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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)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10-01-2012, 2012, and ending 09-30-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ 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)

114 WOODLAND STREET

Room/suite

City or town, state or country, and ZIP + 4

HARTFORD, CT 06105

F Name and address of principal officer

DAVID BITTNER

114 WOODLAND STREET

HARTFORD,CT 06105

H(a) Is this a group return for affiliates?

☐ Yes☒ No

H(b) Are all affiliates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

D Employer identification number

06-0646813

E Telephone number

(860) 714-4000

G Gross receipts \$

758,194,802

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) () ☐ (Insert no)☐ 4947(a)(1) or ☐ 527

J Website:

WWW STFRANCISCARE ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1897

M State of legal domicile

CT

Part I	Summary																																										
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON</div></div>																																										
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>32</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>21</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2012 (Part V, line 2a)</td><td>4,805</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>670</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>2,724,898</td></tr><tr><td>7b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	32	4	Number of independent voting members of the governing body (Part VI, line 1b)	21	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	4,805	6	Total number of volunteers (estimate if necessary)	670	7a	Total unrelated business revenue from Part VIII, column (C), line 12	2,724,898	7b	Net unrelated business taxable income from Form 990-T, line 34	0																								
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Part II

Signature Block

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

Signature of officer

2014-08-06

Date

DAVID BITTNER SENIOR VICE PRESIDENT OF FINANCE

Type or print name and title

Paid Preparer Use Only

Pnnt/Type preparer's name

DOUGLAS FARRINGTON

Preparer's signature

Date

Check ☐ if self-employed

PTIN P00370668

Firm's name

MARCUM LLP

Firm's EIN

11-1986323

Firm's address

CITY PLACE II 185 ASYLUM STREET

HARTFORD, CT 06103

Phone no

(860) 549-8500

Sign Here

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

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2012)

Check if Schedule O contains a response to any question in this Part III ☒

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

If "Yes," describe these changes on Schedule O





















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

4a	(Code) (Expenses \$ 586,952,575 including grants of \$ 23,553) (Revenue \$ 694,097,345)
	AS THE LARGEST CATHOLIC HOSPITAL IN NEW ENGLAND WITH 116 YEARS OF SERVICE, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SHARES WITH OUR CAPITAL REGION A WONDERFUL TRADITION OF CARING THROUGH OUR UNIVERSITY OF CONNECTICUT MEDICAL SCHOOL AFFILIATION, OUR MANY PARTNERSHIPS WITH OTHER SCHOOLS AND COMMUNITY AGENCIES, THROUGH OUR CLINICS AND OUTREACH PROGRAMS, AND OUR EMPLOYEES WHO VALUE REACHING OUT TO THOSE IN NEED, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HONORS THE IMPORTANCE OF CLINICAL EXPERTISE AS WELL AS BUILDING RELATIONSHIPS THAT WILL LAST FOR GENERATIONS SEE SCHEDULE O FOR CONTINUATION

[illegible][illegible]

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

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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, highest 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	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 (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	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, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
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 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	344			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	4,805			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes			
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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: _____ See instructions for 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?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a				No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b				
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8822?	7c				No
d	If "Yes," indicate the number of Forms 8822 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h				
8	Sponsoring organizations maintaining donor advised funds 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?						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

Part VI

Governance, Management, and Disclosure

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	32	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	21	
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	No
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 made 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 <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization DONNA GILBERT 114 WOODLAND STREET MS 5-103-58 HARTFORD, CT (860) 714-9632

Check if Schedule O contains a response to any question in this Part VII ☐

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,829,052	262,357	1,396,375

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 336

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UCONN SCHOOL OF MEDICINE 263 FARMINGTON AVE FARMINGTON CT 06030	PHYSICIAN FEES & SERVICES	14,665,791
DTZ INC - UNICCO 4002 SOLUTIONS CENTER CHICAGO IL 60677	CLEANING SERVICES	3,452,422
AMN HEALTHCARE INC PO BOX 910738 DALLAS TX 75391	TEMP NURSING SERVICES	3,129,829
TOTAL RENAL CARE INC PO BOX 8500-1607 PHILADELPHIA PA 19178	TESTING SERVICES	1,732,073
COVINGTON & BURLING LLP 1201 PENNSYLVANIA AVE NW WASHINGTON DC 20004	LEGAL FEES & SERVICES	1,129,112

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 42

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	3,066,604			
	e	Government grants (contributions)	1e	5,502,928			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,967,233			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		11,536,765			
Program Service Revenue			Business Code				
	2a	PATIENT REVENUE	624100	635,118,563	635,118,563		
	b	LABORATORY REVENUE	621500	38,743,997	37,323,630	1,420,367	
	c	PARTNERSHIP REVENUE	541900	1,891,367	1,836,259	55,108	
	d	PARTNERSHIP REVENUE	621110	96,045	96,045		
	e	PARTNERSHIP REVENUE	621300	-37,884	-37,884		
	f	All other program service revenue		-198,867	-198,867		
	g	Total. Add lines 2a-2f		675,613,221			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,082,425		4,082,425	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			5,634,025				
			0				
			5,634,025				
	d	Net rental income or (loss)		5,634,025		5,634,025	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			32,685,932	105			
			31,662,670	37,486			
			1,023,262	-37,381			
	d	Net gain or (loss)		985,881		985,881	
	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	PREMIUM INCOME	524298	10,768,360	10,325,792	442,568		
b	OTHER PATIENT SVCS	624100	9,199,098		594,723	8,604,375	
c	MISCELLANEOUS	900099	4,841,144	4,430,145	410,999		
d	All other revenue		3,833,727	3,728,187		105,540	
e	Total. Add lines 11a-11d		28,642,329				
12	Total revenue. See Instructions		726,494,646	692,820,737	2,724,898	19,412,246	

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX

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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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	23,553	23,553		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,091,417		8,091,417	
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	258,714,990	213,935,064	44,779,926	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,728,726	14,535,914	3,192,812	
9	Other employee benefits	37,952,513	30,804,724	7,147,789	
10	Payroll taxes	19,028,501	15,305,751	3,722,750	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,474,395		2,474,395	
c	Accounting	655,312		655,312	
d	Lobbying	102,133		102,133	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	169,314		169,314	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	83,623,663	70,884,034	12,739,629	
12	Advertising and promotion	1,957,534	9,401	1,948,133	
13	Office expenses	21,127,552	20,133,075	994,477	
14	Information technology	10,862,686	10,140,089	722,597	
15	Royalties				
16	Occupancy	37,641,417	35,946,815	1,694,602	
17	Travel	2,815,125	2,815,125		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,905,713	11,600,890	304,823	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	35,247,567	35,247,567		
23	Insurance	10,175,661	284,908	9,890,753	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	MEDICAL SUPPLIES	108,445,704	108,445,704		
b	LAB EXPENSE	8,679,708	8,679,708		
c	PROF LIAB INSURANCE	8,429,000		8,429,000	
d	LAUNDRY EXPENSE	3,251,103	3,251,103		
e	All other expenses	25,058,229	4,909,150	20,149,079	
25	Total functional expenses. Add lines 1 through 24e	714,161,516	586,952,575	127,208,941	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

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				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		61,293,114	1	68,155,400
	2	Savings and temporary cash investments		56,003,680	2	52,396,120
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		64,010,089	4	64,514,294
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		830,773	7	503,910
	8	Inventories for sale or use		7,079,572	8	7,188,268
	9	Prepaid expenses and deferred charges		6,008,051	9	5,784,296
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a817,442,238			
	b	Less accumulated depreciation	10b362,226,621	445,157,285	10c	455,215,617
	11	Investments—publicly traded securities		58,072,717	11	68,471,651
	12	Investments—other securities See Part IV, line 11		17,412,422	12	14,699,807
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		72,612,595	15	76,505,195
	16	Total assets. Add lines 1 through 15 (must equal line 34)		788,480,298	16	813,434,558
Liabilities	17	Accounts payable and accrued expenses		33,975,759	17	33,941,565
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		258,580,000	20	254,325,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		7,334,987	23	13,131,144
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		369,475,897	25	281,110,274
	26	Total liabilities. Add lines 17 through 25		669,366,643	26	582,507,983
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		21,687,622	27	149,862,575
	28	Temporarily restricted net assets		44,602,134	28	25,614,000
	29	Permanently restricted net assets		52,823,899	29	55,450,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		119,113,655	33	230,926,575
	34	Total liabilities and net assets/fund balances		788,480,298	34	813,434,558

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	726,494,646
2	Total expenses (must equal Part IX, column (A), line 25)	2	714,161,516
3	Revenue less expenses Subtract line 2 from line 1	3	12,333,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	119,113,655
5	Net unrealized gains (losses) on investments	5	2,330,215
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-441,000
9	Other changes in net assets or fund balances (explain in Schedule O)	9	97,590,575
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	230,926,575

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
REV THOMAS J BARRY JCL CHAIRMAN	1 00 2 00	X		X				0	0	0
MOST REV HENRY J MANSELL DD CHAIRMAN, EX OFFICIO	2 00 4 00	X		X				0	0	0
CHRISTOPHER M DADLEZ PRESIDENT & CEO	55 00 11 00	X		X				1,528,360	0	815,444
BARBARA J CALDERONE BSN JD SECRETARY	1 00 1 00	X		X				0	0	0
L JEFFREY BALDWIN DIRECTOR	1 00 1 00	X						0	0	0
SURENDRA K CHAWLA MD DIRECTOR	1 00 1 00	X						0	0	0
ROBERT M ELLIS DIRECTOR	2 00 2 00	X						0	0	0
P ANTHONY GIORGIO PHD DIRECTOR	1 00 2 00	X						0	0	0
WALTER HARRISON PHD DIRECTOR	1 00 1 00	X						0	0	0
JEFFREY S HOFFMAN DIRECTOR	1 00 1 00	X						0	0	0
PETER G KELLY JD DIRECTOR	1 00 2 00	X						0	0	0
KARL J KRAPEK DIRECTOR	1 00 1 00	X						0	0	0
SISTER DOLORES LAHR CSJ DIRECTOR	1 00 1 00	X						0	0	0
DAVID A LENTINI DIRECTOR	1 00 1 00	X						0	0	0
JOYCE D MANDELL DIRECTOR	1 00 1 00	X						0	0	0
JOHN J MARA MD DIRECTOR	1 00 1 00	X						0	0	0
REV MSGR JOHN MCCARTHY JCD JD DIRECTOR	1 00 1 00	X						0	0	0
PAUL F MITCHELL DMD DIRECTOR	1 00 58 00	X						65,625	262,357	41,305
DANIEL P O'CONNELL DIRECTOR	2 00 3 00	X						0	0	0
KEVIN J O'CONNOR JD DIRECTOR	1 00 1 00	X						0	0	0
JOHN D PAPANDREA MD DIRECTOR	1 00 1 00	X						0	0	0
CURTIS D ROBINSON DIRECTOR	4 00 3 00	X						0	0	0
JOHN W RODGERS MD DIRECTOR	1 00 1 00	X						0	0	0
DR GALO A RODRIGUEZ MPH DIRECTOR	1 00 1 00	X						0	0	0
ANDREW A SADANOWICZ DIRECTOR	1 00 1 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUSAN J SAPPINGTON DIRECTOR	1 00 1 00	X						0	0	0
HENRY S SCHERER JR DIRECTOR	3 00 3 00	X						0	0	0
PHILIP J SCHULZ DIRECTOR	2 00 1 00	X						0	0	0
ROSALIND E SHENKMAN LCSW DIRECTOR	1 00 1 00	X						0	0	0
JEAN-PIERRE VAN ROOY DIRECTOR	1 00 1 00	X						0	0	0
GEN R JOHN M WATKINS DIRECTOR	1 00 1 00	X						0	0	0
ADRIENNE W COCHRANE JD DIRECTOR	1 00 1 00	X						0	0	0
STEVEN T RUBY MD DIRECTOR / DEPT CHAIRMAN DIRECTOR	55 00 2 00	X						591,542	0	13,086
ANDREW J PINKES DIRECTOR	1 00 1 00	X						0	0	0
TIMOTHY L PRETE DIRECTOR	1 00 1 00	X						0	0	0
SHERI A LEMIEUX ASSISTANT SECRETARY	55 00 0 00			X				114,626	0	8,403
TERESA M BOLTON GENERAL COUNSEL	55 00 2 00				X			335,802	0	26,468
ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55 00 2 00				X			365,486	0	44,577
GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	55 00 0 00				X			461,634	0	32,970
KATHLEEN M ROCHE EXECUTIVE VP & COO	55 00 6 00				X			671,879	0	37,828
JENNIFER SCHNEIDER CHIEF COMPLIANCE OFFICER	55 00 0 00				X			214,880	0	33,124
ARTHUR DETORE SVP, CHIEF PHYSICIAN EXECUTIVE	55 00 0 00				X			637,871	0	43,834
REBECCA BURKE SVP, PATIENT CARE & CLINICAL SERVICE, CNO	55 00 0 00				X			368,787	0	24,437
JOHN N GIAMALIS EVP & CHIEF ADMIN OFFICER	55 00 9 00				X			751,809	0	46,607
DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55 00 0 00				X			299,872	0	12,904
LINDA SHANLEY VP AND CIO	55 00 0 00				X			311,949	0	13,584
E MERRITT MCDONOUGH JR SF FOUNDATION PRESIDENT	55 00 2 00				X			391,149	0	25,741
JAMES W SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	55 00 0 00					X		298,472	0	30,686
ROBERT FALAGUERRA VP FACILITIES & SUPPORT SERVICES	55 00 2 00					X		245,700	0	39,404
ERNESTO M CANALIS MD DIRECTOR OF RESEARCH	55 00 0 00					X		286,174	0	31,967

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ELLEN E WILCOX PHD CHIEF MEDICAL PHYSICIST	55 00 0 00					X		240,955	0	21,692
HUNTER GIROUX ADMIN DIR OCC HEALTH	55 00 0 00					X		233,748	0	26,950
DONALD STRACESKI FORMER INTERIM CFO	55 00 2 00						X	412,732	0	25,364

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33¹/₃% 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 33¹/₃% 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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
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 2012 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2011 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			▶
17a 10%-facts-and-circumstances test—2012. 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—2011. 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 Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

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

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

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

If the organization answered “Yes” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If “Yes,” describe in Part IV	

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

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

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

Part II-A

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

- A
- Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a)		(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?	Yes		
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		161,114
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			161,114
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

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

☐ Yes

☐ No

Part IV

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

- 1a

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

☐ Yes

☐ No
- b

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

	Amount
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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	64,278,125	60,257,184	62,884,485	59,910,100	60,938,954
b Contributions					18,366
c Net investment earnings, gains, and losses	3,836,435	4,020,941	-2,627,301	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	68,114,560	64,278,125	60,257,184	62,884,485	59,910,100

- 2

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

a

Board designated or quasi-endowment

25 000 %

b

Permanent endowment

75 000 %

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

(ii) related organizations

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

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

☐
- 4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,025,317		6,025,317
b Buildings		466,804,576	145,391,110	321,413,466
c Leasehold improvements		1,790,857	1,646,166	144,691
d Equipment		281,684,745	202,719,447	78,965,298
e Other		61,136,743	12,469,898	48,666,845
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				455,215,617

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return					
1	Total revenue, gains, and other support per audited financial statements			1	715,928,260
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,330,215		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	41,738,357		
e	Add lines 2a through 2d			2e	44,068,572
3	Subtract line 2e from line 1			3	671,859,688
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	54,634,958		
c	Add lines 4a and 4b		4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	726,494,646
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return					
1	Total expenses and losses per audited financial statements			1	703,480,130
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	37,302,613		
e	Add lines 2a through 2d			2e	37,302,613
3	Subtract line 2e from line 1			3	666,177,517
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	47,983,999		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	714,161,516
Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	(AMOUNTS IN THOUSANDS) THE HOSPITAL AND MEDICAL CENTER AND ITS PRINCIPAL SUBSIDIARIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND EXEMPT FROM STATE AND LOCAL INCOME TAXES. TAX PROVISIONS AND RELATED LIABILITIES FOR CERTAIN TAXABLE SUBSIDIARIES ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS. THE HOSPITAL AND MEDICAL CENTER HAS NET OPERATING LOSS CARRYFORWARDS RESULTING IN THE AMOUNT OF \$2,144. THESE NET OPERATING LOSS CARRYFORWARDS RESULT IN A DEFERRED TAX ASSET OF \$858, WHICH IS OFFSET BY A CORRESPONDING VALUATION ALLOWANCE OF THE SAME AMOUNT. SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C HAS NET OPERATING LOSS CARRYFORWARDS IN THE AMOUNT OF \$4,328. THESE NET OPERATING LOSS CARRYFORWARDS RESULT IN A DEFERRED TAX ASSET OF \$1,731, WHICH IS OFFSET BY A CORRESPONDING VALUATION ALLOWANCE OF THE SAME AMOUNT.
PART XI, LINE 2D - OTHER ADJUSTMENTS		INCOME FROM SUBSIDIARIES 21,101,133. BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER 20,253,386. BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES 383,838.
PART XI, LINE 4B - OTHER ADJUSTMENTS		INCOME FROM PARTNERSHIP INVESTMENTS 345,083. INCOME FROM ST FRANCIS INDEMNITY CORPORATION, LLC 12,100,344. INCOME FROM COLLABORATIVE LAB SERVICES 39,127,927. NET TRANSFER FROM SAINT FRANCIS FOUNDATION 3,061,604.
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES FROM SUBSIDIARIES 16,665,389. BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER 20,253,386. BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES 383,838.
PART XII, LINE 4B - OTHER ADJUSTMENTS		EXPENSES FROM ST FRANCIS INDEMNITY COMPANY, LLC 9,259,616. EXPENSES FROM COLLABORATIVE LAB SERVICES 38,719,383. EXPENSES FROM PARTNERSHIP INVESTMENTS 5,000.

