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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 07-01-2014 , and ending 06-30-2015

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

C Name of organization
Saint Francis Memorial Hospital
% LARA HARROW - FINANCE DEPT

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
185 BERRY STREET SUITE 300

City or town, state or province, country, and ZIP or foreign postal code
San Francisco, CA 94107

D Employer identification number
94-1156295

E Telephone number
(415) 353-6600

G Gross receipts $ 303,194,785

F Name and address of principal officer
Alan Fox
900 Hyde Street
San Francisco,CA 94109

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www saintfrancismemorial org

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

L Year of formation 1938

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE COMPASSIONATE, QUALITY, COST EFFECTIVE MEDICAL AND HEALTHCARE RELATED SERVICES TO MEET THE NEEDS OF THE COMMUNITIES WE SERVE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	1,192
6	Total number of volunteers (estimate if necessary)	**6**	317
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	385,581
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,403,490	2,788,325
9	Program service revenue (Part VIII, line 2g)	200,492,482	225,313,511
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,252,351	8,571,554
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,725,859	1,820,678
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	210,874,182	238,494,068

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,454,187	2,524,415
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	123,992,637	127,675,324
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	93,278,298	118,336,193
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	218,725,122	248,535,932
19	Revenue less expenses Subtract line 18 from line 12	-7,850,940	-10,041,864

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	377,591,446	376,725,219
21	Total liabilities (Part X, line 26)	78,233,714	93,257,864
22	Net assets or fund balances Subtract line 21 from line 20	299,357,732	283,467,355

Part II Signature Block

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

Sign Here

▶ Signature of officer — 2016-05-06 Date

▶ ALAN FOX CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VALERIE J BALL	VALERIE J BALL	2016-05-09		P00178114

Firm's name ▶ KPMG LLP — Firm's EIN ▶

Firm's address ▶ 55 SECOND STREET SUITE 1400
SAN FRANCISCO, CA 94105

Phone no (415) 963-5100

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

TO PROVIDE COMPASSIONATE, HIGH-QUALITY, AFFORDABLE HEALTH SERVICES FOR OUR SISTERS AND BROTHERS WHO ARE POOR AND DISENFRANCHISED, AND PARTNERING WITH OTHERS IN THE COMMUNITY TO IMPROVE THE QUALITY OF LIFE

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 213,761,145 including grants of $ 2,524,415) (Revenue $ 225,313,511)

SAINT FRANCIS MEMORIAL HOSPITAL'S MISSION IS TO CONTRIBUTE TO THE HEALTH OF THE COMMUNITY THROUGH THE PROVISIONS OF QUALITY SERVICES DELIVERED IN A COMPASSIONATE AND COST EFFECTIVE MANNER THE HOSPITAL HAS 288 BEDS AND SERVICED PATIENTS AS FOLLOWS OUTPATIENT VISITS OF 116,242, EMERGENCY VISITS OF 33,792, INPATIENT AND OUTPATIENT OPERATING ROOM CASES OF 3,206 INPATIENT SERVICES ACUTE MEDICAL SURGICAL CARE AND REHAB, INTENSIVE AND BURN CARE, ADULT PSYCH, PHARMACY, CARDIOPULMONARY, SURGERY AND TELEMETRY UNIT OUTPATIENT SERVICES EMERGENCY CARE, SPORTS MEDICINE AND OCCUPATIONAL HEALTH CLINICS, PULMONARY REHAB, OUTPATIENT BURN CARE, SPINE AND JOINT/PAIN/MS CLINIC, DIAGNOSTIC IMAGING, RADIATION ONCOLOGY, GASTROINTESTINAL SERVICES AND PHYSICAL THERAPY SERVICES, HYPERBARIC OXYGEN CLINIC SUPPORT SERVICES CHAPLAINCY PROGRAM, FAMILY SUPPORT SERVICES, PALLIATIVE CARE, PARKING SERVICES, NURSING EDUCATION SERVICES, HEALTH SCIENCES LIBRARY, AS WELL AS SUPPORT, TIME AND MONEY TO ORGANIZATIONS AND INDIVIDUALS THROUGHOUT THE COMMUNITY

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

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

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

4e **Total program service expenses** ▶ 213,761,145

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	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	208		
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	1,192		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	19		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

