUM STREET HARTFORD, CT06105 06-1051261	SUPPORT HEALTH CARE ORGANIZATIONS	CT	501(C)(3)	11 TYPE 1	N/A
MT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT06105 06-1422973	HOSPITAL	CT	501(C)(3)	3	N/A
SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT06105 06-1450168	HEALTH SERVICES	CT	501(C)(3)	3	N/A
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT06105 06-0660403	SUPPORTS HOSPITAL	CT	501(C)(3)	11 TYPE 1	N/A