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

2012

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I

Financial Assistance and Certain Other Community Benefits at Cost

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

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		14,904	6,255,153		6,255,153	0 880 %
b Medicaid (from Worksheet 3, column a)		38,087	38,240,198		38,240,198	5 350 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,872,043		6,872,043	0 960 %
d Total Financial Assistance and Means-Tested Government Programs		52,991	51,367,394		51,367,394	7 190 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		69,768	3,230,058		3,230,058	0 450 %
f Health professions education (from Worksheet 5)		1,565	25,709,672	9,313,907	16,395,765	2 300 %
g Subsidized health services (from Worksheet 6)		5,441	759,270		759,270	0 110 %
h Research (from Worksheet 7)			1,564,900		1,564,900	0 220 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)		3,352	535,770		535,770	0 080 %
j Total. Other Benefits		80,126	31,799,670	9,313,907	22,485,763	3 160 %
k Total. Add lines 7d and 7j		133,117	83,167,064	9,313,907	73,853,157	10 350 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support			3,583		3,583	0 %
4Environmental improvements			383,112		383,112	0 050 %
5Leadership development and training for community members						
6Coalition building			240,979		240,979	0 030 %
7Community health improvement advocacy			18,402		18,402	0 %
8Workforce development						
9Other						
10Total			646,076		646,076	0 080 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did 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. Explain in Part VI the methodology used by the organization to estimate this amount.

2

6,389,788

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

189,768,451

6Enter Medicare allowable costs of care relating to payments on line 5.

6

204,977,366

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-15,208,915

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.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

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

9a

Yes

bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GRTR HTFD LITHOTRIPSY LLC	HEALTH CARE SERVICES - LITHOTRIPSY	20 000 %		40 000 %
2 2 ST FRANCIS GI ENDOSCOPY LLC	HEALTH CARE SERVICES - ENDOSCOPY	49 000 %		51 000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
1

Name, address, and primary website address

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
1	ST FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	X	X		X			X			

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

Name of hospital facility or facility reporting group

For single facility filers only: line Number of Hospital Facility (from Schedule H, Part V, Section A)

1

		Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9 If "Yes," indicate what the CHNA report describes (check all that apply)	1	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input checked="" type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>11</u>		
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	Yes
5	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	5	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website		
b	<input checked="" type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply to date)		
a	<input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b	<input checked="" type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g	<input checked="" type="checkbox"/> Prioritization of health needs in its community		
h	<input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$_____		

Part V

Facility Information (continued)

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		9	Yes
10 Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate the FPG family income limit for eligibility for free care <u>200 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		10	Yes
11 Used FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>250 00000000000000</u> % If "No," explain in Part VI the criteria the hospital facility used		11	Yes
12 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply)		12	Yes
a <input type="checkbox"/> Income level			
b <input type="checkbox"/> Asset level			
c <input type="checkbox"/> Medical indigency			
d <input type="checkbox"/> Insurance status			
e <input checked="" type="checkbox"/> Uninsured discount			
f <input type="checkbox"/> Medicaid/Medicare			
g <input type="checkbox"/> State regulation			
h <input type="checkbox"/> Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?		13	Yes
14 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)		14	Yes
a <input type="checkbox"/> The policy was posted on the hospital facility's website			
b <input checked="" type="checkbox"/> The policy was attached to billing invoices			
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices			
e <input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility			
f <input checked="" type="checkbox"/> The policy was available upon request			
g <input checked="" type="checkbox"/> Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?		15	Yes
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged		17	No
a <input type="checkbox"/> Reporting to credit agency			
b <input type="checkbox"/> Lawsuits			
c <input type="checkbox"/> Liens on residences			
d <input type="checkbox"/> Body attachments			
e <input type="checkbox"/> Other similar actions (describe in Part VI)			

Part V

Facility Information (continued)

- 18
- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)
- a

☐

Notified individuals of the financial assistance policy on admission
- b

☐

Notified individuals of the financial assistance policy prior to discharge
- c

☐

Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
- d

☐

Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
- e

☐

Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

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

20	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
21	During the tax year, did the hospital facility charge any FAP-eligible individuals to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
22	During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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

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

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

Part VI Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, Part V, Section A, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22
- 2
- Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report
- 8
- Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22

Identifier	ReturnReference	Explanation
		PART I, LINE 3C N/APART I, LINE 4 SAINT FRANCIS 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 SAINT FRANCIS 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, SAINT FRANCIS 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 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES
		PART I, LINE 6A SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL WEBSITE

Identifier	ReturnReference	Explanation
		PART I, LINE 7 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 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
		PART II 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 HOUSINGTHE SAINT FRANCIS FOUNDATION ALSO MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT FOCUS ON HOUSING IN THE HARTFORD COMMUNITY SUCH AS THE HOUSE OF BREAD (A HOMELESS SHELTER), HABITAT FOR HUMANITY, REBUILDING HARTFORD TOGETHER, AND HARTFORD COMMUNITIES THAT CARE THE HOSPITAL IS ALSO INSTRUMENTAL IN A PROGRAM TO SUPPORT LEAD SAFE HOUSING FOR CHILDREN THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA ECONOMIC DEVELOPMENTTHE 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 CITY HEALTH AND HUMAN SERVICES DEPARTMENT, THE NORTHSIDE INSTITUTIONAL NEIGHBORHOOD ALLIANCE, 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 THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA 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 REACH OUT AND READ PROGRAM AT SAINT 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 AND ASSIST CHILDREN IN LEARNING THE SKILLS THEY NEED TO SUCCEED IN SCHOOL THE VISION OF THE 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 VIOLENCE 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 DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT RESOURCES TO ADDRESS 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 PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS" PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED SAINT FRANCIS HOSPITAL & MEDICAL CENTER FURTHER DEMONSTRATES ITS COMMITMENT TO PREVENTION BY SUPPORTING THE CHILD ADVOCACY CENTER AND PARTICIPATING REGULARLY IN THE CHILD PROTECTION TEAM MEETINGS THIS WORK FOCUSES ON ISSUES REGARDING CHILD ABUSE/NEGLECT & CHILD ABUSE PREVENTION THESE, ALONG WITH OTHER SAINT FRANCIS PROGRAMS, INCREASE THE UNDERSTANDING 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 CRISIS 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 HEALTHY START PROGRAM PROVIDES SUPPORT TO NEW MOMS BOTH DURING PREGNANCY AND DURING THE FIRST YEAR OF THEIR CHILD'S LIFE TO PREVENT INFANT MORTALITY PARENTING SUPPORT, RESOURCE REFERRALS, AND HEALTH EDUCATION IS TAILORED TO EACH PATIENTS NEEDS AND PROVIDED IN A ONE-TO-ONE SETTING THE PROGRAM IS CO-LOCATED WITH THE OBGYN CLINIC AND STAFF WORK HAND IN HAND WITH OTHER PARENTING SUPPORT PROGRAMS SUCH AS MATERNAL AND INFANT OUTREACH PROGRAM, NURTURING FAMILIES AND FAMILY ENRICHMENT ENVIRONMENTAL IMPROVEMENTSSAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY OF HARTFORD THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO IMPROVE READINESS FOR DISASTER RESPONSE THE HOSPITAL CONTRIBUTES SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE LEADERSHIP DEVELOPMENTIN 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 UPON WHEN NEEDED THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA

Identifier	ReturnReference	Explanation
		<p>COALITION BUILDINGIN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION IN LOCAL COALITIONS SUCH AS THE NORTH END INSTITUTIONAL NEIGHBORHOOD ALLIANCE, 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 THE 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 INCLUDES 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 SAINT FRANCIS PARTNERS WITH THE CAPITOL REGION EDUCATIONAL COUNCIL'S HEALTH EDUCATION PROFESSIONALS ACADEMY FOR TRAINING HIGH SCHOOL STUDENTS ABOUT THE MANY OPPORTUNITIES IN THE FIELD OF HEALTH MASTERS AND PHD LEVEL STUDENTS ARE ALSO RECRUITED FROM A VARIETY OF LOCAL UNIVERSITIES AND COLLEGES 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 IMPROVEMENTSADVOCACY 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 MARCUS MCKINNEY HAS DEVELOPED AN EXPERTISE IN HEALTH DISPARITIES AND IS INVOLVED WITH COLLABORATIONS AT THE STATE AND NATIONAL LEVEL TO ADDRESS THIS ISSUE ADDITIONALLY, CHRISTOPHER DADLEZ HAS IDENTIFIED HEALTH DISPARITIES AS AN AREA OF INTEREST AND IS ACTIVE IN ADVOCACY WORK ON THIS ISSUE DR LUIS DIEZ-MORALES IS VERY INVOLVED IN THE MALTA HOUSE OF CARE, A NON-PROFIT ORGANIZATION THAT PROVIDES CLINICAL SERVICES FREE OF CHARGE TO IMMIGRANTS IN THE CITY OF HARTFORD THE ORGANIZATION'S WORK INCLUDES ADVOCATING ON BEHALF OF THIS POPULATION AND IS WELL RESPECTED THROUGHOUT SAINT FRANCIS AND AT THE STATE LEVEL DR GREGORY MAKOUL IS A NATIONALLY KNOWN EXPERT ON HEALTH COMMUNICATIONS HE HAS PUBLISHED MANY ARTICLES ABOUT THIS ISSUE AND SERVES AS THE ACADEMIC OFFICER OF SAINT FRANCIS HOSPITAL HIS WORK FOCUSES ON MAKING IMPROVEMENTS TO COMMUNICATION BETWEEN PROVIDERS AND PATIENTS SO AS TO IMPROVE CARE</p>
		<p>PART III, LINE 4 SAINT FRANCIS 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 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 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES</p>

Identifier	ReturnReference	Explanation
		PART III, LINE 8 NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT
		PART III, LINE 9B SEE PART III, LINE 4

Identifier	ReturnReference	Explanation
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		PART V, SECTION B, LINE 1J THE HOSPITAL AUGMENTED THE CHNA COMPLETED IN MARCH 2012 IN PARTNERSHIP WITH THE OTHER HOSPITALS IN HARTFORD WITH INFORMATION FROM QUESTIONNAIRES WITH PATIENTS, FOCUS GROUPS WITH COMMUNITY MEMBERS AND INTERVIEWS WITH HEALTH CARE PROVIDERS SO AS TO GAIN A MORE COMPREHENSIVE PICTURE OF THE NEEDS AS WELL AS THE PRIORITIES IT WAS APPROVED BY THE BOARD OF DIRECTORS AND SUBSEQUENTLY A COMMUNITY HEALTH IMPLEMENTATION STRATEGY WAS ADOPTED IN FEBRUARY 2014
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		PART V, SECTION B, LINE 7 THE IMPLEMENTATION STRATEGY WHICH ADDRESSES THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THEY INCLUDE COMMUNICATION, STRUCTURAL ISSUES THAT IMPACT ACCESS TO CARE, CLINICAL AREAS OF NEED, AND SOCIAL DETERMINANTS OF HEALTH (A COPY OF THE COMMUNITY HEALTH IMPROVEMENT STRATEGY IS INCLUDED IN THE APPENDIX) INITIATIVES ARE ALREADY IN PLACE TO IMPROVE COMMUNICATION BETWEEN PATIENTS AND PROVIDERS, THESE INCLUDE - RELATIONSHIP BASED CARE - CENTER FOR HEALTH EQUITY - LANGUAGE SERVICES PROGRAM - DIVERSITY COLLABORATIVE INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE INCLUDE - CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION - COMMUNITY AND POPULATION HEALTH MODEL - NAVIGATION SERVICES - EMERGENCY MEDICINE PRIMARY CARE COORDINATION FOR CLINICAL SERVICES THE HOSPITAL HAS IDENTIFIED EIGHT AREAS OF FOCUS, THESE INCLUDE - ASTHMA AND COPD - BEHAVIORAL HEALTH - HEART DISEASE AND STROKE - INFANT MORTALITY - PREVENTION SCREENING - OBESITY AND CO-MORBID METABOLIC SYNDROME - ORAL HEALTH - DIABETES THE SOCIAL DETERMINANTS OF HEALTH THAT WILL BE TARGETED BY SAINT FRANCIS IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS INCLUDE HOUSING, ACCESS TO HEALTHY FOOD, SECURITY AND TRANSPORTATION THESE SOCIAL DETERMINANTS WERE IDENTIFIED AS HAVING THE MOST SIGNIFICANT IMPACT ON HEALTH OUTCOMES

Identifier	ReturnReference	Explanation
		<p>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 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 THE INFORMATION COLLECTED FROM THESE INTERVIEWS IDENTIFIED THE IMPORTANT HEALTH ISSUES AS DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL OF WHICH ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES QUALITATIVE DATADATA WAS GATHERED FROM COMMUNITY MEMBERS VIA FOCUS GROUPS, INFORMAL INTERVIEWS AND INTERACTIONS DURING COMMUNITY EVENTS AS WELL AS QUESTIONNAIRES WITH PATIENTS IN THE WAITING ROOMS OF THE PRIMARY CARE CLINICS WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAWAS PRIORITIES</p>
		<p>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 A PATIENT PASSBOOK IS BEING DEVELOPED WHICH WILL BE GIVEN TO EACH PATIENT AND CONTAINS FURTHER INFORMATION ABOUT FINANCIAL ASSISTANCE 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, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AS NEEDED CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014</p>

Identifier	ReturnReference	Explanation
		<p>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 IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY 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 RESIDENTS REPORTING 42% LATINO (OF ANY RACE), 37% AFRICAN AMERICAN, 33% WHITE A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH 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 THE CONNECTICUT HOSPITAL ASSOCIATION PROVIDED SAINT FRANCIS WITH A COMMUNITY HEALTH PROFILE BASED ON DATA COLLECTED BY THE HOSPITAL ABOUT PATIENT SERVICES PROVIDED THIS PROFILE INCLUDES THE METRO HARTFORD AREA WHICH IS QUITE DISTINCT FROM THE CITY OF HARTFORD THIS POPULATION OF THIS AREA IS OVER 750,000 PEOPLE WITH 64% WHITE, 14% AFRICAN AMERICAN, 15% LATINO, 5% ASIAN THE POVERTY RATE IS AT 11% THE TOP FIVE HEALTH CONDITIONS IDENTIFIED FROM INPATIENT DATA INCLUDE HIGH BLOOD PRESSURE, DEPRESSION, ALCOHOL AND SUBSTANCE ABUSE. HEART FAILURE. DIABETES. ADDITIONALLY, THE REPORT HIGHLIGHTS A NUMBER OF HEALTH ISSUES THAT IMPACT BLACKS AND HISPANICS DISPROPORTIONATELY, THAT IS, THEY REPRESENT HEALTH DISPARITIES FOR THESE GROUPS INCLUDED ARE TEEN PREGNANCY, HIGH RATES OF LOW-BIRTH WEIGHT, HIGH INCIDENCE OF VIOLENCE, DIABETES, BREAST CANCER, HIGH BLOOD PRESSURE AND SEXUAL TRANSMITTED DISEASES</p>
		<p>PART VI, LINE 5 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 ADDICTION 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 MEN, THE 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 NEED LET'S NOT MEET BY ACCIDENT TEEN VIOLENCE PREVENTION KISS CT KIDS IN SAFETY SEATS NURTURING FAMILIES NETWORK TEEN PARENT SUPPORT PROGRAM HEALTHY START PROGRAM WORKING TO PREVENT INFANT MORTALITY EMERGENCY FOOD BANK PROVIDING FOOD TO FAMILIES IN NEED MEDICAL LEGAL PARTNERSHIP LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS LEAD SAFE HOUSE FREE HOUSING FOR FAMILIES IMPACTED BY LEAD POISONING KEEP THE POWER ON ASSISTANCE TO FAMILIES FOR PAYING UTILITY BILLS WOMEN'S HEART PROGRAM FREE HEART HEALTH SCREENING AND ASSESSMENT MEDICAL MISSIONS SERVICES PROVIDED IN OTHER COUNTRIES FREE OF CHARGE CHILDREN'S ADVOCACY CENTER SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY CHILD SEXUAL ABUSE INTEGRATIVE 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 SHOOTING COMMUNITY ACCESS TO RECOVERY SUPPORT FOR DRUG ADDICTED PARENTS AND SPOUSES DIABETES SUPPORT GROUP SUPPORT FOR COMMUNITY MEMBERS WITH DIABETES</p>

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE ORGANIZATION IS NOT A PART OF AN AFFILIATED HEALTH CARE SYSTEM PART VI, LINE 7 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
REPORTS FILED WITH STATES	PART VI, LINE 7	CT

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

2012

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. Part II can be duplicated 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 listed in the line 1 table

▶

3

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

▶

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.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) EMPLOYEE CHILDREN'S SCHOLARSHIP FUND	10	10,000		BOOK	
(2) MULLANE SCHOLARSHIP FUND	4	4,000		BOOK	
(3) TRIOMPO HEALING HEARTS & HANDS AWARD	15	9,053		BOOK	
(4) S A CARRABBA, MD, AWARD (RESEARCH PROJECT)	1	500		BOOK	

Part IV Supplemental Information.		
Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information		
Identifier	Return Reference	Explanation

Schedule J (Form 990) <div>Department of the Treasury Internal Revenue Service</div>	Compensation Information 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.	OMB No 1545-0047
		2012
		Open to Public Inspection

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 checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</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			
	<div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>				
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				
	<div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5a		No	
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				
	<div><div>a The organization?</div><div>b Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6a		No	
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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				
	8		No		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9			

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

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

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

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

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
	PART I, LINES 4A-B	DONALD STRACESKI RECEIVED A SEVERANCE BENEFIT OF \$163,290. CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR.