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

Section C. Disclosure

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

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

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

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

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

▶ LARA HARROW - FINANCE DEPT
3400 DATA DRIVE 3RD FLOOR
RANCHO CORDOVA, CA 95670 (916) 851-2000

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								3,923,240	1,306,144	656,242

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 ▶396

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
GALEN INPATIENT PHYSICIANS, 2100 POWELL ST STE 900 EMERYVILLE, CA 946081803	Medical Services	2,226,689
ANESTHESIOLOGISTS MED GR OF SF, 900 HYDE ST SAN FRANCISCO, CA 94109	Medical Services	733,256
LEK CONSULTING LLC, 75 STATE ST 19TH FLOOR BOSTON, MA 02109	Management Consultan	560,000
PARAGON MED ASSOC INC, 3128 PASEO GRANADA PLEASANTON, CA 94566	Medical Services	535,381
PARADIGM MEDICAL MGMT INC RESTORIXH, 155 WHITE PLAINS RD SUITE 222 TARRYTOWN, NY 10591	Medical Services	449,366

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 ▶33

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations . . .	1d	216,855			
	e	Government grants (contributions)	1e	333,900			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,237,570			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		2,788,325			
Program Service Revenue			Business Code				
	2a	PATIENT NET OF CHARITY AND BAD DEBT	900099	221,920,576	221,920,576	0	0
	b	MEDICAL OFFICE BLDGS	532000	2,250,117	2,250,117	0	0
	c	PHYSICIAN PROFESSIONAL FEES	900099	810,778	810,778	0	0
	d	RALLY FAMILY VISITATION SERVICES	900099	305,722	305,722	0	0
	e	OTHER RELATED EXEMPT/INCOME	900099	17,723	17,723	0	0
	f	All other program service revenue		8,595		8,595	0
	g	**Total.** Add lines 2a–2f . . . . . ▶		225,313,511			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,104,808			2,104,808
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross rents	91,454				
	b	Less rental expenses					
	c	Rental income or (loss)	91,454 / 0				
	d	Net rental income or (loss) . . . . . ▶		91,454			91,454
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	71,161,463 / 6,000				
	b	Less cost or other basis and sales expenses	64,700,717				
	c	Gain or (loss)	6,460,746 / 6,000				
	d	Net gain or (loss) . . . . . ▶		6,466,746			6,466,746
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶		0			
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a	PARKING LOT FEES	812930	809,799		0	809,799
	b	SPORTS MEDICINE RETAIL OPERATION	446199	376,986		376,986	0
	c	CAFETERIA	722514	199,413		0	199,413
	d	All other revenue		343,026			343,026
	e	**Total.** Add lines 11a–11d . . . . . ▶		1,729,224			
	12	**Total revenue.** See Instructions . . . . . ▶		238,494,068	225,304,916	385,581	10,015,246

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 or note to any line in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,510,804	2,510,804		
2 Grants and other assistance to domestic individuals See Part IV, line 22	13,611	13,611		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	4,871,246	4,408,169	463,077	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	413,257	413,257		
7 Other salaries and wages	95,264,089	89,765,042	5,499,047	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	6,777,370	6,397,441	379,929	
9 Other employee benefits	13,843,886	13,126,307	717,579	
10 Payroll taxes	6,505,476	6,116,265	389,211	
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	61,415		61,415	
d Lobbying	83,819		83,819	
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	112,096		112,096	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	37,962,818	26,269,985	11,692,833	0
12 Advertising and promotion	1,313,058	65,114	1,247,944	
13 Office expenses	3,904,504	3,059,318	845,186	
14 Information technology	12,837,202	1,111,775	11,725,427	
15 Royalties	0			
16 Occupancy	3,236,882	3,215,342	21,540	
17 Travel	319,373	160,572	158,801	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	148,045	42,376	105,669	
20 Interest	1,368,047	1,368,047		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	9,248,768	8,760,991	487,777	
23 Insurance	1,721,624	1,721,624		
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	21,382,435	21,379,332	3,103	0
b MEDI-CAL PROVIDER FEE	22,677,550	22,677,550	0	0
c FOOD	883,848	574,483	309,365	0
d LICENSES & TAXES	463,489	344,670	118,819	0
e All other expenses	611,220	259,070	352,150	
25 **Total functional expenses.** Add lines 1 through 24e	248,535,932	213,761,145	34,774,787	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		6,607	1	6,460
	2	Savings and temporary cash investments		3,021,810	2	488,105
	3	Pledges and grants receivable, net		184,487	3	282,280
	4	Accounts receivable, net		43,295,564	4	36,496,104
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		43,490	5	24,928
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		3,201,399	7	3,179,271
	8	Inventories for sale or use		3,430,019	8	3,668,506
	9	Prepaid expenses and deferred charges		7,948,957	9	22,544,886
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 210,295,968			
	b	Less accumulated depreciation	10b 128,185,400	86,534,611	10c	82,110,568
	11	Investments—publicly traded securities		131,546,972	11	132,727,831
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		92,439,279	13	93,120,029
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		5,938,251	15	2,076,251
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		377,591,446	16	376,725,219
Liabilities	17	Accounts payable and accrued expenses		31,541,568	17	50,288,553
	18	Grants payable		0	18	0
	19	Deferred revenue		34,067	19	52,767
	20	Tax-exempt bond liabilities		10,000,000	20	10,000,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		36,658,079	25	32,916,544
	26	**Total liabilities.** Add lines 17 through 25		78,233,714	26	93,257,864
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		207,048,453	27	190,477,325
	28	Temporarily restricted net assets		61,895,243	28	62,575,793
	29	Permanently restricted net assets		30,414,307	29	30,414,237
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		299,357,732	33	283,467,355
	34	Total liabilities and net assets/fund balances		377,591,446	34	376,725,219

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	238,494,068
2	Total expenses (must equal Part IX, column (A), line 25)	2	248,535,932
3	Revenue less expenses Subtract line 2 from line 1	3	-10,041,864
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	299,357,732
5	Net unrealized gains (losses) on investments	5	-7,707,477
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	790,890
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,068,074
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	283,467,355

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) N Thomas Ahlberg MD Board Member	30 00	X						0	0	0
(1) Dr Amy Bossen Board Member	30 00	X						703	0	0
(2) Carrie Byles Board Member	30 00	X						0	0	0
(3) Michaela Cassidy Board Member	30 00	X						0	0	0
(4) Gary Chan MD Board Member	30 00	X						1,547	0	0
(5) David Duong MD Board Member	30 00	X						0	0	0
(6) Issa Eshima MD Board Member	30 00	X						0	0	0
(7) Robert Eves Board Member	30 00	X						0	0	0
(8) Harris Goodman MD Board Member	30 00	X						0	0	0
(9) Robert Harvey MD Ex-officio Board Member	30 00	X						0	0	0
(10) Cynthia Kilroy Board Member	30 00	X						0	0	0
(11) Kimberly MacPherson Board Member	30 00	X						0	0	0
(12) Victor Prieto MD Board Member	30 00	X						144,390	0	0
(13) Julie Soo JD Board Member	30 00	X						0	0	0
(14) Richard Spalding Board Member	30 00	X						0	0	0
(15) Peter Teng MD Board Member	30 00	X						0	0	0
(16) Clement Jones MD Secretary	30 00	X		X				0	0	0
(17) David J Malone MD Board Chair	30 00	X		X				20,077	0	0
(18) Charles McGettigan Vice-Chair	30 00	X		X				0	3,750	0
(19) Alan Fox CFO/ Treasurer	40 0 00			X				318,901	0	59,793
(20) James Houser Interim President & CEO	40 0 00			X				0	553,600	38,198
(21) Hugh Vincent Interim Pres/CEO (thru 5/2014)	40 0 00			X				0	113,750	7,849
(22) Charlene Battaglia Senior Director - Nursing	40 0 00				X			180,905	0	15,348
(23) Michael Fink Senior Director of Facilities	40 0 00				X			177,622	0	27,750
(24) Mark Garfield MD Chief Medical Officer	40 0 00				X			259,182	0	33,358