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)	815,049	713,311	0	784,731	30,713	2,343,804	0
	(ii)	0	0	0	0	0	0	0
PAUL F MITCHELL DMD	(i)	65,625	0	0	0	0	65,625	0
	(ii)	262,357	0	0	23,261	18,044	303,662	0
STEVEN T RUBY MD	(i)	581,542	10,000	0	0	13,086	604,628	0
	(ii)	0	0	0	0	0	0	0
TERESA M BOLTON	(i)	277,802	58,000	0	13,806	12,662	362,270	0
	(ii)	0	0	0	0	0	0	0
ROBERT CHRISTOPHER HARTLEY	(i)	318,486	47,000	0	24,037	20,540	410,063	0
	(ii)	0	0	0	0	0	0	0
GREG MAKOUL	(i)	369,784	91,850	0	14,700	18,270	494,604	0
	(ii)	0	0	0	0	0	0	0
KATHLEEN M ROCHE	(i)	499,329	172,550	0	14,700	23,128	709,707	0
	(ii)	0	0	0	0	0	0	0
JENNIFER SCHNEIDER	(i)	185,780	29,100	0	14,204	18,920	248,004	0
	(ii)	0	0	0	0	0	0	0
ARTHUR DETORE	(i)	456,071	181,800	0	13,027	30,807	681,705	0
	(ii)	0	0	0	0	0	0	0
REBECCA BURKE	(i)	306,787	62,000	0	14,700	9,737	393,224	0
	(ii)	0	0	0	0	0	0	0
JOHN N GIAMALIS	(i)	557,559	194,250	0	14,700	31,907	798,416	0
	(ii)	0	0	0	0	0	0	0
DAWN BRYANT	(i)	266,539	33,333	0	0	12,904	312,776	0
	(ii)	0	0	0	0	0	0	0
LINDA SHANLEY	(i)	286,949	25,000	0	0	13,584	325,533	0
	(ii)	0	0	0	0	0	0	0
E MERRITT MCDONOUGH JR	(i)	340,482	50,667	0	0	25,741	416,890	0
	(ii)	0	0	0	0	0	0	0
JAMES W SCHEPKER	(i)	248,472	50,000	0	11,122	19,564	329,158	0
	(ii)	0	0	0	0	0	0	0
ROBERT FALAGUERRA	(i)	214,000	31,700	0	18,860	20,544	285,104	0
	(ii)	0	0	0	0	0	0	0
ERNESTO M CANALIS MD	(i)	276,174	10,000	0	24,030	7,937	318,141	0
	(ii)	0	0	0	0	0	0	0
ELLEN E WILCOX PHD	(i)	240,955	0	0	15,197	6,495	262,647	0
	(ii)	0	0	0	0	0	0	0
HUNTER GIROUX	(i)	169,434	64,314	0	14,501	12,449	260,698	0
	(ii)	0	0	0	0	0	0	0
DONALD STRACESKI	(i)	212,702	36,740	163,290	23,753	1,611	438,096	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2012

Open to Public Inspection

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		(i) Pool financing	
							Yes	No	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 11/93		X		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		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 4/93		X		X		X

Part II

Proceeds

		A	B	C	D
1	Amount of bonds retired	1,630,000		1,630,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	39,745,000	175,000,000	29,870,000	
4	Gross proceeds in reserve funds	629,173			
5	Capitalized interest from proceeds	13,186,671	13,186,671		
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	447,069	1,536,917	609,546	
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds	38,673,020		29,259,335	
10	Capital expenditures from proceeds	161,813,329	161,813,329		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2011		2011	
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No
		X		X	X
15	Were the bonds issued as part of an advance refunding issue?		X		X
16	Has the final allocation of proceeds been made?	X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X	

Part III

Private Business Use

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

Part III Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X					
c	Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X		X					
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								
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								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV Arbitrage

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

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
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?		X		X		X		
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V

Procedures To Undertake Corrective Action

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

Part VI

Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Identifier	Return Reference	Explanation
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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL CENTER

(a) Name of interested person	(b) Relationship	(c) Amount of	(d) Description
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(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	147,213	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS JOHN N GIAMALIS WAS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(2) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	2,789,493	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS JOHN N GIAMALIS WAS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(3) CHRISTOPHER DADLEZ	CEO & PRESIDENT	147,213	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(4) CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,789,493	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(5) REBECCA BURKE	KEY EMPLOYEE	2,500,000	PURCHASE OF SERVICES FROM SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C REBECCA BURKE IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No
(6) REBECCA BURKE	KEY EMPLOYEE	699,667	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C REBECCA BURKE IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No
(7) REBECCA BURKE	KEY EMPLOYEE	18,793,011	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORY SERVICES REBECCA BURKE IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES		No
(8) REBECCA BURKE	KEY EMPLOYEE	25,363,904	PURCHASE OF SERVICES AND SUPPLIES TO COLLABORATIVE LABORATORY SERVICES REBECCA BURKE IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES		No
(9) DANIEL O'CONNELL	DIRECTOR	147,213	RENTAL OF OFFICE SPACE, ADMINSTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS DANIEL O'CONNELL WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(10) DANIEL O'CONNELL	DIRECTOR	2,789,493	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS DANIEL O'CONNELL WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(11) E MERRITT MCDONOUGH JR	KEY EMPLOYEE	3,100,271	EMPLOYEE OF PEOPLE'S UNITED INSURANCE - PURCHASE OF INSURANCE SERVICES		No
(12) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	3,863,784	DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE - LAUNDRY SERVICES		No
(13) KATHLEEN ROCHE	EXECUTIVE VICE PRESIDENT & COO	147,213	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS KATHLEEN ROCHE WAS A BOARD MEMBER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(14) KATHLEEN ROCHE	EXECUTIVE VICE PRESIDENT & COO	2,789,493	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS KATHLEEN ROCHE WAS A BOARD MEMBER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(15) JOHN J MARA MD	DIRECTOR	0	DIRECTOR JOHN MARA'S SPOUSE, JEANINE MARA, IS A BOARD MEMBER FOR MT SINAI REHAB HOSPITAL		No
(16) SURENDRA CHAWLA	DIRECTOR	0	DIRECTOR SURENDRA CHAWLA'S SPOUSE, RANJANA CHAWLA, IS A BOARD MEMBER FOR SAINT FRANCIS FOUNDATION		No
(17) JOHN J MARA MD	DIRECTOR	192,802	SAINT FRANCIS HOSPITAL & MEDICAL CENTER RENTS OFFICE SPACE TO HARTFORD ORTHOPEDIC SURGEONS JOHN J MARA, MD IS PRESIDENT OF HARTFORD ORTHOPEDIC SURGEONS		No
(18) PETER G KELLY JD	DIRECTOR	117,283	PETER KELLY'S DAUGHTER, BRIDGET KELLY, IS A PHYSICIAN ASSISTANT FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		No
(19) PHILIP J SCHULZ	DIRECTOR	257,270	PHILIP SCHULZ'S DAUGHTER-IN-LAW, NICOLE SCHULZ, IS THE VP OF REVENUE CYCLE FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		No
(20) ARTHUR DETORE MD	KEY EMPLOYEE	147,213	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS ARTHUR DETORE, MD WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(21) ARTHUR DETORE MD	KEY EMPLOYEE	2,789,493	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS ARTHUR DETORE, MD WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(22) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	151,398	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JOHN N GIAMALIS WAS VICE PRESIDENT OF SAINT FRANCIS CARE MEDICAL GROUP		No
(23) KATHLEEN ROCHE	EXECUTIVE VICE PRESIDENT & COO	151,398	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP KATHLEEN ROCHE WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(24) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	151,398	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP R CHRISTOPHER HARTLEY WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(25) TERESA BOLTON	KEY EMPLOYEE	151,398	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP TERESA BOLTON WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(26) P ANTHONY GIORGIO	DIRECTOR	744,856	LEASE PAYMENTS AND LEASEHOLD IMPROVEMENTS FROM KEYSTONE COMPANIES, LLC, 103 WOODLAND STREET, LLC, DORSET CROSSING LLC P ANTHONY GIORGIO WAS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL GROUP, SAINT FRANCIS CARE, INC AND MT SINAI REHABILITATION CENTER, INC		No
(27) KARL KRAPEK	DIRECTOR	744,856	LEASE PAYMENT AND LEASEHOLD IMPROVEMENTS FROM KEYSTONE COMPANIES, LLC, 103 WOODLAND STREET, LLC, DORSET CROSSING LLC KARL KRAPEK WAS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL GROUP AND SAINT FRANCIS CARE, INC		No
(28) JEAN-PIERRE VAN ROOY	DIRECTOR	205,312	SON - DR ERIC VAN ROOY IS AFFILIATED WITH CONNECTICUT RADIATION ONCOLOGY WHICH HAS A PSA TO RUN THE CYBERKNIFE PROGRAM AT SFH		No
(29) JOHN D PAPANDREA MD	DIRECTOR	67,100	DR JOHN PAPANDREA'S SPOUSE, DR KATHLEEN KENNEDY, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER DR JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER AND SAINT FRANCIS CARE, INC		No
(30) JOHN D PAPANDREA MD	DIRECTOR	730,375	DR JOHN PAPANDREA IS A SHAREHOLDER IN A PRIVATE MEDICAL GROUP PRACTICE THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE AND ASSOCIATED OCCUPANCY EXPENSES FOR MULTIPLE LOCATIONS		No
(31) JOHN W RODGERS MD	DIRECTOR	267,450	DR JOHN RODGERS IS A SHAREHOLDER IN A PRIVATE MEDICAL GROUP PRACTICE THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE AND ASSOCIATED OCCUPANCY EXPENSES FOR MULTIPLE LOCATIONS		No

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public

Inspection

Name of the organization

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number

06-0646813

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	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. OUR MISSION: WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON. OUR CORE VALUES: 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 UNDERSERVED, 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 2013. 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 2013, SAINT FRANCIS PROVIDED \$89,498,278 IN COMMUNITY BENEFIT, OF WHICH \$6,255,153 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$20,253,386 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 2013, SAINT FRANCIS PROVIDED COMMUNITY BENEFIT SERVICES TO 181,545 INDIVIDUALS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS. CHARITY CARE - \$ 6,255,153. FREE OR DISCOUNTED HEALTH SERVICES ARE PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY CRITERIA. 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 HEALTHCARE - \$ 48,108,475. GOVERNMENT-SPONSORED HEALTHCARE COMMUNITY BENEFITS INCLUDE UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS. THESE INCLUDE THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST-OF-CARING FOR PROGRAM BENEFICIARIES. COMMUNITY BENEFIT SERVICES - \$ 35,134,650. THESE ARE SERVICES PROVIDED TO MEET COMMUNITY NEEDS BECAUSE THE SERVICES WOULD OTHERWISE NOT BE AVAILABLE TO MEET PATIENT DEMAND. INCLUDED ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN, PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS TO MEET COMMUNITY NEEDS. TOTAL COMMUNITY BENEFIT - \$ 89,498,278. COMMUNITY BENEFIT SERVICES WHAT</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>ARE THE NUMBERS? COMMUNITY BENEFITS ARE CATEGORIZED INTO THREE BROAD AREAS WHICH INCLUDE CHARITY CARE, GOVERNMENT-SPONSORED HEALTHCARE, AND COMMUNITY BENEFIT SERVICES THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION, WHICH THIS PAST YEAR TOTALED \$35,134,650 A COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 3,368,853 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, HEALTHCARE SUPPORT SERVICES AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES THE FOLLOWING IS A SAMPLE OF PROGRAMS AND ACTIVITIES IN EACH OF THESE CATEGORIES</p> <p>COMMUNITY HEALTH EDUCATION - ACCESS TO RECOVERY FOR SUBSTANCE ABUSE CLIENTS - BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH - BREASTFEEDING SUPPORT - CHILD ABUSE PREVENTION EDUCATION AND OUTREACH - CHILDBIRTH EDUCATION CLASSES - COLORECTAL SCREENING PROGRAM - CENTER FOR DIABETES & METABOLIC CARE PROGRAM EDUCATION AND OUTREACH - CURTIS D. ROBINSON MEN'S HEALTH INSTITUTE - DOMESTIC VIOLENCE PREVENTION TRAINING - HEALTH PROMOTION EDUCATION - HEALTHY START AND PARENTING PROGRAMS - INTEGRATIVE HEALTH SERVICES CLASSES - LEAD POISONING PREVENTION EDUCATION AND OUTREACH - MEDICAL LEGAL PARTNERSHIP PROGRAM - SAINT FRANCIS CENTER FOR HEALTH EQUITY - VIOLENCE AND INJURY PREVENTION PROGRAM - WOMEN'S HEART PROGRAM OUTREACH</p> <p>COMMUNITY-BASED CLINICAL SERVICES - PREVENTIVE HEALTH SCREENINGS - CARDIOVASCULAR RISK ASSESSMENT - CHILD SEAT SAFETY - DIABETES SCREENING - MAMMOGRAMS - PROSTATE CANCER - SERVICES FOR CHILDREN AND FAMILIES IMPACTED BY CHILD ABUSE - SUPPORT FOR MALTA VAN SERVICES HEALTHCARE SUPPORT SERVICES - ADAPTIVE ROWING PROGRAM - CANCER SUPPORT GROUPS - CARDIAC REHAB AND WELLNESS - CARE MANAGEMENT SUPPORT SERVICES - DIABETES SUPPORT SERVICES - GOLFERS IN MOTION - MENTAL HEALTH ALLIANCE AND SUPPORT - MULTIDISCIPLINARY CASE MANAGEMENT TEAM FOR CHILD ABUSE - NURTURING FAMILIES NETWORK CASE MANAGEMENT SERVICES - PASTORAL COUNSELING PROGRAM - PROCUREMENT OF PHARMACEUTICALS FOR INDIGENT CLIENTS OTHER HEALTH IMPROVEMENT SERVICES - CAREGIVER SUPPORT SERVICES - HEALTH EQUITY FELLOWSHIP - LITERACY SUPPORT PROGRAMS - STUDENT EDUCATION - THE AUXILIARY REPETITIONS THRIFT STORE - JOAN C. DAUBER EMERGENCY FOOD BANK - KEEP-THI-Power-ON UTILITY CLINIC B HEALTH PROFESSIONAL EDUCATION - \$ 28,163,281 THIS CATEGORY INCLUDES 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 - CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION (CIPCI) PRIMARY CARE TRAINING - CLINICAL PASTORAL EDUCATION MENTORSHIP - DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING - DIETICIAN TRAINING - MEDICAL STUDENT EDUCATION - NURSES AND NURSING STUDENT EDUCATION - OB/GYN RESIDENCY TRAINING - OTHER HEALTH PROFESSIONAL EDUCATION - PHARM-D TRAINING SITE C SUBSIDIZED HEALTH SERVICES - \$ 759,270 THIS CATEGORY INCLUDES HEALTH SERVICES AND CLINICAL PROGRAMS THAT ARE PROVIDED DESPITE A FINANCIAL LOSS THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED THAT IS NOT BEING FULFILLED BY THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION - UNCOMPENSATED CARE - DENTAL CLINIC - UNCOMPENSATED CARE - FAMILY MEDICINE</p>

Identifier	Return Reference	Explanation
		<p>D RESEARCH - \$ 1,564,900 THIS CATEGORY INCLUDES CLINICAL AND COMMUNITY HEALTH RESEARCH TH AT IS SHARED WITH THE PUBLIC AND FUNDED BY THE GOVERNMENT OR A TAX-EXEMPT ENTITY (INCLUDING THE ORGANIZATION ITSELF) - COMMUNITY RESEARCH GRANTS - FEDERAL RESEARCH GRANTS - STATE AND LOCAL RESEARCH GRANTS - TRAINEE RESEARCH GRANTS E FINANCIAL AND IN-KIND DONATIONS - \$ 535,770 THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED TO INDIVIDUALS NOT AFFI LIATED 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 WORK TIME, OVERHEAD EXPENSES OF SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS AND THE DONATION OF FOOD, EQUIPMENT, AND SUPPLIES - DONATIONS TO CHARITABLE ORGANIZATIONS - IN-KIND USE OF F ACILITIES - MEDICAL MISSION SUPPORT - SUPPORT FOR LOCAL COMMUNITY ORGANIZATIONS F COMMUNI TY-BUILDING ACTIVITIES - \$ 646,076 THIS CATEGORY INCLUDES PROGRAMS THAT ADDRESS THE UNDERL YING SOCIAL PROBLEMS, SUCH AS POVERTY , HOMELESSNESS, AND ENVIRONMENTAL ISSUES THESE ACTIV ITIES SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTHCARE O RGANIZATION - CREC MAGNET SCHOOL PARTNERSHIP - DISASTER PLANNING - HOUSING SUPPORT - NEIG HBORHOOD ASSOCIATIONS G COMMUNITY-BENEFIT OPERATIONS - \$ 96,500 THIS CATEGORY INCLUDES TH E 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 INSPIR ING HEALTHCARE FOR OUR COMMUNITIES SAINT FRANCIS CARE BELIEVES EVERYONE SHOULD RECEIVE THE SAME LEVEL OF CARE REGARDLESS OF CIRCUMSTANCES IN LIFE IN 2013, WE PROUDLY OPENED THE SA INT FRANCIS CENTER FOR HEALTH EQUITY AT THE URBAN LEAGUE OF GREATER HARTFORD WITH THIS IN MIND DESPITE THE COMPLEX NATURE OF OUR CURRENT HEALTHCARE DELIVERY SYSTEMS, WE BELIEVE THERE ARE SIMPLE, DIGNIFIED HEALTH SOLUTIONS RIGHT HERE, RIGHT NOW FOR SAINT FRANCIS, MISSI ON AND SKILLED TEAMS COME TOGETHER FOR OUTREACH, EDUCATION, PREVENTION AND CARE THIS 2013 COMMUNITY BENEFIT REPORT REFLECTS OVER \$89,498,278 IN COMMUNITY BENEFITS, SERVING 181,545 MEMBERS OF OUR COMMUNITY WHERE DO THOSE RESOURCES GO? THEY ARE DELIVERED TO THOSE WHO CA NNOT AFFORD CARE, THROUGH OUTREACH PROGRAMS TO IDENTIFY AND RESPOND TO THE NEEDS OF MEMBER S OF OUR COMMUNITY WHERE SOCIAL CHALLENGES MAKE ACCESS TO CARE HARDER AS YOU WILL SEE IN THIS REPORT, OUR COMMUNITY BENEFIT ACTIVITIES ARE DESIGNED TO ENGAGE AND INSPIRE THOSE WHO ARE CALLED INTO THE MISSION OF HEALTHCARE AS WELL AS THE COMMUNITIES THEY SERVE THERE IS A GREAT DEAL AT STAKE TODAY QUESTIONS NEED TO BE ANSWERED RELATED TO INSURANCE, COORDINA TED CARE AND FINDING A MEDICAL HOME EVERYONE DESERVES TO BE TREATED WITH RESPECT, COMPASS ION, AND NEVER BE FORGOTTEN EVERYONE HAS A SACRED STORY FOR SAINT FRANCIS, PATIENT STORI ES ARE WOVEN INTO LESSONS THAT SHAPE BEST CARE HEALTH PROFESSIONALS ARE CALLED TO A LIFE OF SERVICE AND LIFELONG LEARNING AT SAINT FRANCIS STUDENTS, FELLOWS, RESIDENTS, NURSES, C HAPLAINS, ENVIRONMENTAL SERVICES STAFF THE LIST GOES ON AND IN EVERY CORNER THERE ARE L ESSONS IN WHAT HEALS, IN WHAT INSPIRES PEOPLE TO LEARN ABOUT THEIR OWN HEALTH AND WHAT TRU LY HELPS OTHERS WE ARE PLEASED TO SHARE JUST A FEW OF THESE STORIES AND WE WELCOME YOURS BECAUSE WE NEVER STOP AIMING TO PROVIDE THE BESTCARE FOR A LIFETIME FOR THE COMMUNITIES W E SERVE ENGAGING MINDS, INSPIRING CHANGE "THE SPIRIT OF LOVE, LOYALTY AND LEARNING," THE TITLE OF THE SCULPTURE IN THE ROTUNDA OF THE PATIENT CARE TOWER, SUMS UP SAINT FRANCIS' LO NGSTANDING COMMITMENT TO EDUCATION AND CREATING LEARNING OPPORTUNITIES SAINT FRANCIS HOSP ITAL AND MEDICAL CENTER WAS OFFICIALLY RECOGNIZED AS A TEACHING HOSPITAL THROUGH ITS AFFIL IATION WITH THE UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE IN THE 1960S, BUT THE TRUTH I S THAT EDUCATION HAS BEEN A CENTRAL FEATURE OF THE HOSPITAL SINCE ITS FOUNDING ENGAGING M IND S AND INSPIRING CHANGE ARE INGRAINED IN THE MISSION OF SAINT FRANCIS AS AN ANSWER TO T HE DEMAND FOR MORE PRACTICALLY TRAINED NURSES, THE SAINT FRANCIS SCHOOL OF NURSING WAS CRE ATED IN 1899 AND WENT ON TO BECOME ONE OF THE MOST ELITE SCHOOLS IN CONNECTICUT, GRADUATIN G NEARLY 6,000 NURSES WHO HAVE TOUCHED MANY LIVES ALTHOUGH THE NURSING PROGRAM CLOSED IN THE MID 1990S, SAINT FRANCIS HAS REMAINED COMMITTED TO EDUCATION THROUGH ITS CONTINUED WOR K WITH RESIDENTS, STUDENTS, INTERNS, VOLUNTEERS, FELLOWS AND STAFF AS A MODERN HOSPITAL D EVOTED TO EDUCATION, RESEARCH AND PATIENT CARE, SAINT FRANCIS IS EXCITED TO FIND NEW WAYS TO ENGAGE THE MINDS OF TODAY'S LEARNERS TO PREPARE THEM FOR FUTURE CHALLENGES WITHIN THE M EDICAL PROFESSION THROUGH A UNIQUE PARTNERSHIP WITH A CAPITOL REGION EDUCATION COUNCIL (C REC) MAGNET SCHOOL, A HEALTH EQUITY FELLOWSHIP PROGRAM TO EXPLORE PUBLIC HEALTH CONCERNS A ND A STATE-OF-THE-ART OB/GYN RESIDENCY PROGRAM, THE HOSPITAL IS REDEFINING WHAT IT MEANS T O BE A TEACHING HOSPITAL AND RE-CREATING THE LEARN</p>