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Dennis Kneeppel CNE	40 0 0 0				X			333,130	0	43,635
(1) Raymond Miller Director-Pharmacy	40 0 0 0				X			214,774	0	42,837
(2) Barbara Morrissette VP, HR	40 0 0 0				X			314,390	0	22,506
(3) Dallas Ryan Director Materials Management	40 0 0 0				X			204,806	0	41,638
(4) Jill Welton VP Quality/CNO	40 0 0 0				X			257,269	0	56,714
(5) Abbie Yant Vice President Comm Advocacy H	40 0 0 0				X			195,049	0	53,815
(6) Frances T L Chee Registered Nurse	40 0 0 0					X		273,363	0	42,135
(7) Albina Guerrero Registered Nurse	40 0 0 0					X		245,982	0	39,007
(8) Harendra C Joshi Nuclear Medicine Supervisor	40 0 0 0					X		249,364	0	29,461
(9) Bradford K Moy Medical Director	40 0 0 0					X		293,976	0	34,501
(10) John Ikona Ubi Registered Nurse	40 0 0 0					X		237,810	0	51,982
(11) Tom Hennessy Former officer	0 0 0 0						X	0	635,044	15,715

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
Saint Francis Memorial Hospital	94-1156295

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

	For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		83,819
j	Total Add lines 1c through 1i			83,819
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II - B, Line 1	SCHEDULE C, PART II-B LINE 1 LOBBYING EXPENDITURES PAID BY THE PARENT ORGANIZATION FOR ANNUAL MEMBERSHIP DUES WHERE EXPENSES ARE ALLOCATED TO THE HOSPITAL CATHOLIC HEALTH ASSOCIATION $ 1,140 AMERICAN HOSPITAL ASSOCIATION $ 2,491 HOSPITAL ASSOCATION OF SOUTHERN CALIFORNIA $ 14,307 CALIFORNIA HOSPITAL COMMITTEE ON ISSUES $ 61,617 YES ON E - CHOOSE HEALTH SF $ 4,167 OTHER MEMBERSHIP DUES $ 97 -------- TOTAL $ 83,819 ========

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	41,664,814	36,767,665	34,688,666	36,338,723	36,206,485
b	Contributions	200	94,403	27,052	100	3,654
c	Net investment earnings, gains, and losses	970,214	4,859,064	3,479,952	-742,651	5,190,056
d	Grants or scholarships					
e	Other expenditures for facilities and programs	1,136,714	56,318	1,428,005	907,506	5,061,472
f	Administrative expenses					
g	End of year balance	41,498,514	41,664,814	36,767,665	34,688,666	36,338,723

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

- a Board designated or quasi-endowment ▶ 26 710 %
- b Permanent endowment ▶ 73 290 %
- 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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,094,567		2,094,567
b Buildings		134,429,322	73,901,253	60,528,069
c Leasehold improvements		224,687	206,256	18,431
d Equipment		69,420,204	54,077,891	15,342,313
e Other		4,127,188		4,127,188
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				82,110,568

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) UNCONSOLIDATED FOUNDATION	92,990,029	F
(2) OWNERSHIP IN HEALTH-RELATED	130,000	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	93,120,029	

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

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

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
DUE TO RELATED PARTIES	30,077,627
PENSION LIABILITY	2,348,375
OTHER NON CURRENT LIABILITIES	490,542
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	32,916,544

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Sch D, Part V, Line 4	THE ENDOWMENT FUNDS ARE INTENDED TO BE USED TO SUPPORT THE HOSPITAL'S HEALTHCARE NEEDS AND OTHER HOSPITAL PROGRAM NEEDS
Sch D, Part X, Line 2 - FIN 48 (ASC 740) FOOTNOTE	DIGNITY HEALTH REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130008716

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☑ Other 500 %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		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 eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		4,519	5,062,420	346,706	4,715,714	1 900 %
b Medicaid (from Worksheet 3, column a)		12,648	66,932,768	47,647,233	19,285,535	7 760 %
c Costs of other means-tested government programs (from Worksheet 3, column b)		1,090	697,288		697,288	0 280 %
d **Total** Financial Assistance and Means-Tested Government Programs		18,257	72,692,476	47,993,939	24,698,537	9 940 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	8	897	475,796		475,796	0 190 %
f Health professions education (from Worksheet 5)	4	541	432,363	274,969	157,394	0 060 %
g Subsidized health services (from Worksheet 6)	3	1,161	916,620	497,558	419,062	0 170 %
h Research (from Worksheet 7)	1	5,600	160,194		160,194	0 060 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	5	4,413	416,555	16,482	400,073	0 160 %
j **Total.** Other Benefits	21	12,612	2,401,528	789,009	1,612,519	0 640 %
k **Total.** Add lines 7d and 7j	21	30,869	75,094,004	48,782,948	26,311,056	10 580 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	2	2	8,250		8,250	0 %
7	Community health improvement advocacy						
8	Workforce development	3	71	22,424		22,424	0 010 %
9	Other						
10	**Total**	5	73	30,674		30,674	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?		1	Yes	
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2	4,767,769		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	44,106,330
6	Enter Medicare allowable costs of care relating to payments on line 5	6	64,773,934
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7	-20,667,604
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