Identifier	Return Reference	Explanation
		<p>ING ENVIRONMENT TO INSPIRE CHANGE. FROM ITS HUMBLE BEGINNINGS, SAINT FRANCIS HAS CONTINUOUSLY RESPONDED TO THE COMMUNITY'S EVOLVING HEALTHCARE NEEDS THROUGH A COMBINATION OF THE BEST CLINICAL CARE, THE BEST TRAINING OF HEALTHCARE PROFESSIONALS, TOP-LEVEL RESEARCH, AND COMMUNITY SUPPORT. THESE PRINCIPLES ARE THE FOUNDATION OF OUR 117-YEAR HISTORY. AS WE CONTINUE TO ENGAGE MINDS, INSPIRE CHANGE AND PROVIDE THE BEST CARE FOR A LIFETIME, MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY. WHAT DO A THEME-BASED MAGNET SCHOOL, DESIGNED WITH A SPECIFIC CAREER FOCUS, AND SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAVE IN COMMON? A COMMITMENT TO EDUCATION THAT ENGAGES THE MINDS OF TODAY'S LEARNERS WHILE INSPIRING THEM TO BE FUTURE LEADERS. THIS SHARED BELIEF HAS LED TO A PARTNERSHIP BETWEEN CAPITOL REGION EDUCATION COUNCIL (CREC) MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY AND SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. SAINT FRANCIS HAS BEEN AN ACTIVE SPONSOR FOR THE SCHOOL AND HAS OPENED ITS DOORS TO HUNDREDS OF STUDENTS EAGER TO LEARN MORE ABOUT MEDICAL CAREERS. THE HOSPITAL HAS WORKED WITH THE SCHOOL'S ADMINISTRATION TO DEVELOP A CURRICULUM THAT GIVES STUDENTS EXPOSURE TO VARIOUS MEDICAL PROFESSIONS THROUGH FIELD STUDIES, CAREER SHADOWING AND INTERNSHIPS. CREC MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY OPENED IN 2010 WITH A SPECIFIC FOCUS TO EQUIP STUDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY FOR SUCCESS IN VARIOUS MEDICAL PROFESSIONS AND EDUCATION. BY OFFERING THE OPPORTUNITY TO WORK WITH AND LEARN FROM PROFESSIONALS IN THEIR FIELDS, STUDENTS GAIN FIRSTHAND EXPERIENCE IN REAL-WORLD SETTINGS. THE SCHOOL SERVES A DIVERSE POPULATION FROM HARTFORD AND SURROUNDING TOWNS WITH AFRICAN-AMERICANS, HISPANICS AND LATINOS MAKING UP OVER 60% OF THE STUDENT BODY. THIS IS AN EXCITING YEAR FOR CREC MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY AS THEY PREPARE TO GRADUATE THEIR FIRST CLASS AND MOVE TO A PERMANENT STATE-OF-THE-ART FACILITY. IN KEEPING WITH OUR MISSION AND CORE VALUES AS A TEACHING HOSPITAL, OPENING OUR DOORS TO STUDENTS IS A SERVICE THAT IS VERY MUCH IN HARMONY WITH WHO WE ARE. WE ARE PROUD TO GIVE STUDENTS THE OPPORTUNITY TO EXPLORE DIFFERENT MEDICAL PROFESSIONS SO THEY CAN MAKE INFORMED CAREER CHOICES BASED ON FIRSTHAND EXPERIENCE. PROVIDING EDUCATIONAL OPPORTUNITIES IS A PART OF THE SAINT FRANCIS CULTURE EVIDENCED BY THE THOUSANDS OF STUDENTS WHO COME THROUGH OUR DOORS EACH YEAR AS VOLUNTEERS, INTERNS, RESIDENTS, FELLOWS AND TRAINEES. THE ULTIMATE GOAL OF THE PARTNERSHIP WITH CREC MEDICAL PROFESSIONS AND TEACHER PREPARATION ACADEMY IS TO EXPOSE STUDENTS TO ALL FUNCTIONS WITHIN A HOSPITAL, WHICH WILL PUT THEM ON A PATH TOWARD PURSUING CAREERS IN THE MEDICAL PROFESSION. PROGRAM FEATURES: 8TH GRADE STUDENTS ARE INTRODUCED TO DIFFERENT MEDICAL PROFESSIONS THROUGH A FUN "SPEED DATING" ACTIVITY WHERE THEY INTERVIEW REPRESENTATIVES FROM DIFFERENT SERVICE LINES WITHIN THE HOSPITAL. 9TH & 10TH GRADES STUDENTS ARE EXPOSED TO FOUR DIFFERENT AREAS OF SPECIALTIES WITHIN THE HEALTHCARE INDUSTRY. A SAINT FRANCIS EMPLOYEE FROM EACH OF THE FOUR SPECIALTIES VISITS THE SCHOOL TO SPEAK WITH THE STUDENTS ABOUT THAT SUBJECT AREA. STUDENTS GAIN HANDS-ON EXPERIENCE IN EACH OF THE FOUR AREAS BY SPENDING A FEW HOURS AT SAINT FRANCIS WORKING WITH PRECEPTORS. 11TH GRADE BASED ON THEIR INTERESTS, STUDENTS ARE GIVEN THE OPPORTUNITY TO SHADOW IN THREE DIFFERENT AREAS. THE STUDENTS VISIT THE HOSPITAL THREE TIMES WHERE THEY RECEIVE REAL-WORLD EXPERIENCE IN EACH AREA. 12TH GRADE A NUMBER OF STUDENTS ARE CHOSEN FOR AN INTERNSHIP IN ONE SPECIFIC MEDICAL PROFESSION BASED ON THEIR INTEREST. DURING THE INTERNSHIP, THE STUDENTS ARE REQUIRED TO WORK ONE 3.5-HOUR SHIFT EACH WEEK FOR A TOTAL OF 50 HOURS.</p>

Identifier	Return Reference	Explanation
		<p>THE ROLE WE PLAY - HELP WITH THE PLANNING AND DEVELOPMENT OF THE SCHOOL'S CURRICULUM - OF FER EXPOSURE TO STUDENTS IN DIFFERENT AREAS SUCH AS RADIOLOGY , PHARMACY , REHAB THERAPY , ME DICINE, NURSING, ETC - PROVIDE SHADOWING, FIELD STUDY AND VOLUNTEER OPPORTUNITIES TO STUD ENT'S - SUPPLY PRECEPTORS AND MENTORS WHO WORK WITH STUDENTS - ASSIST IN THE DESIGN OF THE NEW SCHOOL - SCHEDULE CAREER LECTURES, SEMINARS AND SUMMER ACTIVITIES FOR STUDENTS WHAT TH E STUDENTS ARE SAYING DZENANA BECIROVIC - WANTS TO BE A FAMILY PRACTICE PHYSICIAN "SHADOW ING IN NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDER'S) PROGRAM IN THE SUMMER OF 2013 EXPOSED ME TO DELIVERING CARE TO OLDER ADULTS, WHICH OPENED MY EYES TO CARING FOR DIFFERE NT AGES THAT EXPERIENCE STRENGTHENED MY GOAL TO BECOME A FAMILY PRACTITIONER CARING FOR T HE WHOLE FAMILY "</p> <p>PARIS PRUIT - WANTS TO BE A BIOMEDICAL ENGINEER FOCUSING ON CARDIOLOGY " I NEVER REALLY SAW MYSELF IN THIS SETTING, BUT AFTER SPEAKING WITH DR ANITA KELSEY I BECA ME INTERESTED IN CARDIOLOGY AND I WANT TO BE A BIOMEDICAL ENGINEER SPECIALIZING IN CARDIOL OGY RESEARCH IF YOU ARE FROM A BACKGROUND WHERE YOUR PARENTS ARE UNEMPLOYED OR POOR, YOU MAY NEVER GET THE OPPORTUNITY TO GET EXPOSED TO A HOSPITAL SETTING FROM THAT PERSPECTIVE USUALLY, WHEN WE GO TO THE HOSPITAL IT'S NEGATIVE, SOMEONE IS SICK IF IT WASN'T FOR THIS PROGRAM I WOULD HAVE NEVER SEEN MYSELF IN THIS LIGHT SAINT FRANCIS HAS BEEN VERY INVITING TO US " MAYOR PATEL WANTS TO BE A NEUROSURGEON" "I ALWAYS HAD A SPECIFIC GOAL TO BE A NEUR OSURGEON SHADOWING AND VOLUNTEERING AT SAINT FRANCIS HAS GIVEN ME THE OPPORTUNITY TO SEE WHAT'S INVOLVED IN THE DIFFERENT AREAS OF THE HOSPITAL EXPOSURE BRINGS OUT HIDDEN TALENTS IF YOU ARE NOT EXPOSED TO SOMETHING YOU WILL NEVER KNOW IF YOU ARE GOOD AT IT WE HAVE A LL BEEN EXPOSED AND THIS HAS AWAKENED OUR HIDDEN TALENTS AND WE WILL GO ON THE DO GREAT THINGS WHO KNOWS, ONE OF US MAY WIN A NOBEL PRIZE ONE DAY " HEALTH EQUITY FELLOWSHIP IN THE BROCHURE FOR THE SAINT FRANCIS CENTER FOR HEALTH EQUITY WE DESCRIBE OUR WORK AS "DEVELOPI NG AND DELIVERING INNOVATIVE HEALTH EQUITY PROGRAMS WITH AND FOR COMMUNITIES SERVED BY SAI NT FRANCIS CARE" EDUCATION IS FUNDAMENTAL TO OUR WORK AT THE CENTER FOR HEALTH EQUITY BUT WHEN WE TALK ABOUT EDUCATION WE ARE TALKING ABOUT AN EXCHANGE THAT IS, WE EXPECT TO GAIN AS MUCH KNOWLEDGE AS WE IMPART EARLY IN THE DEVELOPMENT OF THE PLANS FOR THE CENTER FOR HEALTH EQUITY WE TALKED WITH THE CT HEALTH FOUNDATION ABOUT SUPPORTING A HEALTH EQUITY FEL LOWSHIP TO "DEVELOP A HEALTHCARE LEADER KNOWLEDGEABLE ABOUT AFRICAN-AMERICAN MEN, AND TO P ROVIDE A PLATFORM FOR UNDERSTANDING AND IMPACTING THE HEALTH OF THIS GROUP THROUGH SYSTEMS CHANGE" IT IS WITH THIS IN MIND THAT WE HIGHLIGHT THE HEALTH EQUITY FELLOW AS A PART OF OUR COMMUNITY BENEFIT REPORT BY ENGAGING OTHERS TO THINK ABOUT HEALTH EQUITY, WE ARE POSI TIVE THAT PEOPLE WILL BE INSPIRED TO MAKE A DIFFERENCE IN THEIR COMMUNITIES THROUGH ACTIVE PARTICIPATION WE HAD IN MIND SOMEONE WHO WOULD ENGAGE HEALTH PROVIDERS, PUBLIC HEALTH LE ADERS, AND COMMUNITY MEMBERS TO BETTER UNDERSTAND THE DISPARITIES IN HEALTH AMONG AFRICAN- AMERICAN MEN IN HARTFORD THE APPLICATION INCLUDED A SIGNIFICANT AMOUNT OF FLEXIBILITY TO HIRE SOMEONE PASSIONATE ABOUT PUBLIC HEALTH WE FOUND THAT PERSON IN LAWRENCE YOUNG, WHO C OMES TO US FROM ATLANTA, GA HIS PREVIOUS WORK WAS IN HIV PREVENTION RESEARCH AT EMORY UNI VERSITY HE HAS A MASTERS IN PUBLIC HEALTH AND A PASSION FOR THE WORK AS A BONUS, HES ALS O FUN TO WORK WITH, SMART AND COMMITTED TO HEALTH EQUITY ALREADY LAWRENCE HAS ENGAGED HIM SELF IN A VARIETY OF PROJECTS - RESEARCH ON DISPARITIES IN HEALTHCARE FOR AFRICAN-AMERICA N MEN - DEVELOPMENT OF A HEALTH EQUITY SCORECARD USING HOSPITAL DATA - COMMUNITY ENGAGEMEN T WITH LOCAL AGENCIES INCLUDING THE YMCA, CT HEALTH JUSTICE, URBAN LEAGUE OF GREATER HARTF ORD, PEACE BUILDERS AND OTHERS THE WORK COMPLETED BY THE HEALTH EQUITY FELLOW FOCUSES ON T HE DISPARITIES WE SEE IN HEALTHCARE IT IS OUR HOPE THAT THIS WILL INSPIRE CONCRETE CHANGE S IN THE COMMUNITY AND RESULT IN BETTER HEALTH OUTCOMES FOR ALL</p> <p>OB/GYN RESIDENCY PROGRAM THE OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM AT SAINT FRANCIS HOSPITAL AND MEDICAL CENT ER HAS BEEN ENGAGING MINDS FOR OVER 60 YEARS BY OFFERING SPECIALIZED TRAINING TO WELL-RESP ECTED PRACTITIONERS WHO ARE COMMITTED TO WOMEN'S HEALTH THE OB/GYN RESIDENCY PROGRAM IS U NIQUE BECAUSE IT COMBINES THE HIGH CLINICAL VOLUME OF A COMMUNITY-BASED RESIDENCY WITH THE HIGH ACADEMIC STANDARDS OF A UNIVERSITY-BASED PROGRAM THIS PROGRAM HAS BEEN INSPIRING AD VANCES IN MEDICINE BY INCORPORATING THE LATEST IN TECHNOLOGY , PATIENT CARE, RESIDENT EDUCA TION, AND QUALITY AND SAFETY MEASURES THE GOAL OF THE PROGRAM IS TO EQUIP PHYSICIANS WITH THE SKILLS NEEDED TO PROVIDE THE BEST POSSIBLE CARE TO WOMEN ACROSS THE SPECTRUM OF LIFE OB/GYN FACULTY - 8 FULL-TIME GENERALISTS - 1 AMBULATORY CLINIC ATTENDING - 4 MA TERNAL FE TAL MEDICINE PHY SICIANS - 3 GYNECOLOGIC ONCOLOGIST</p>