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

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

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

Part V Facility Information

Section A. Hospital Facilities

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

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

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

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group Saint Francis Memorial Hospital

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

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

Part V Facility Information *(continued)*

Saint Francis Memorial Hospital

Name of hospital facility or letter of facility reporting group

			Yes	No
Financial Assistance Policy (FAP)				
	Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200 % and FPG family income limit for eligibility for discounted care of 500 %			
b	☐ Income level other than FPG (describe in Section C)			
c	☑ Asset level			
d	☑ Medical indigency			
e	☑ Insurance status			
f	☑ Underinsurance discount			
g	☐ Residency			
h	☐ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☑ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☑ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☑ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☑ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☐ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16	Yes	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☑ The FAP application form was widely available on a website (list url) SEE SECTION C			
c	☐ A plain language summary of the FAP was widely available on a website (list url) SEE SECTION C			
d	☑ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☑ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☑ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☑ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☑ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes	
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☑ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

Saint Francis Memorial Hospital

Name of hospital facility or letter of facility reporting group

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

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? **1**

	Name and address	Type of Facility (describe)
1	SMI Imaging LLC 6740 E Camelback Road Suite 101 Scotsdale, AZ 85251	imaging
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	FOR PURPOSES OF CALCULATING THE AMOUNTS PROVIDED IN THE TABLE, SFMH USES A COST ACCOUNTING SYSTEM THAT COMBINES RELATIVE VALUE UNITS (RVU) AND COST TO CHARGE RATIOS (CCR) TO ALLOCATE COSTS TO THE PATIENT LEVEL THE COST ACCOUNTING SYSTEM ALGORITHM ALLOCATES TOTAL OPERATING EXPENSES TO THE PROCEDURE CHARGE CODE LEVEL BASED UPON AN RVU FOR PROCEDURES THAT HAVE BEEN STUDIED AND ASSIGNED AN RVU, OR BASED UPON A CCR FOR UNSTUDIED PROCEDURES THAT DO NOT HAVE AN RVU ASSIGNED WHEN A CCR IS USED, THE SYSTEM CALCULATES THAT CCR ON A DEPARTMENTAL SPECIFIC BASIS AT WHERE THE SERVICES WERE PROVIDED THE CALCULATION IS SIMILAR TO THE WORKSHEET 2 OF SCHEDULE H, RATIO OF PATIENT CARE COST TO CHARGES, EXCEPT IT IS CALCULATED ON A DEPARTMENTAL SPECIFIC BASIS, NOT IN THE AGGREGATE THE ALLOCATED PROCEDURE CHARGE CODE LEVEL COSTS ARE THEN ROLLED UP TO THE PATIENT LEVEL BASED UPON THE BILLED PROCEDURE CHARGE CODES ASSOCIATED WITH THOSE SERVICES PROVIDED TO EACH SPECIFIC PATIENT THIS IS DONE FOR ALL PATIENT SEGMENTS INCLUDING INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED AND SELF PAY THE COST ACCOUNTING SYSTEM IS UTILIZED TO DETERMINE THE UNREIMBURSED COST OF MEDICAID AND OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COST OF CHARITY CARE IS CALCULATED BY APPLYING THE CCR DERIVED FROM THE COST ACCOUNTING SYSTEM ON A PER FACILITY BASIS, TO THE CHARGES INCURRED ON PATIENTS THAT QUALIFY FOR CHARITY CARE AT THE RESPECTIVE FACILITY THE ACTUAL COST IS REPORTED FOR OTHER COMMUNITY BENEFIT ACTIVITIES SUCH AS COMMUNITY HEALTH IMPROVEMENT SERVICES, COMMUNITY BENEFIT OPERATIONS, HEALTH PROFESSIONS EDUCATION, SUBSIDIZED HEALTH SERVICES, RESEARCH AND CASH AND IN-KIND DONATIONS SCHEDULE H, PART I, LINE 7B, COLUMN (F) BEGINNING IN 2009, THE STATE OF CALIFORNIA ESTABLISHED PROVIDER FEE PROGRAMS THESE PROGRAMS ARE FUNDED BY QUALITY ASSURANCE FEES PAID BY PARTICIPATING HOSPITALS AND MATCHING FEDERAL FUNDS SFMH RECOGNIZED QUALITY ASSURANCE FEES DURING THE YEAR OF $23 MILLION WHICH ARE INCLUDED IN TOTAL COMMUNITY BENEFIT EXPENSE RELATED TO UNREIMBURSED MEDICAID (PART I, LINE 7B, COLUMN C), AND RECOGNIZED FEE-FOR-SERVICE SUPPLEMENTAL PAYMENTS OF $28 MILLION DURING THE YEAR REFLECTED UNDER THE MEDICAID PROGRAM AS DIRECT OFFSETTING REVENUE (PART I, LINE 7B, COLUMN D) THIS NET REDUCTION IN THE COST OF THE MEDICAID PROGRAM IS DRIVING THE DECREASE IN THE OVERALL COST OF COMMUNITY BENEFIT EXPENSE AS A PERCENT OF TOTAL EXPENSES WHEN COMPARED TO PRIOR YEARS THE CALIFORNIA HOSPITAL ASSOCIATION CREATED A PRIVATE PROGRAM, THE CALIFORNIA HEALTH FOUNDATION AND TRUST ("CHFT"), ESTABLISHED FOR SEVERAL PURPOSES, INCLUDING AGGREGATING AND DISTRIBUTING FINANCIAL RESOURCES TO SUPPORT CHARITABLE ACTIVITIES AT VARIOUS HOSPITALS AND HEALTH SYSTEMS IN CALIFORNIA DURING THE YEAR, SFMH RECORDED A PLEDGE TO A GRANT FUND ESTABLISHED BY CHFT IN THE AMOUNT $0 2 MILLION THE GRANT IS REPORTED UNDER OTHER BENEFITS (PART I, LINE 7I, COLUMN C), AS CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS

Form and Line Reference	Explanation
Schedule H, Part II - Community Building Activities	COALITION BUILDING - UNDER COALITION BUILDING IS THE SAN FRANCISCO HEP B FREE, WHICH IS A CITYWIDE CAMPAIGN, CREATED TO EDUCATE, TEST, VACCINATE AND TREAT SAN FRANCISCO ASIAN AND PACIFIC ISLANDER (API) RESIDENTS OF HEPATITIS B (HBV) SAINT FRANCIS MEMORIAL HOSPITAL ALONG WITH OTHER COMMUNITY ORGANIZATIONS, HOSPITAL AND THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH ARE COLLABORATING TO PROVIDE CONVENIENT, FREE OR LOW-COST TESTING OPPORTUNITES AT STREET FAIRS AND CLINICS The San Francisco Palliative Care Task Force, a multidisciplinary task force joined together for a period of three months to develop strategic recommendations to meet San Francisco's current and future palliative care needs The task force was supported by staff from the SF Department of Public Health and the Department of Aging and Adult services SFMH funds contributed towards the costs of the facilitator for the task force Over the course of the project four workgroups were formed that developed short and long term recommendations in the areas of 1) quality, 2) finance, 3) systems and 4) Community Engagement The recommendations were heard at both the Public Health Commission and Commission Aging The Mayor's Long Term Care Council adopted the Palliative Care workgroup where the work continues WORKFORCE DEVELOPMENT - UNDER WORK FORCE DEVELOPMENT, WE HAVE CRISTO REY/IMMACULATE CONCEPTION ACADEMY AS PART OF OUR MENTORING PROGRAMS IMMACULATE CONCEPTION ACADEMY (ICA) IS AN ALL-GIRLS CATHOLIC HIGH SCHOOL, WHICH OFFERS A COLLEGE PREPARATORY EDUCATION IN THE DOMINICAN TRADITION AS PART OF THE CRISTO REY NETWORK, ICA OPERATES WITH A UNIQUE PROGRAM OF STRONG COLLEGE PREP CURRICULUM PARTNERED WITH A CORPORATE WORK STUDY COMPONENT MEMBERSHIP IN THE CRISTO REY NETWORK ALLOWS ICA TO OPEN ITS DOORS TO CAPABLE STUDENTS DESIRING A FAITH BASED HIGH SCHOOL EDUCATION BUT WITHOUT ADEQUATE MEANS TO AFFORD IT SAINT FRANCIS PROVIDES MENTORING OPPORTUNITIES FOR UP TO 4 ICA STUDENTS THROUGHOUT THE ACADEMIC YEAR