Identifier	Return Reference	Explanation
		<p>S - 1 UROGYNECOLOGIST - OVER 45 PRIVATE ATTENDING PHYSICIANS THE OB/GYN RESIDENCY PROGRAM IS VERY COMPETITIVE AND ACCEPTS ONLY FOUR RESIDENTS EACH YEAR WITH A TOTAL OF 16 RESIDENTS IN ROTATION THE PROGRAM OFFERS RESIDENTS THE OPPORTUNITY TO TRAIN IN SPECIALIZED AREAS INCLUDING HIGH-RISK OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, PRE-OP AND COLPOSCOPY PREPARING PHYSICIANS FOR FUTURE OPPORTUNITIES AND CHALLENGES WITHIN THE HEALTHCARE INDUSTRY IS AN ESSENTIAL COMPONENT OF A TEACHING HOSPITAL MOST IMPORTANTLY, MANY OF THE RESIDENTS WHO RECEIVE TRAINING AT SAINT FRANCIS HAVE REMAINED IN OUR COMMUNITY TO PROVIDE QUALITY OB/GYN CARE TO WOMEN IN HARTFORD AND THE SURROUNDING AREAS AS PART OF THEIR TRAINING, RESIDENTS GET FIRSTHAND EXPERIENCE IN COMMUNITY HEALTH BY WORKING IN THE WOMEN'S HEALTH CENTER PROVIDING CONTINUITY OF CARE FOR THEIR PATIENTS DURING THEIR FOUR YEARS MICHAEL BOURQUE, M.D. DR. BOURQUE GRADUATED FROM THE RESIDENCY PROGRAM IN 1981 AND HAS BEEN AT SAINT FRANCIS EVER SINCE DR. BOURQUE APPLIED TO THE RESIDENCY PROGRAM BECAUSE IT WAS A RECOGNIZED FREESTANDING PROGRAM WITH SUPERB STATURE AND ACADEMIC LEADERSHIP THAT WAS UNMATCHED BY ANY OTHER OB/GYN RESIDENCY PROGRAM IN THE HARTFORD AREA TODAY DR. BOURQUE PRACTICES IN A FAMILY ATMOSPHERE WITH 11 OTHER PARTNERS WHO ARE ALL GRADUATES OF THE SAINT FRANCIS OB/GYN RESIDENCY PROGRAM DR. BOURQUE IS HAPPY TO SEE THAT THE FAMILY ATMOSPHERE OF THE RESIDENCY PROGRAM IS STILL MAINTAINED TODAY WHILE HONORING THE SCOPE OF WHAT TODAY'S RESIDENTS HAVE TO LEARN COMPARED TO THE LATE 1970S WHEN ASKED HOW HIS EXPERIENCE IN THE RESIDENCY PROGRAM HAS IMPACTED HIS SENSE OF COMMUNITY, DR. BOURQUE REFERENCED HIS FAITH AND THE BELIEF THAT EVERY PERSON IS IMPORTANT HE HAS HAD GREAT LEADERS AND MENTORS WHO HAVE TAUGHT HIM A SENSE OF THE GREATER GOOD AND SOCIAL RESPONSIBILITY, ESPECIALLY IN THIS SPECIALTY WHERE HE IS SOMETIMES SEEN AS A GUARDIAN FOR MOTHERS AND THEIR BABIES "SAINT FRANCIS IS AN AMAZING INSTITUTION FILLED WITH EVEN MORE AMAZING PEOPLE OUR HOSPITAL IS ALWAYS LOOKING TO ENGAGE ITS PEOPLE IN SERVICE TO OTHERS, WHETHER THAT BE IN LOCAL NEIGHBORHOODS, OR ON DISTANT SHORES SIMPLY PUT, SERVICE ABOVE SELF IS WHAT DRIVES THE HEARTS AND MINDS OF THE SAINT FRANCIS COMMUNITY " HEALTH PROFESSIONS EDUCATION ADVANCING CAREERS IN HEALTHCARE IN 2013 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PROVIDED OVER \$28 MILLION TO A VARIETY OF HEALTHCARE EDUCATION PROGRAMS FOR PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS THE HOSPITAL'S GOAL IS TO ENSURE THAT THERE WILL BE ENOUGH QUALIFIED HEALTH PROFESSIONALS WITH THE SKILLS NEEDED TO MEET THE DEMANDS OF OUR GROWING COMMUNITY WHY IS THIS IMPORTANT? WITH THE U.S. FACING A CRITICAL SHORTAGE OF HEALTHCARE PROFESSIONALS, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS CONTRIBUTING TO THE LONG-TERM HEALTH OF OUR COMMUNITY BY EDUCATING THOSE WHO REPRESENT THE FUTURE OF MEDICINE THE CONTRIBUTION TO HEALTH PROFESSIONS' EDUCATION CONTINUES TO INCREASE ANNUALLY WHICH HIGHLIGHTS THE HOSPITAL'S COMMITMENT TO ENSURING A WELL-TRAINED HEALTHCARE WORKFORCE FOR YEARS TO COME</p>

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 KEYSTONE CONSULTING, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER AND DORSET CROSSING LLC AND 103 WOODLAND ST LLC (COMMERCIAL RENTAL REAL ESTATE) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PAID FOR LEASEHOLD IMPROVEMENTS AT OUR ACCESS CENTER IN SIMSBURY THAT IS OWNED BY KEYSTONE CONSULTING, LLC AND RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION TECHNOLOGY AND FINANCE CENTER LOCATION 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 REVIEWING 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	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
OTHER FEES	FORM 990, PART IX, LINE 11G	<p>PHYSICIANS FEES PROGRAM SERVICE EXPENSES 52,758,770 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 52,758,770 SECURITY EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,237,728 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,237,728 OUTSIDE LABORATORIES PROGRAM SERVICE EXPENSES 3,235,288 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,235,288 COLLECTION FEES PROGRAM SERVICE EXPENSES 30,703 MANAGEMENT AND GENERAL EXPENSES 1,960,233 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,990,936 DIALYSIS FEES PROGRAM SERVICE EXPENSES 1,363,719 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,363,719 CONSULTING FEES PROGRAM SERVICE EXPENSES 4,600 MANAGEMENT AND GENERAL EXPENSES 5,837,461 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,842,061 REGISTRY NURSES FEES PROGRAM SERVICE EXPENSES 3,542,565 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,542,565 OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 5,037,597 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,037,597 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,108,232 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,108,232 TEMPORARY LABOR PROGRAM SERVICE EXPENSES 65,492 MANAGEMENT AND GENERAL EXPENSES 1,270,207 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,335,699 OTHER FEES FOR SERVICES PROGRAM SERVICE EXPENSES 3,737,068 MANAGEMENT AND GENERAL EXPENSES 434,000 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,171,068</p>

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	INCREASE IN ASSETS HELD IN TRUST BY OTHERS 2,625,524 CHANGE IN PENSION FUNDING AND POSTRETIREMENT OBLIGATIONS 84,066,037 DECREASE IN INTEREST IN ST FRANCIS FOUNDATION - 1,836,403 NET PARTNERSHIP INCOME -340,083 CHANGE IN FAIR MARKET VALUE OF SWAP 22,522,765 GRANTS RELEASED FROM RESTRICTIONS FOR RENOVATIONS -3,447,265 EQUITY TRANSFER TO AFFILIATED ENTITY -6,000,000

Identifier	Return Reference	Explanation
	FORM 990, PART XII, 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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2012

Open to Public Inspection

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" to Form 990, Part IV, line 33.)					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAINT FRANCIS INDEMNITY COMPANY 76 ST PAUL ST SUITE 500 BURLINGTON, VT 05401 90-0656448	MALPRACTICE INSURANCE	VT	12,100,344	48,357,659	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
(2) COLLABORATIVE LABORATORY SERVICES 114 WOODLAND STREET HARTFORD, CT 06105 06-1520109	LAB SERVICES	CT	38,744,089	7,613,969	SAINT FRANCIS HOSPITAL & MEDICAL CENTER

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Disproprrtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TOTAL LAUNDRY COLLABORATIVE 114 WOODLAND STREET HARTFORD, CT 06105 20-8335788	LAUNDRY SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-198,867	-90,333		No			No	86 000 %
(2) MEDWORKS LLC 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-38,246	1,904		No			No	50 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	HEALTH SERVICES	CT	SAINT FRANCIS CARE	C		938,014	100 000 %		No
(2) SAINT FRANCIS BEHAVIORAL HEALTH GROUP 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	BEHAVIOR HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C	-671,792	1,017,457	100 000 %		No
(3) SAINT FRANCIS HEALTH CARE PARTNERS 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 06-1391257	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C	-136,127	1,231,773	50 000 %		No
(4) SAINT FRANCIS HEALTHCARE PARTNERS ACO INC 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 46-1315402	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HEALTH CARE PARTNERS	C			50 000 %		No

Part V

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

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

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

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

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

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l	Yes	
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r	Yes	
1s		No

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

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

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

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Saint Francis Hospital and Medical Center and Subsidiaries
Years Ended September 30, 2013 and 2012
With Report of Independent Auditors

ENCLOSURE



Building a better
working world

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2013 and 2012

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Report of Independent Auditors

The Board of Directors
Saint Francis Hospital and Medical Center and Subsidiaries

We have audited the accompanying consolidated financial statements of Saint Francis Hospital and Medical Center and Subsidiaries (the Hospital and Medical Center), which comprise the consolidated balance sheets as of September 30, 2013 and 2012, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Saint Francis Hospital and Medical Center and Subsidiaries at September 30, 2013 and 2012, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended in conformity with U S generally accepted accounting principles

Change in Presentation of the Provision for Bad Debts

As discussed in Note 1 to the consolidated financial statements, in 2013 the Hospital and Medical Center adopted the provisions of Accounting Standards Update No 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities*, which resulted in a change to the presentation of the provision for bad debts on the consolidated statements of operations and changes in net assets effective October 1, 2012. Our opinion is not modified with respect to this matter

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

February 7, 2014

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2013	2012
	<i>(In Thousands)</i>	
Assets		
Current assets		
Cash and cash equivalents	\$ 93,987	\$ 84,277
Short-term investments	37,397	41,197
Assets whose use is limited for current liabilities	4,883	5,076
Accounts receivable – patients, less allowance (\$10,516 for 2013 and \$10,546 for 2012)	61,740	61,368
Accounts receivable – other	3,517	3,307
Inventories of supplies	7,209	7,162
Prepaid expenses and deposits	5,801	6,892
Due from affiliated entities	4,374	5,388
Total current assets	<u>218,908</u>	214,667
Assets whose use is limited		
Board-designated	51,522	42,302
Donor restricted	4,286	4,286
Held under bond indenture	4,764	5,993
Held in trusts by others	51,164	48,538
Interest in Saint Francis Hospital and Medical Center Foundation, Inc	10,952	12,789
	<u>122,688</u>	113,908
Assets whose use is limited for current liabilities	<u>(4,883)</u>	(5,076)
	117,805	108,832
Long-term investments	15,014	14,832
Property, plant, and equipment, net	461,365	452,217
Other assets		
Bond issuance costs, less amortization	2,053	2,247
Other	6,128	6,248
	<u>\$ 821,273</u>	<u>\$ 799,043</u>

	September 30	
	2013	2012
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities		
Accounts payable	\$ 34,425	\$ 34,011
Accrued payroll and other related expenses	34,583	32,942
Accrued expenses and interest payable	6,282	7,269
Due to third-party reimbursement agencies	12,474	2,602
Current portion of long-term debt	8,819	6,950
Total current liabilities	<u>96,583</u>	<u>83,774</u>
Pension and other accrued expenses	222,786	326,331
Long-term debt, less portion classified as a current liability	258,637	258,965
Net assets		
Unrestricted	162,203	46,776
Temporarily restricted	25,614	30,373
Permanently restricted	55,450	52,824
	<u>243,267</u>	<u>129,973</u>

See accompanying notes.

<u>\$ 821,273</u>	<u>\$ 799,043</u>
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Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Net patient service revenue	\$ 671,123	\$ 660,780
Less provision for bad debts	<u>(20,788)</u>	<u>(19,173)</u>
Net patient service revenue less provision for bad debts	650,335	641,607
Other operating revenues	36,278	41,258
Net assets released from restrictions for operations	<u>4,400</u>	<u>5,354</u>
Total revenues	691,013	688,219
Operating expenses		
Salaries	263,094	253,689
Supplies and other	371,840	370,370
Interest	11,601	11,965
Depreciation and amortization	<u>35,854</u>	<u>35,606</u>
Total operating expenses	682,389	671,630
	8,624	16,589
Net gain on investment activity	<u>2,296</u>	328
Operating income	10,920	16,917
Interest rate swap activity		
Interest cost on interest rate swaps	(305)	(807)
Change in fair value of interest rate swaps	<u>22,523</u>	<u>(10,315)</u>
	22,218	(11,122)
Excess of revenues over expenses	33,138	5,795

(Continued on next page.)

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Unrestricted net assets		
Excess of revenues over expenses (continued)	\$ 33,138	\$ 5,795
Transfers from (to) Saint Francis Hospital and Medical Center Foundation, Inc	1,165	(1,210)
Net assets released from restrictions used for capital purchases	3,204	(575)
Change in pension funding and postretirement obligations	84,068	(26,209)
Equity transfer to affiliated entity	(6,000)	—
Change in minority interest in subsidiary	(148)	(450)
Increase (decrease) in unrestricted net assets	<u>115,427</u>	<u>(22,649)</u>
Temporarily restricted net assets		
Income from investments	162	551
Gifts, contributions, and donations	6,027	4,342
Net unrealized gain on investments	43	80
Grants released from restrictions for renovations	(3,447)	(2,352)
Net assets released from restrictions for operations and capital purchases	(7,604)	(4,779)
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc	1,897	3,394
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc	(1,837)	(1,669)
Decrease in temporarily restricted net assets	<u>(4,759)</u>	<u>(433)</u>
Permanently restricted net assets		
Increase in assets held in trusts by others	<u>2,626</u>	5,305
Increase in permanently restricted net assets	<u>2,626</u>	5,305
Increase (decrease) in net assets	<u>113,294</u>	<u>(17,777)</u>
Net assets at beginning of year	<u>129,973</u>	147,750
Net assets at end of year	<u><u>\$ 243,267</u></u>	<u><u>\$ 129,973</u></u>

See accompanying notes.

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2013	2012
	<i>(In Thousands)</i>	
Operating activities and other gains		
Increase (decrease) in net assets	\$ 113,294	\$ (17,777)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities and other gains		
Depreciation and amortization	35,854	35,606
Bad debts	20,788	19,173
Change in pension funding and postretirement obligations	(84,068)	26,209
Equity transfer to affiliate	6,000	—
Net transfer from Saint Francis Hospital and Medical Center Foundation, Inc.	3,062	2,184
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc.	1,837	1,669
Unrealized gain on investments	(2,033)	(1,989)
Increase in assets held in trusts by others	(2,626)	(5,305)
Restricted contributions and investment income	(6,189)	(4,893)
Decrease in pension and other accrued expenses	(19,477)	(2,597)
Change in working capital, other than cash and cash equivalents	(8,179)	(23,629)
Net cash provided by operating activities and other gains	58,263	28,651
Investing activities		
Purchase of property, plant, and equipment, net	(33,481)	(26,367)
Decrease (increase) in investments	5,651	(22,511)
(Increase) decrease in noncurrent assets whose use is limited	(8,184)	8,339
Decrease (increase) in other assets	120	(481)
Net cash used in investing activities	(35,894)	(41,020)
Financing activities		
Principal payments on long-term debt and capital leases	(9,786)	(6,230)
Equity transfer to affiliate	(6,000)	—
Net transfer from Saint Francis Hospital and Medical Center Foundation, Inc.	(3,062)	(2,184)
Restricted contributions and investment income	6,189	4,893
Net cash used in financing activities	(12,659)	(3,521)
Net increase (decrease) in cash and cash equivalents	9,710	(15,890)
Cash and cash equivalents at beginning of year	84,277	100,167
Cash and cash equivalents at end of year	\$ 93,987	\$ 84,277
Supplemental information		
Non-cash financing		
Capital lease obligations	\$ 11,327	\$ —

See accompanying notes

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements

September 30, 2013

(Amounts In Thousands)

1. Significant Accounting Policies

Organization

Saint Francis Hospital and Medical Center and Subsidiaries (the Hospital and Medical Center) is a not-for-profit acute care hospital located in Hartford, Connecticut. The Hospital and Medical Center is an integrated health care delivery system providing inpatient, outpatient and emergency care services and is a wholly owned subsidiary of Saint Francis Care, Inc. Subsidiaries of the Hospital and Medical Center include Collaborative Laboratory Services, One Thousand Corporation, Saint Francis Behavioral Health Group, P C, Total Laundry Collaborative and Saint Francis Indemnity Company, LLC.

Basis of Presentation and Use of Estimates

The accompanying consolidated financial statements include the accounts of Saint Francis Hospital and Medical Center and Subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

The preparation of financial statements in conformity with U S generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and related footnotes. Actual results could differ from those estimates.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital and Medical Center has been limited by donors to a specific time frame or purpose. Temporarily restricted net assets consist primarily of contributions and grants restricted for certain health care services, medical research activities, and capital replacement. Permanently restricted net assets, which are primarily endowment gifts and assets held in trusts by others, have been restricted by donors and are to be maintained in perpetuity.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying consolidated financial statements.

Interest Rate Swap Agreements

The Hospital and Medical Center utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Hospital and Medical Center does not hold or issue derivative financial instruments for trading purposes. The Hospital and Medical Center is exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreements. Interest rate swap agreements are reported at fair value. Changes in fair value are recognized in the performance indicator in the consolidated statements of operations and changes in net assets.

Cash and Cash Equivalents

The Hospital and Medical Center considers all highly liquid investments with remaining maturities of three months or less at date of purchase to be cash equivalents.

Patient Accounts Receivable

Patient accounts receivable result from health care services provided by the Hospital and Medical Center. The amount of the allowance for uncollectible accounts is based on management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Inventories

Inventories are stated at the lower of cost or market. The Hospital and Medical Center values its inventories using the first-in, first-out method.

Investments

Unrealized gains and losses on unrestricted investments are included in the excess of revenues over expenses. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Fair value is generally determined based on quoted market prices. Alternative investments, which are investments with a non-readily determinable fair value, are stated at fair value based on, as a practical expedient, net asset values derived from the application of the equity method of accounting. Valuations of those investments and, therefore, the Hospital and Medical Center's holdings may be determined by the investment manager and are primarily based on the valuation of the underlying securities. Investment income or loss, including realized and unrealized gains and losses on investments, interest, and dividends, is included in the excess of revenues over expenses unless the income or loss is restricted by donor or law. The cost of securities sold is based on the specific identification method.

The Hospital and Medical Center considers all investments with remaining maturities of more than three months but less than one year at the date of purchase to be short-term investments.

Assets Whose Use Is Limited

Assets whose use is limited include assets set aside by the Board of Directors, assets restricted by donors, assets held by trustees under bond indenture agreements related to financing activities with the State of Connecticut Health and Educational Facilities Authority (CHEFA or the Authority), and assets held in trusts by others. The portion of these amounts required for funding current liabilities is included in current assets. Assets set aside by the Board of Directors are established for the purpose of providing for future improvement, expansion, and replacement of property, plant, and equipment and for certain insurance liabilities.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Long-Lived Assets

Property, plant, and equipment are stated at cost and those acquired by gifts are carried at fair value established at the date of acquisition. The Hospital and Medical Center provides for depreciation of property, plant, and equipment using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives or the lesser of the estimated useful life of the asset or lease term.

Bond issuance costs are amortized over the life of the bonds using the effective interest method.

General and Professional Liability Insurance

The Hospital and Medical Center purchases claims made general and professional liability insurance coverage from a wholly owned insurance captive subsidiary, Saint Francis Indemnity Company, LLC (Saint Francis Indemnity Company). The subsidiary charges the Hospital and Medical Center a premium for general and professional liability insurance coverage. Such charges amounted to \$10,302 and \$9,351 in 2013 and 2012, respectively.

The Hospital and Medical Center, in consultation with its independent actuary, records as a liability an estimate of incurred but not reported claims. Such liability, discounted at 4.0%, totaled \$6,730 and \$6,183 at September 30, 2013 and 2012, respectively.

Reserves for losses and loss adjustment expenses are based on management's best estimate determined in consultation with independent consulting actuaries and represent the ultimate net cost of all reported and unreported losses incurred and unpaid through September 30, 2013. These liabilities include estimates of future trends in loss severity and frequency and other factors, which could vary as the losses are ultimately settled. However, there is an absence of a significant amount of experience as to whether the Saint Francis Indemnity Company's actual incurred losses and loss adjustment expenses will conform to the assumptions inherent in the determination of the estimated liability. Accordingly, the ultimate settlement of losses and loss adjustment expenses may vary significantly from the estimated amounts included in the accompanying consolidated financial statements. Although considerable variability is inherent in such estimates, management believes that the reserves for losses and loss adjustment expenses in the accompanying consolidated financial statements are adequate. The method of making such estimates and for establishing reserves is continuously reviewed and updated and adjustments are reflected in operations in the period the need for such adjustments becomes known.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Workers' Compensation Insurance

The Hospital and Medical Center purchases a large deductible policy, which effectively self-insures the first portion of the workers' compensation and employers' liability risk. Under the policy, the Hospital and Medical Center is responsible for the first \$1,500 of every loss event (first \$500 for employers' liability). The accrued workers' compensation self-insurance liabilities of \$5,300 and \$5,709 at September 30, 2013 and 2012, respectively, have been discounted by 4%. The current portion of the accrued workers' compensation liabilities included in accrued expenses and interest payable is \$1,349 and \$1,237 at September 30, 2013 and 2012, respectively, and the long-term portion included in pension and other accrued expenses is \$3,951 and \$4,472 at September 30, 2013 and 2012, respectively.

Retirement Plans

The Hospital and Medical Center has certain noncontributory defined benefit and defined contribution pension plans in effect covering all employees who meet certain eligibility requirements. For plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Hospital and Medical Center's funding policy is to contribute amounts to the plans sufficient to meet the applicable minimum funding requirements set forth in ERISA.

The Hospital and Medical Center sponsors a 409(a) deferred compensation plan for certain senior executives. Senior executives are allowed to contribute to the plan up to an annual maximum amount in accordance with Section 457(b) of the Internal Revenue Code. The assets of the plan remain in a trust, which is subject to the claims of the Hospital and Medical Center's creditors. As of September 30, 2013 and 2012, the plan had \$1,411 and \$1,026, respectively, included in other assets with a corresponding liability, included in pension and other accrued expenses, payable upon retirement, death or disability.

Other Operating Revenue

Other operating revenue includes services to other institutions, rental income, pharmacy income, investment income, unrestricted contributions, group purchasing discount revenue and electronic health record program revenue.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Excess of Revenues over Expenses

The consolidated statements of operations and changes in net assets include excess of revenues over expenses, which is the performance indicator. Changes in unrestricted net assets, which are excluded from the excess of revenues over expenses, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets, adjustments to the pension funding and postretirement obligations, and purchases of minority interest in subsidiaries.

Interest in Saint Francis Hospital and Medical Center Foundation, Inc.

The interest in Saint Francis Hospital and Medical Center Foundation, Inc. represents the Hospital and Medical Center's interest in the net assets of Saint Francis Hospital and Medical Center Foundation, Inc. This interest is accounted for in accordance with Accounting Standards Codification (ASC) 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions to Others*.

Income Taxes

The Hospital and Medical Center and its principal subsidiaries are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and exempt from state and local income taxes. Tax provisions and related liabilities for certain taxable subsidiaries are not material to the consolidated financial statements.

The Hospital and Medical Center has net operating loss carryforwards resulting in the amount of \$2,144. These net operating loss carryforwards result in a deferred tax asset of \$858, which is offset by a corresponding valuation allowance of the same amount.

Saint Francis Behavioral Health Group, P.C. has net operating loss carryforwards in the amount of \$4,328. These net operating loss carryforwards result in a deferred tax asset of \$1,731, which is offset by a corresponding valuation allowance of the same amount.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Recently Issued Accounting Standard

In July 2011, Financial Accounting Standards Board issued Accounting Standards Update (ASU) No. 2011-07, *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts*. The guidance requires certain health care entities to present the bad debt expense associated with patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) rather than as an operating expense with enhanced footnote disclosure on the policies for recognizing patient revenue and assessing bad debts. The guidance became effective for the Hospital and Medical Center on October 1, 2012, and is included in the accompanying consolidated financial statements for all periods presented.

Reclassifications

Certain 2012 amounts have been reclassified to conform to the 2013 presentation. Such reclassifications had no effect on the consolidated statements of operations and changes in net assets.

2. Correction of Errors

The Hospital and Medical Center has revised its previously reported consolidated financial statements for the year ended September 30, 2012, presented herein, including the net assets, at the beginning of fiscal year 2012 in order to correct certain previously reported amounts. The Hospital and Medical Center determined that the effects of the corrections in each of the periods in which the related misstatements originated, as further described below, were not material. The Hospital and Medical Center has concluded that the amounts, if corrected in 2013, would have been material to the consolidated financial statements for the year ended September 30, 2013.

During 2013, the Hospital and Medical Center determined that certain balances within temporarily restricted net assets should have been released from restriction in prior years. Certain of these balances related to donations with a specified purpose, either for use in operations or related to the acquisition or expansion of capital related projects and others pertained to revenues earned for services rendered to patients for specified care. As a result, the Hospital and Medical Center increased unrestricted net assets by \$14.2 million to correct amounts that had been

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

2. Correction of Errors (continued)

previously recorded as a component of temporarily restricted net assets as of September 30, 2012. Approximately \$6.7 million related to net assets that should have been released for operations and \$7.5 million related to net assets that should have been released for capital related purposes. The Hospital and Medical Center determined that the effects of these corrections in each of the periods in which the related misstatements originated were not material. In addition, the Hospital and Medical Center identified certain reclassification errors for \$1.5 million in 2012 related to amounts originally recorded as a component of net assets released from restriction for operations which should have been included as component of other operating revenues. The impact of correcting these items did not have a material impact on operating income, excess of revenue over expenses and net assets.

As described in Note 1, the Hospital and Medical Center purchases a large deductible policy which effectively self-insures the first portion of the workers' compensation and employers' liability risk. For the self-insured component, the Hospital and Medical Center has entered into a pre-funded self-insured deductible program with a certain commercial insurance carrier. In fiscal 2013, the Hospital and Medical Center concluded that its accrued workers' compensation liabilities were understated in prior years. Additionally, the Hospital and Medical Center concluded the related amounts funded to the commercial carrier as part of the pre-funded self-insured deductible program were not properly recorded. Prior to fiscal 2013, the Hospital and Medical Center had incorrectly recorded the accrued workers' compensation liabilities net of amounts funded to the commercial insurance carrier. The Hospital and Medical Center determined that accumulated projected losses exceeded amounts funded by \$2,100 and \$2,000 in 2012 and 2011, respectively. The change in the estimated projected losses for the year ended September 30, 2012 was \$81. The impact of correcting these items did not have a material impact on operating income or excess of revenue over expenses. The impact of correcting these items in 2012 resulted in an adjustment to net assets at the beginning of the year for \$2,005.

In addition, the Hospital and Medical Center chose to correct certain other individually immaterial items which are also reflected in the table below.

As shown in the table below, the net effect of all of the corrections noted above increased operating income and excess of revenues over expenses for the year ended September 30, 2012 by \$893. The net effect of these corrections to net assets at the beginning of the year in 2012 was a decrease of \$1,174.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

2. Correction of Errors (continued)

The following table summarizes the corrections by financial statement item as of and for the year ended September 30, 2012

	As Previously Reported	Corrections	As Presented Herein
Consolidated Balance Sheet:			
Prepaid expenses and deposits	\$ 6,060	\$ 832	\$ 6,892
Property, plant, and equipment, net	451,835	382	452,217
Other assets	3,231	3,017	6,248
Accounts payable	35,277	(1,266)	34,011
Accrued payroll and other related expenses	34,946	(2,004)	32,942
Accrued expenses and interest payable	6,831	438	7,269
Pension and other accrued expenses	318,826	7,505	326,331
Unrestricted net assets	32,989	13,787	46,776
Temporarily restricted net assets	44,602	(14,229)	30,373
Consolidated statement of operations and changes in net assets:			
Other operating revenues	39,639	1,619	41,258
Net assets released from restrictions for operations	6,814	(1,460)	5,354
Supplies and other	370,907	(537)	370,370
Depreciation and amortization	35,802	(196)	35,606
Excess of revenue over expenses	4,902	893	5,795
Net assets released from restrictions for capital purchases	1,079	(1,654)	(575)
Decrease in unrestricted net assets	(21,888)	(761)	(22,649)
Income from investments	582	(31)	551
Gifts, contributions and donations	5,932	(1,590)	4,342
Net assets released from restrictions for operations and capital purchases	(7,893)	3,114	(4,779)
Decrease in temporarily restricted net assets	(1,926)	1,493	(433)
Decrease in net assets	(18,509)	732	(17,777)
Net assets at beginning of year	148,924	(1,174)	147,750
Net assets at end of year	130,415	(442)	129,973
Consolidated statement of cash flows:			
Decrease in net assets	(18,509)	732	(17,777)
Depreciation and amortization	35,802	(196)	35,606
Restricted contributions and investment income	(6,514)	1,621	(4,893)
Decrease in pension and other accrued expenses	(5,412)	2,815	(2,597)
Change in working capital, other than cash and cash equivalents	(19,893)	(3,736)	(23,629)
Net cash provided by operating activities and other gains	25,231	3,420	28,651
Purchase of property, plant, and equipment, net	(26,505)	138	(26,367)
Increase in other assets	(728)	247	(481)
Net cash used in investing activities	(41,405)	385	(41,020)
Restricted contributions and investment income	6,514	(1,621)	4,893
Net cash used by financing activities	284	(3,805)	(3,521)

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

3. Net Patient Service Revenue and Charity Care

Net patient service revenue consists of the following for the years ended

	September 30	
	2013	2012
Gross patient service revenue	\$ 1,990,675	\$ 1,815,295
Deductions		
Contractual allowances and discounts	1,300,189	1,135,565
Charity care at charges	19,363	18,950
	<u>1,319,552</u>	<u>1,154,515</u>
Net patient service revenue	671,123	660,780
Less provision for bad debts	<u>(20,788)</u>	<u>(19,173)</u>
Net patient service revenue less provision for bad debts	<u>\$ 650,335</u>	<u>\$ 641,607</u>

Patient accounts receivable and revenues are recorded when patient services are performed. Differences between amounts received from most third-party payors and the established billing rates of the Hospital and Medical Center are accounted for as allowances.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

During 2013 and 2012, 39.4% and 41.3%, respectively, of net patient service revenue was received under the Medicare program, 14.0% and 14.3%, respectively, under the Medicaid program, and 18.3% and 18.0%, respectively, from Blue Cross. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital and Medical Center believes that it is in compliance with all applicable laws and regulations, except for one matter that the Hospital and Medical Center has voluntarily disclosed to the applicable government agency. At this time, management does not believe the amount of the liability will be material to the consolidated financial statements. The Hospital and Medical Center is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on the consolidated financial statements. While no such regulatory inquiries are outstanding, compliance with such laws and regulations can be subject

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

3. Net Patient Service Revenue and Charity Care (continued)

to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs

The Hospital and Medical Center has agreements with third-party payors that provide for payments to the Hospital and Medical Center at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges, and per diem payments. Net patient service revenue is affected by the state of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to ongoing and future audits, reviews and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. In addition, changes in the Medicare and Medicaid programs, the reduction of funding levels, or changes in interpretations or estimates could have an adverse impact on the Hospital and Medical Center. During 2013 and 2012, the Hospital and Medical Center recorded a net change in estimate of \$1,000, decrease to operating revenue, and \$10,000, increase to operating revenue, respectively, related to changes in previously estimated third-party payor settlements.

The Hospital and Medical Center has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current- and prior-year payment rates, based on industry-wide and the Hospital and Medical Center specific data. Such amounts are included in the accompanying consolidated balance sheets.

Patient service revenue, net of contractual allowances and discounts and before the provision for bad debts, recognized in the period from major payor sources for the year ended September 30, 2013, is as follows:

Third-party payors	\$ 654,837
Self-pay patients	35,649
	<u>\$ 690,486</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

3. Net Patient Service Revenue and Charity Care (continued)

Deductibles and copayments under third-party payment programs within the self-pay patient's amounts above are the patient's responsibility, and the Hospital and Medical Center considers these amounts in its determination of the provision for bad debts based on collection experience

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 45% discount from charges, which is not included in net patient service revenue for financial reporting purposes.

The estimated cost of charity care provided was \$6,309 and \$6,614 for the years ended September 30, 2013 and 2012, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

The significant concentrations of accounts receivable for services to patients include 26.6% from Medicare, 14.0% from Medicaid, and 35.6% from commercial insurance carriers and managed care companies at September 30, 2013 (25.0%, 13.1%, and 37.7%, respectively, at September 30, 2012).

4. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	September 30	
	2013	2012
Health care services		
Research and education	\$ 3,090	\$ 3,087
Capital replacement	10,929	13,093
Other health care services	11,595	14,193
	<u>\$ 25,614</u>	<u>\$ 30,373</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

4. Temporarily and Permanently Restricted Net Assets (continued)

Permanently restricted net assets are restricted for the following purposes

	September 30	
	2013	2012
Investments to be held in perpetuity, the income from which is expendable to support health care services	\$ 4,286	\$ 4,286
Restricted funds held in trusts by others, the income from which is expendable to support health care services	51,164	48,538
	<u>\$ 55,450</u>	<u>\$ 52,824</u>

5. Assets Whose Use Is Limited

Assets whose use is limited consist of the following

	September 30	
	2013	2012
Board designated		
Short-term investments	\$ 430	\$ 481
Marketable equity securities	36,469	29,478
United States government securities	9,186	7,133
Corporate bonds	5,437	5,210
	<u>51,522</u>	<u>42,302</u>
Donor restricted		
Marketable equity securities	4,286	4,286
	<u>4,286</u>	<u>4,286</u>
Held under bond indenture	4,764	5,993
Held in trusts by others	51,164	48,538
Interest in Saint Francis Hospital and Medical Center Foundation, Inc	10,952	12,789
Total assets whose use is limited	<u>122,688</u>	<u>113,908</u>
Assets whose use is limited for current liabilities	(4,883)	(5,076)
	<u>\$ 117,805</u>	<u>\$ 108,832</u>

The assets underlying the trustee held funds are principally marketable equity securities, fixed income securities, government securities, and cash equivalents

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

6. Donor-Restricted Endowment Funds

The Hospital and Medical Center endowments include the donor-restricted endowment funds. Perpetual trust funds held by others are not included under Accounting Standards Codification (ASC) 958-205. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Management of the Hospital and Medical Center has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital and Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital and Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Hospital and Medical Center and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Hospital and Medical Center
- (7) The investment policies of the Hospital and Medical Center

The Hospital and Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

6. Donor-Restricted Endowment Funds (continued)

Changes in endowment funds for the years ended September 30, 2013 and 2012, consisted of the following

	2013		
	Temporarily Restricted	Permanently Restricted	Total
Net assets, beginning of the year	\$ —	\$ 4,286	\$ 4,286
Investment income	30	—	30
Appropriation of endowment assets for expenditure	(30)	—	(30)
Net assets, end of year	<u>\$ —</u>	<u>\$ 4,286</u>	<u>\$ 4,286</u>

	2012		
	Temporarily Restricted	Permanently Restricted	Total
Net assets, beginning of the year	\$ —	\$ 4,286	\$ 4,286
Investment income	94	—	94
Appropriation of endowment assets for expenditure	(94)	—	(94)
Net assets, end of year	<u>\$ —</u>	<u>\$ 4,286</u>	<u>\$ 4,286</u>

From time to time, the fair value of assets associated with individual donor-restricted endowments funds may fall below the level that the donor of UPMIFA requires the Hospital and Medical Center to retain as a fund of perpetual duration. There were no deficiencies of this nature that are reported as of September 30, 2013 and 2012.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

7. Long-Term Investments and Investment Income

Long-term investments consist of the following

	September 30	
	2013	2012
Money market funds	\$ 772	\$ 776
Marketable equity securities	7,778	6,458
United States government securities	1,035	882
Corporate bonds	3,081	3,558
Other	2,348	3,158
	<u>\$ 15,014</u>	<u>\$ 14,832</u>

The composition and presentation of net gain on investment activity, which is included in operating income in the consolidated statements of operations and changes in net assets, are as follows

	Year Ended September 30	
	2013	2012
Realized gain on investments	\$ 306	\$ 769
Unrealized gain on investments	1,990	1,909
Other	—	(2,350)
	<u>\$ 2,296</u>	<u>\$ 328</u>

For the years ended September 30, 2013 and 2012, interest and dividend income of \$4,564 and \$6,941, respectively, and realized gain on investments of \$395 and \$3,557, respectively, are included in other operating revenues in the consolidated statements of operations and changes in net assets

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

8. Property, Plant, and Equipment

Property, plant, and equipment consist of the following

	September 30	
	2013	2012
Land and land improvements	\$ 7,896	\$ 7,906
Buildings	477,094	467,412
Equipment	304,843	375,627
Construction-in-progress (estimated cost to complete of approximately \$19,447 as of 2013)	40,032	15,636
	<u>829,865</u>	<u>866,581</u>
Less accumulated depreciation	368,500	414,364
Total property, plant, and equipment, net	<u>\$ 461,365</u>	<u>\$ 452,217</u>

During the years ended September 30, 2013 and 2012, there were \$81,523 and \$112,936, respectively, of asset retirements related to obsolete property, plant, and equipment

Included in construction in progress at September 30, 2013 is \$24,186 of computer software development costs related to new patient accounting software. The system is expected to be complete and functional in April 2014, at which time the cost will be amortized over its estimated useful life.

9. Other Operating Revenues

Electronic Health Record (EHR) Program

Certain health care providers can earn incentive payments between 2011 and 2016 from Medicare and Medicaid for establishing an EHR system and maintaining its meaningful use. The Hospital and Medical Center recognizes income when it is reasonably assured that it is in compliance with the program criteria. The Hospital and Medical Center has included \$3,728 and \$4,711 in other operating revenue related to the program for fiscal years 2013 and 2012, respectively. Included in the amounts are \$920 and \$1,282 received from Medicaid for the fiscal years 2013 and 2012, respectively. The estimate for the Medicare program is based on cost

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

9. Other Operating Revenues (continued)

report data, which is subject to audit and the amounts recognized are subject to change. The Hospital and Medical Center attestation of compliance with the meaningful use criteria is subject to audit by the federal or state government or its designee.

Other operating revenues consist of the following:

	September 30	
	2013	2012
EHR income	\$ 3,728	\$ 4,711
Rental income	6,655	5,843
Investment income	4,959	10,498
Unrestricted contributions	2,451	1,643
Pharmacy	2,165	2,123
Group purchase discount	1,721	1,730
Services to other institutions	4,734	3,461
Other income	9,865	11,249
Total other operating revenues	<u>\$ 36,278</u>	<u>\$ 41,258</u>

10. Professional and General Liability Insurance

During 2009, the Hospital and Medical Center established the Saint Francis Indemnity Company as a successor to the Hospital and Medical Center's financial interest in Partners Interinsurance Exchange (PIE). On July 1, 2009, the Hospital and Medical Center's account in PIE was transferred to the Saint Francis Indemnity Company. The Hospital and Medical Center and certain affiliates continue to purchase limits of professional and general liability from the Saint Francis Indemnity Company at levels previously purchased from PIE. Actuarially determined premiums are paid in order to set aside assets to cover the reasonable value of ultimate expected losses. Hospital and Medical Center's management, with assistance from its consulting actuaries, accrued its best estimate of professional and general liabilities.

Malpractice claims that fall within the Hospital and Medical Center's adopted policy of self-insurance have been asserted against the Hospital and Medical Center by various claimants. The claims are in various stages of assessment and resolution. There are also known and unknown incidents that have occurred through September 30, 2013, that may result in the assertion of

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

10. Professional and General Liability Insurance (continued)

additional claims The Hospital and Medical Center's management believes that the ultimate settlement of these claims will not have a material impact on the Hospital and Medical Center's consolidated financial position or results of their operations, as adequate self-insurance reserves, assets and reinsurance are in place

The Saint Francis Indemnity Company entered into a loss portfolio transfer (LPT) on July 1, 2009 with PIE The losses associated with this transaction did not transfer insurance risk to the Saint Francis Indemnity Company As such, this LPT is accounted for using deposit accounting, which requires offsetting assets and liabilities

Activity in the reserves for losses and loss adjustment expenses for the years ended September 30 is summarized as follows

	2013	2012
Balance at beginning of year, net	\$ 21,873	\$ 22,743
Incurred related to		
Current period	9,619	9,207
Prior periods	(1,190)	(644)
Total incurred	8,429	8,563
Paid related to		
Current period	174	325
Prior periods	3,920	9,108
Total paid	4,094	9,433
Balance at end of year, net of reinsurance recoverable	26,208	21,873
Plus reinsurance recoverable on unpaid losses and loss adjustment expenses	1,650	1,510
Gross balance, included in pension and other accrued expenses in the consolidated balance sheets, at end of year	\$ 27,858	\$ 23,383

As described in Note 1, the estimate of losses and loss adjustment expenses may vary significantly from the amounts reported in the Saint Francis Indemnity Company's financial statements and could result in adverse deviation from the recorded reserve amounts The 2013 and 2012 prior year loss development was slightly favorable due to increased focus on claims being addressed and closed more quickly

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

11. Long-Term Debt

Long-term debt consists of the following

	September 30	
	2013	2012
State of Connecticut Health and Educational Facilities Authority (the Authority) revenue bonds		
Series C	\$ —	\$ 2,190
Series D	11,340	12,600
Series E	39,745	39,745
Series F	175,000	175,000
Series G	28,240	29,045
	<u>254,325</u>	<u>258,580</u>
 Obligations under capital leases	 <u>13,131</u>	 <u>7,335</u>
	267,456	265,915
 Less current portion		
Scheduled maturities	8,819	6,950
	<u>\$ 258,637</u>	<u>\$ 258,965</u>

In May 2002, the Hospital and Medical Center entered into a financing arrangement with the Authority under a Master Indenture for the purpose of defeasing all outstanding Series B revenue bonds. The Authority sold \$25,250 of Series D revenue bonds of which \$11,385 matured serially from 2003 to 2011, \$2,525 matured in the year 2013, \$5,040 matures in the year 2017, and \$6,300 matures in the year 2022 with interest at a net average annual rate of approximately 4.9%.

During 2004, the Hospital and Medical Center entered into a synthetic refinancing of its existing Series C Fixed Rate Bonds. Through a series of transactions, which involve a total return interest rate swap and a cash flow swap, the Hospital and Medical Center converted its old fixed rate debt to a lower fixed rate debt with substantial anticipated future savings.

In March 2008, a financial institution terminated its total return interest rate swap with the Hospital and Medical Center on the Series C Fixed Rate Bonds. As a result, the Hospital and Medical Center purchased the Series C Fixed Rate Bonds underlying the swap (\$38,870 out of a total of \$77,740). The Hospital and Medical Center financed the purchase of these bonds using a

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

11. Long-Term Debt (continued)

bridge loan with another financial institution. In May 2008, the Hospital and Medical Center entered into a financing arrangement with the Authority under a Master Indenture for the purpose of refinancing the bridge loan. The Authority sold \$39,745 of Series E revenue bonds through a private placement. The bonds mature serially from 2014 to 2027 and bear interest at a fixed rate of 6.11%. The Hospital and Medical Center subsequently entered into a synthetic refinancing of these bonds through a total return interest rate swap with a financial institution that lowers the fixed rate to 3.85% through July 2014. Subsequent to fiscal year 2013, the Hospital and Medical Center extended the total return interest rate swap through July 2018.

In June 2008, the Hospital and Medical Center entered into a financing arrangement with the Authority under a Master Indenture for the financing of construction of a building containing a new emergency department, operating rooms, patient rooms, and renovation of existing facilities. The Authority sold \$175,000 of Series F Variable Rate Demand Revenue Bonds, which mature serially from 2028 to 2047. The bonds bear interest at a weekly rate as determined by the remarketing agent. The Series F bonds are required to be supported by a letter of credit, which has been executed with a financial institution. In the event that the bonds cannot be remarketed, the underlying terms of the letter of credit agreement require that all amounts borrowed under the agreement be repaid ratably, over a 60-month period. Accordingly, that portion of the bonds that would be due within one year, should the bonds fail to be remarketed, is classified as a current liability. The letter of credit is scheduled to expire during 2014. Concurrent with the transaction, the Hospital and Medical Center entered into an interest rate swap to effectively fix the interest rate on \$130,000 of the Series F bonds at 3.54%.

In November 2008, a financial institution terminated its total return swap with the Hospital and Medical Center on the remaining Series C Fixed Rate Bonds outstanding at September 30, 2008. As a result, the Hospital and Medical Center purchased \$38,870 of the remaining Series C Fixed Rate Bonds underlying the swap subsequent to its fiscal year-end. In June 2009, a financial institution purchased \$8,150 of these bonds.

In September 2010, the Hospital and Medical Center entered into a financing arrangement with the Authority for the purpose of retiring the remaining Series C Fixed Rate Bonds, which it purchased in 2008. The Authority sold \$29,870 of Series G Bond Qualified Tax Exempt Bonds, which mature serially from 2011 to 2027 through a private placement. The bonds bear interest at a rate of 68% of one-month London Interbank Offered Rate (LIBOR) plus 2.75% (1.99% at September 30, 2013). The bonds are required to be supported by a letter of credit, which has been executed with a financial institution. The letter of credit is scheduled to expire in 2015.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

11. Long-Term Debt (continued)

The total return distribution agreements and interest rate swaps between the Hospital and Medical Center and the financial institutions are considered derivative instruments and are marked to market in accordance with ASC 815. The fair value of the swaps is included with other noncurrent accrued expenses in the accompanying consolidated balance sheets. The Series C swap liability at September 30, 2013 and 2012 was \$3,023 and \$4,409, respectively. The Series E swap liability at September 2013 and 2012 was \$262 and \$2,609, respectively. The Series F swap liability at September 30, 2013 and 2012 was \$24,553 and \$43,343, respectively. Although the agreements and swaps represent economic hedges of the interest rate on the bonds, they do not qualify for hedge accounting treatment under ASC 815. The changes in the fair value of the swaps and total return distribution agreements are reported in the accompanying consolidated statements of operations and changes in net assets as interest rate swap activity along with the net cash receipts on the swaps.

The Hospital and Medical Center's swap agreements provide for interest rates at a level viewed as acceptable by the Hospital and Medical Center. Such agreements expose the Hospital and Medical Center to credit risk in the event of nonperformance by the counterparties.

Under the terms of the financing arrangements, the proceeds of the revenue bonds were loaned to the Hospital and Medical Center by the Authority. Pursuant to the loan agreements, the Hospital and Medical Center is obligated to provide amounts that will be sufficient to enable the Authority to pay the principal and interest on the Series C, Series D, Series E, Series F and Series G bonds. A significant portion of property, building, and equipment have been collateralized under various debt agreements. The terms of the various financing arrangements between the Authority, certain financial institutions, and the Hospital and Medical Center also provide for financial covenants. As of September 30, 2013, the Hospital and Medical Center was in compliance with such covenants.

The Hospital and Medical Center has a line of credit with a bank with a total line available of \$5,000. The rate is LIBOR plus 1.5% expiring March 2014. There were no amounts outstanding as of September 30, 2013 and 2012.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

11. Long-Term Debt (continued)

Concurrent with the issuance and delivery of the Series C, Series D, Series E, Series F, and Series G bonds, the Hospital and Medical Center and the trustee entered into a master indenture and supplemental master indentures, which provide for the establishment and maintenance of various funds, a pledge of gross receipts and certain property, as defined, restrictions on incurrence of certain indebtedness, and financial covenants. The balances of the funds established pursuant to the master indenture and supplemental master indentures were as follows:

	September 30	
	2013	2012
Debt service reserve funds	\$ 3,604	\$ 4,246
Debt service funds	1,160	1,747
	<u>\$ 4,764</u>	<u>\$ 5,993</u>

Scheduled principal payments of long-term debt, including capital lease obligations, at September 30, 2013, are as follows:

	Debt	Capital Lease Obligations
2014	\$ 4,120	\$ 5,121
2015	4,325	4,253
2016	4,520	2,720
2017	4,760	1,763
2018	5,010	—
Thereafter	231,590	—
Less interest	—	(726)
	<u>\$ 254,325</u>	<u>\$ 13,131</u>

The fair value of the Hospital and Medical Center long-term debt as determined by the Hospital and Medical Center's investment advisor, using a discounted cash flow analysis, was \$257,256 and \$263,399 at September 30, 2013 and 2012, respectively.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

11. Long-Term Debt (continued)

Interest payments of \$8,883 and \$9,153 were made during 2013 and 2012, respectively. Interest of \$216 was capitalized during the year ended September 30, 2013. No interest was capitalized during the year ended September 30, 2012.

Subsequent to September 30, 2013, the Hospital and Medical Center entered into a financing arrangement with the Authority for the purpose of advance refunding and defeasing the Series D, F, and G Revenue bonds. The Authority sold \$214,580 of Series H-N Bond Qualified Tax Exempt Bonds, which mature serially from 2018 to 2021 through private placement. Principal payments will be made based on a redemption schedule as defined in the bond documents. The Series H bonds bear interest at a fixed rate of 3.05%. The Series I-N bonds bear interest at various rates ranging from 68% to 72% of one-month LIBOR plus 1.7% to 2.3%. The advance refunding will not impact any of the terms related to the interest rate swap agreements currently in place at the Hospital and Medical Center. For the bonds that were included in the advance refunding and defeasance transactions, funds were placed in escrow with a trustee to pay bondholders at future redemption dates. The principal payments for the year ending September 30, 2014, are approximately \$3,015.

12. Retirement Plan and Other Postretirement Benefits

The Hospital and Medical Center has noncontributory-defined benefit pension plans in effect covering all employees who meet certain eligibility requirements. Benefits are based on years of service and the employee's compensation and include a cash balance account for each employee. For plans subject to ERISA, the Hospital and Medical Center makes contributions in amounts sufficient to meet ERISA's minimum funding requirements.

Effective March 1, 2006, the Hospital and Medical Center amended its defined benefit pension plans to close the plan to new participants on September 30, 2006, and to freeze accruals as of October 1, 2006, for participants whose age plus years of service (minimum of ten years) total less than 55. As of October 1, 2006, the Hospital and Medical Center established a defined contribution plan for all eligible non-grandfathered employees. Pension expense related to the defined contribution plan for the years ended September 30, 2013 and 2012, was \$8,908 and \$9,220, respectively. The defined benefit plan became fully frozen effective October 1, 2009.

The Hospital and Medical Center provides health insurance to retirees and spouses who have met certain eligibility and length of service requirements. The Hospital and Medical Center's policy

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Retirement Plan and Other Postretirement Benefits (continued)

is to fund the cost of those postretirement benefits as incurred. Effective September 30, 2013, a plan amendment for the Hospital and Medical Center permanently capped the subsidy for the grandfathered participants to the 2013 funding level.

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic benefit cost:

	Pension Benefits		Postretirement Benefits	
	2013	2012	2013	2012
Unrecognized actuarial (loss) gain	\$ (139,688)	\$ (217,461)	\$ 3,602	\$ (2,693)

The actuarial (loss) gain included in unrestricted net assets expected to be recognized in net periodic benefit cost during the year ending September 30, 2014, is \$3,774.

The following table sets forth the plan's funded status and amounts recognized in the consolidated balance sheets:

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Change in benefit obligation				
Benefit obligation at beginning of year	\$ 458,611	\$ 404,786	\$ 13,833	\$ 14,086
Interest cost	19,085	19,937	546	679
Benefits paid	(14,984)	(13,517)	(934)	(886)
Actuarial (gains) losses	(59,621)	47,405	(1,624)	(46)
Plan amendments	—	—	(4,597)	—
Benefit obligation at end of year	403,091	458,611	7,224	13,833
Change in plan assets				
Fair value of plan assets at beginning of year	241,281	213,082	—	—
Actual return on plan assets	28,392	33,963	—	—
Contributions	9,279	7,753	934	886
Benefits paid	(14,984)	(13,517)	(934)	(886)
Fair value of plan assets at end of year	263,968	241,281	—	—
Funded status of the plan	(139,123)	(217,330)	(7,224)	(13,833)
Accrued benefit cost recognized in pension and other accrued expenses in the consolidated balance sheets	\$ (139,123)	\$ (217,330)	\$ (7,224)	\$ (13,833)

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Retirement Plan and Other Postretirement Benefits (continued)

The accumulated benefit obligations for the plans were \$410,315 and \$472,444 at September 30, 2013 and 2012, respectively

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Components of net periodic benefit cost				
Interest cost	\$ 19,085	\$ 19,937	\$ 546	\$ 679
Expected return on plan assets	(16,520)	(17,563)	—	—
Net amortization and deferral	6,280	4,595	74	155
Benefit cost	<u>\$ 8,845</u>	<u>\$ 6,969</u>	<u>\$ 620</u>	<u>\$ 834</u>

Assumptions

The weighted-average assumptions used to determine benefit obligations at September 30 are as follows

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Discount rate	5.35%	4.25%	5.35%	4.25%

The weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30 are as follows

	Pension Benefits		Other Postretirement Benefits	
	2013	2012	2013	2012
Discount rate	4.25%	5.00%	4.25%	5.00%
Expected long-term rate of return on assets	7.00%	7.50%	N/A	N/A

The Hospital and Medical Center's expected long-term rate of return on assets assumption is derived from a study conducted by its actuaries and investment managers. The study includes a review of anticipated future long-term performance of individual asset classes and consideration of the appropriate asset allocation strategy given the anticipated requirements of the plan to

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Retirement Plan and Other Postretirement Benefits (continued)

determine the average rate of earnings expected on the funds invested to provide for the pension plan benefits. While the study gives appropriate consideration to recent fund performance and historical returns, the assumption is primarily a long-term, prospective rate.

As of September 30, 2013, the health care cost trend rate no longer applies due to a plan change. Effective as of this date, a plan amendment permanently capped the Hospital and Medical Center's subsidy for the grandfathered participants to the 2013 level.

Plan Assets

The Hospital and Medical Center's pension plan asset allocations by asset category are as follows:

Asset category	September 30	
	2013	2012
Equity securities		
Domestic	35%	31%
International	17	22
Debt securities	38	38
Commodities	3	4
Real estate	3	5
Cash	4	—
Total	100%	100%

The Hospital and Medical Center maintains target allocation percentages among various asset classes based on an investment policy established for the pension plan, which is designed to achieve long-term objectives of return, while mitigating against downside risk and considering expected cash flows. The current weighted-average target asset allocation is as follows: equity securities 40%-80%, debt securities 20%-40%, commodities and real estate 0%-15%. The investment policy is reviewed from time to time to ensure consistency with the long-term objective of funding the plan to a level sufficient to pay plan benefits as they become due.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Retirement Plan and Other Postretirement Benefits (continued)

Contributions

The Hospital and Medical Center expects to contribute \$8,720 to its pension plan and \$902 to its other postretirement benefit plan in 2014

Estimated Future Benefit Payments

The following benefit payments, which reflect expected future service, are expected to be paid as follows

Fiscal year	Pension	Other
	Benefits	Postretirement Benefits
2014	\$ 18,147	\$ 902
2015	19,880	862
2016	21,639	818
2017	23,204	772
2018	24,102	725
2019-2023	136,769	2,922

13. Fair Values of Financial Instruments

The Hospital and Medical Center measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Hospital and Medical Center's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

The Hospital and Medical Center follows a valuation hierarchy that is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

- Level 1*** Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.
- Level 2*** Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.
- Level 3*** Unobservable inputs are used when little or no market data are available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital and Medical Center uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2013, are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 93,987	\$ –	\$ –	\$ 93,987
Short-term investments	6,995	30,402	–	37,397
Assets whose use is limited				
Board designated				
Short-term investments	430	–	–	430
Corporate equity securities	10,834	972	–	11,806
Mutual funds				
Equities	9,399	–	–	9,399
Fixed income	–	10,588	–	10,588
International	2,658	–	–	2,658
Emerging markets	796	–	–	796
Real estate	849	–	–	849
Commodities	373	–	–	373
U S government securities	–	9,186	–	9,186
Corporate bonds	–	5,437	–	5,437
	25,339	26,183	–	51,522

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Donor restricted				
Short-term investments	\$ 31	\$ —	\$ —	\$ 31
Mutual funds				
Equities	2,713	—	—	2,713
International	420	—	—	420
Emerging markets	357	—	—	357
Fixed income	—	175	—	175
Real estate	273	—	—	273
Commodities	317	—	—	317
	4,111	175	—	4,286
Held under bond indenture	4,764	—	—	4,764
Held in trust by others	—	48,420	2,744	51,164

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Long-term investments				
Short-term investments	\$ 772	\$ —	\$ —	\$ 772
Mutual funds				
Equities	4,959	—	—	4,959
International	767	—	—	767
Emerging markets	652	—	—	652
Fixed income	—	321	—	321
Real estate	499	—	—	499
Commodities	580	—	—	580
U S government securities	—	1,035	—	1,035
Corporate bonds	—	3,081	—	3,081
Other	—	—	2,348	2,348
	<u>8,229</u>	<u>4,437</u>	<u>2,348</u>	<u>15,014</u>
Liabilities				
Interest rate swap agreements	—	27,838	—	27,838
Pension assets				
Short-term investments	9,463	—	—	9,463
Mutual funds				
Equities	91,955	—	—	91,955
International	18,647	—	—	18,647
Emerging markets	25,763	—	—	25,763
Real estate	9,102	—	—	9,102
Commodities	8,326	—	—	8,326
Corporate bonds	—	100,712	—	100,712
	<u>163,256</u>	<u>100,712</u>	<u>—</u>	<u>263,968</u>

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

Beginning balance	\$ 5,385
Net loss	(293)
Ending balance	<u><u>\$ 5,092</u></u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

Financial assets and liabilities carried at fair value as of September 30, 2012, are classified in the table below in one of the three categories described above

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 84,277	\$ –	\$ –	\$ 84,277
Short-term investments	18	41,179	–	41,197
Assets whose use is limited				
Board designated				
Short-term investments	481	–	–	481
Corporate equity securities	10,455	995	–	11,450
Mutual funds				
Equities	5,705	–	–	5,705
Fixed income	–	8,478	–	8,478
International	1,955	–	–	1,955
Emerging markets	804	–	–	804
Real estate	759	–	–	759
Commodities	327	–	–	327
U S government securities	–	7,133	–	7,133
Corporate bonds	–	5,210	–	5,210
	20,486	21,816	–	42,302

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Donor restricted				
Short-term investments	\$ 220	\$ —	\$ —	\$ 220
Mutual funds				
Equities	2,556	—	—	2,556
International	366	—	—	366
Emerging markets	298	—	—	298
Fixed income	—	318	—	318
Real estate	228	—	—	228
Commodities	300	—	—	300
	3,968	318	—	4,286
			—	
Held under bond indenture	5,993	—	—	5,993
Held in trust by others	—	46,311	2,227	48,538

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Fair Values of Financial Instruments (continued)

Short-term investments	\$	776	\$	—	\$	—	\$	776
Mutual funds								
Equities		4,060		—		—		4,060
International		581		—		—		581
Emerging markets		473		—		—		473
Fixed income		—		505		—		505
Real estate		362		—		—		362
Commodities		477		—		—		477
U S government securities		—		882		—		882
Corporate bonds		—		3,558		—		3,558
Other		—		—		3,158		3,158
		6,729		4,945		3,158		14,832
Liabilities								
Interest rate swap agreements		—		50,361		—		50,361
Pension assets								
Short-term investments		1,438		—		—		1,438
Mutual funds								
Equities		74,137		—		—		74,137
International		37,483		—		—		37,483
Emerging markets		14,964		—		—		14,964
Real estate		11,510		—		—		11,510
Commodities		10,128		—		—		10,128
Corporate bonds		—		91,621		—		91,621
		149,660		91,621		—		241,281

Fair Value Measurements Using Significant Unobservable Inputs (Level 3)

Beginning balance	\$	4,123
Net gain		1,262
Ending balance	\$	5,385

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

14. Related Party Transactions

On July 12, 2012, Johnson Memorial Medical Center entered into an affiliation agreement with Saint Francis Care, Inc., designed to establish a long-term relationship between the two systems. Included in the affiliation agreement, the Hospital and Medical Center obtained a minority voting interest on the Board of Directors of Johnson Memorial Medical Center. The Hospital and Medical Center provides certain management and other services to Johnson Memorial Medical Center for which the Hospital and Medical Center is reimbursed. For the year ended September 30, 2013, the Hospital and Medical Center was reimbursed \$375 for services provided to Johnson Memorial Medical Center. Related accounts receivable was \$362 for the year ended September 30, 2013. No such services were provided in fiscal year 2012.

15. Commitments and Contingencies

The Hospital and Medical Center has guaranteed the payment of a loan made by the City of Hartford to Mount Sinai Hospital Foundation, Inc. This loan matures on August 1, 2016. The balance of this loan at September 30, 2013 and 2012 was \$578 and \$756, respectively.

The Hospital and Medical Center is a party to various lawsuits incidental to its business. Management believes that the lawsuits will not have a material adverse effect on its consolidated financial position and results of operations.

Beginning in 2007 and through September 30, 2013, approximately 160 plaintiffs filed claims against the Hospital and Medical Center asserting unspecified damages resulting from the activities of a former employee that occurred over a number of years and ended no later than 1993. During the year ended September 30, 2013, one claim was asserted against the Hospital and Medical Center out of court and was resolved, and another claim or suit was threatened. As of the year ended September 30, 2013, there is one claim outstanding and one other threatened, and post-trial and post-appeal proceeding remains pending in one other case.

Based on settlement experience through September 30, 2013, management estimated and accrued a liability at September 30, 2013, for unsettled claims, net of applicable insurance coverage. The expense related to settled and unsettled claims is included in supplies and other expense for the years ended September 30, 2013 and 2012, and the estimated liability for outstanding claims is reflected in pension and other liabilities at September 30, 2013 and 2012, in the accompanying consolidated financial statements included in pension and other accrued expenses.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

16. Changes in Components of Working Capital Other Than Cash and Cash Equivalents

	Year Ended September 30	
	2013	2012
Changes in current assets		
Assets whose use is limited for current liabilities	\$ 193	\$ (573)
Accounts receivable – patients, net	(21,160)	(19,399)
Accounts receivable – other	(210)	5,111
Inventories of supplies	(47)	(1,243)
Prepaid expenses	1,091	(450)
Due from affiliated entities	1,014	(5,239)
	<u>(19,119)</u>	<u>(21,793)</u>
Changes in current liabilities		
Accounts payable	414	1,266
Accrued pay roll and other related expenses	1,641	530
Accrued expenses and interest payable	(987)	1,407
Due to third-party reimbursement agencies	9,872	(2,504)
Due to affiliated entities	–	(2,535)
	<u>10,940</u>	<u>(1,836)</u>
Change in working capital other than cash and cash equivalents	<u>\$ (8,179)</u>	<u>\$ (23,629)</u>

17. Functional Expenses

Functional expenses are as follows

	Year Ended September 30	
	2013	2012
Health care services	\$ 616,107	\$ 600,194
General and administrative	66,282	71,436
	<u>\$ 682,389</u>	<u>\$ 671,630</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

18. Subsequent Events

The Hospital and Medical Center evaluated subsequent events through February 7, 2014, which is the date the consolidated financial statements were issued. The Hospital and Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date for the year ended September 30, 2013.

No events occurred that require adjustment to the consolidated financial statements except as disclosed in Note 11 related to the advance refunding and defeasing of the Series D, F, and G revenue bonds.

Supplementary Information

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Balance Sheet

September 30, 2013
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co	Total Laundry Collaborative	Saint Francis Behavioral Health Group	Intercompany Eliminations	Saint Francis Hospital and Medical Center
Assets										
Current assets										
Cash and cash equivalents	\$ 80,260	\$ 9,454	\$ -	\$ 89,714	\$ 2,384	\$ 510	\$ 1,114	\$ 265	\$ -	\$ 93,987
Short-term investments	30,428	-	-	30,428	-	6,969	-	-	-	37,397
Assets whose use is limited for current liabilities	4,883	-	-	4,883	-	-	-	-	-	4,883
Accounts receivable - patients less allowance	60,969	-	-	60,969	390	-	-	381	-	61,740
Accounts receivable - other	1,245	60	-	1,305	-	1,911	241	60	-	3,517
Inventories of supplies	7,188	-	-	7,188	-	-	21	-	-	7,209
Prepaid expenses and deposits	5,740	-	-	5,740	26	19	16	-	-	5,801
Due from affiliated entities	(2,789)	3,038	(3,038)	(2,789)	3,122	9,272	(1,016)	(4,246)	31	4,374
Total current assets	187,924	12,552	(3,038)	197,438	5,922	18,681	376	(3,540)	31	218,908
Assets whose use is limited										
Board - designated	21,396	-	-	21,396	-	30,126	-	-	-	51,522
Donor restricted	4,286	-	-	4,286	-	-	-	-	-	4,286
Held under bond indenture	4,764	-	-	4,764	-	0	-	-	-	4,764
Held in trusts by others	51,164	-	-	51,164	-	0	-	-	-	51,164
Interest in SFHMC Foundation, Inc	10,952	-	-	10,952	-	-	-	-	-	10,952
	92,562	-	-	92,562	-	30,126	-	-	-	122,688
Assets whose use is limited for current liabilities	(4,883)	-	-	(4,883)	-	-	-	-	-	(4,883)
	87,679	-	-	87,679	-	30,126	-	-	-	117,805
Long-term investments	16,916	-	-	16,916	-	-	-	-	(1,902)	15,014
Property, plant, and equipment, net	453,524	3,875	-	457,399	1,691	-	2,236	39	-	461,365
Other assets										
Bond issuance costs less amortization	2,053	-	-	2,053	-	-	-	-	-	2,053
Due from affiliated entities	(3,038)	-	3,038	-	-	-	-	-	0	-
Other	6,128	-	-	6,128	-	-	-	-	-	6,128
	751,186	16,427	-	767,613	7,613	48,807	2,612	(3,501)	(1,871)	821,273

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Balance Sheet (continued)

September 30, 2013
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co.	Saint Francis Behavioral Health Group	Intercompany Eliminations	Saint Francis Hospital and Medical Center
Liabilities and net assets									
Current liabilities									
Accounts payable	\$ 32,109	\$ 13	\$ -	\$ 32,122	\$ 1,269	\$ 161	\$ 636	\$ -	\$ 34,425
Accrued payroll and other related expenses	32,532	-	-	32,532	1,571	-	-	480	34,583
Accrued expenses and interest payable	6,283	22	-	6,305	4	-	-	7	6,282
Due to third-party reimbursement agencies	12,474	-	-	12,474	-	-	-	-	12,474
Current portion of long-term debt	8,819	-	-	8,819	-	-	-	-	8,819
Total current liabilities	92,217	35	-	92,252	2,844	161	636	487	96,583
Pension and other accrued expenses	191,376	-	-	191,376	1,357	30,087	-	-	222,786
Long-term debt, less portion classified as a current liability	258,637	-	-	258,637	-	-	-	-	258,637
Net assets									
Unrestricted	127,892	16,392	-	144,284	3,412	18,559	1,976	(3,988)	162,203
Temporarily restricted	25,614	-	-	25,614	-	-	-	-	25,614
Permanently restricted	55,450	-	-	55,450	-	-	-	-	55,450
	208,956	16,392	-	225,348	3,412	18,559	1,976	(3,988)	243,267
	751,186	16,427	\$ -	767,613	7,613	48,807	2,612	(3,501)	821,273

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2013

(In Thousands)

	Saint Francis Hospital and Medical Center	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co.	Total Laundry Collaborative	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Net patient service revenue	\$ 655,372	\$ -	\$ -	\$ 655,372	\$ 12,852	\$ -	\$ -	\$ 2,899	\$ -	\$ 671,123
Less: provision for bad debts	(20,254)	-	-	(20,254)	(384)	-	-	(150)	-	(20,788)
Net patient service revenue less provision for bad debts	635,118	-	-	635,118	12,468	-	-	2,749	-	650,335
Other operating revenues	30,928	2,866	(1,340)	32,454	26,276	12,092	5,067	3,129	(42,740)	36,278
Net assets released from restrictions for operations	4,400	-	-	4,400	-	-	-	-	-	4,400
Total revenue	670,446	2,866	(1,340)	671,972	38,744	12,092	5,067	5,878	(42,740)	691,013
Operating expenses										
Salaries	252,560	132	-	252,692	13,469	-	-	5,023	(8,090)	263,094
Supplies and other	367,228	338	(1,340)	366,226	24,489	9,251	5,067	1,491	(34,684)	371,840
Interest	11,601	-	-	11,601	-	-	-	-	-	11,601
Depreciation and amortization	34,870	358	-	35,228	378	-	239	9	-	35,854
	666,259	828	(1,340)	665,747	38,336	9,251	5,306	6,523	(42,774)	682,389
	4,187	2,038	-	6,225	408	2,841	(239)	(645)	34	8,624
Net gain on investment activity	2,296	-	-	2,296	-	-	-	-	-	2,296
Operating income (loss)	6,483	2,038	-	8,521	408	2,841	(239)	(645)	34	10,920
Interest rate swap activity										
Interest cost on interest rate swaps	(305)	-	-	(305)	-	-	-	-	-	(305)
Change in fair value of interest rate swaps	22,523	-	-	22,523	-	-	-	-	-	22,523
	22,218	-	-	22,218	-	-	-	-	-	22,218
Excess (deficiency) of revenues over expenses	28,701	2,038	-	30,739	408	2,841	(239)	(645)	34	33,138

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2013
(In Thousands)

	Saint Francis Hospital and Medical Center	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co	Total Laundry Collaborative Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Unrestricted net assets									
Excess (deficiency) of revenues over expenses (continued)									
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc.	\$ 28,701	\$ 2,038	\$ -	\$ 30,739	\$ 408	\$ 2,841	\$ (239)	\$ (645)	\$ 34
Net assets released from restrictions used for capital purchases	1,165	-	-	1,165	-	-	-	-	1,165
Change in pension funding and postretirement obligations	3,204	-	-	3,204	-	-	-	-	3,204
Equity transfer to affiliated entity	81,090	-	-	81,090	2,978	-	-	-	84,068
Change in minority interest in subsidiary	(6,000)	-	-	(6,000)	-	-	-	-	(6,000)
Increase (decrease) in unrestricted net assets	-	-	-	-	-	-	-	(148)	(148)
Temporarily restricted net assets									
Income from investments	108,160	2,038	-	110,198	3,386	2,841	(239)	(645)	115,427
Gifts, contributions, and donations	162	-	-	162	-	-	-	-	162
Net unrealized gain on investments	6,027	-	-	6,027	-	-	-	-	6,027
Grants released from restrictions for renovations	43	-	-	43	-	-	-	-	43
Net assets released from restrictions for operations and capital purchases	(3,447)	-	-	(3,447)	-	-	-	-	(3,447)
Transfers from SFHMC Foundation, Inc.	(7,604)	-	-	(7,604)	-	-	-	-	(7,604)
Decrease in interest in SFHMC Foundation, Inc.	1,897	-	-	1,897	-	-	-	-	1,897
Decrease in temporarily restricted net assets	(1,837)	-	-	(1,837)	-	-	-	-	(1,837)
Permanently restricted net assets	(4,759)	-	-	(4,759)	-	-	-	-	(4,759)
Increase in assets held in trusts by others	2,626	-	-	2,626	-	-	-	-	2,626
Increase in permanently restricted net assets	2,626	-	-	2,626	-	-	-	-	2,626
Increase (decrease) in net assets	106,027	2,038	-	108,065	3,386	2,841	(239)	(645)	113,294
Net assets at beginning of year	102,929	14,354	-	117,283	26	15,718	2,215	(3,343)	129,973
Net assets at end of year	\$ 208,956	\$ 16,392	\$ -	\$ 225,348	\$ 3,412	\$ 18,559	\$ 1,976	\$ (3,988)	\$ 243,267

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