Form and Line Reference	Explanation
Schedule H, Part III - BAD DEBT, MEDICARE & COLLECTION PRACTICES	SCHEDULE H, PART III, LINE 2 THE AMOUNT OF THE ORGANIZATION'S BAD DEBT AT COST IS DETERMIN ED BY APPLYING THE CCR (SEE SCHEDULE H, PART I, LINE 7) TO PATIENT CHARGES THAT ARE DEEMED TO BE UNCOLLECTIBLE THIS AMOUNT REPRESENTS THE COST OF SERVICES PROVIDED TO PATIENTS WHO ARE UNABLE OR REFUSE TO PAY THEIR BILLS AND DO NOT QUALIFY FOR FREE OR DISCOUNTED CARE, G OVERNMENT SPONSORED PROGRAMS OR OTHER FINANCIAL ASSISTANCE, AND ARE OTHERWISE UNINSURED A NY PORTION OF A PATIENT BILL REMAINING AFTER APPLYING FINANCIAL, UNINSURED OR OTHER DISCOU NTS OR PAYMENTS RECEIVED ON THE ACCOUNT THAT ARE ULTIMATELY DETERMINED TO BE UNCOLLECTIBLE ARE WRITTEN OFF TO BAD DEBT AS NOTED IN PART I, LINE 3, SFMH PROVIDES FREE OR DISCOUNTED CARE TO UNINSURED OR UNDER-INSURED INDIVIDUALS THAT FALL INTO THREE CATEGORIES, UNDER 200 %, 201%-350% OR 351%-500% OF THE FEDERAL POVERTY LEVEL SFMH ALSO PROVIDES PATIENTS OPTION S FOR PROMPT PAY DISCOUNTS, AND INTEREST-FREE EXTENDED PAYMENT PLANS FOR PATIENTS WHO HAVE DEMONSTRATED GOOD FAITH AND ARE COOPERATING IN RESOLVING THEIR HOSPITAL BILLS ALL ACCOUN TS FOR ELIGIBLE UNINSURED PATIENTS RECEIVE AN AUTOMATIC UNINSURED DISCOUNT OF 25% FOR PATI ENTS SEEN THE EXPECTED PATIENT PAYMENT AMOUNT ON THE PATIENT'S BILL REFLECTS THIS DISCOUN T SCHEDULE H, PART III, LINE 3 SFMH MAKES EVERY EFFORT IN DETERMINING IF A PATIENT QUALIF IES FOR FINANCIAL ASSISTANCE UPON ADMISSION SFMH FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSIS TANCE POLICY DIGNITY HEALTH'S FINANCIAL ASSISTANCE POLICY IS COMMUNICATED TO PATIENTS UPO N ADMISSION AND IS AVAILABLE IN THE LANGUAGES PRIMARILY SPOKEN IN THE COMMUNITY IT IS ALS O POSTED IN VARIOUS COMMON AREAS OF THE HOSPITAL, SUCH AS EMERGENCY ROOMS, URGENT CARE CEN TERS, ADMITTING AND REGISTRATION DEPARTMENTS, HOSPITAL BUSINESS OFFICES LOCATED ON FACILIT Y CAMPUSES, AND OTHER PUBLIC PLACES, AND IS PROVIDED UPON BILLING IF ELIGIBILITY IS NOT PR EVIOUSLY DETERMINED ELIGIBILITY IS REEVALUATED AS NEEDED AND AMOUNTS ARE CLASSIFIED AS CH ARITY AS SOON AS ELIGIBILITY IS KNOWN DIGNITY HEALTH ALSO UTILIZES A PAYMENT ASSISTANCE R ANK ORDERING (PARO) SCORING SYSTEM TO ASSIST IN DETERMINING IF A PATIENT MAY QUALIFY FOR P AYMENT ASSISTANCE EVEN THOUGH THEY HAVE NOT APPLIED FOR IT PARO IS A METHODOLOGY THAT APP LIES CONSISTENT SCREENING AND APPLICATION STANDARDS TO ALL PATIENTS UTILIZING HISTORICAL D ATA TO DEVELOP A PREDICTIVE MODEL FOR HEALTHCARE FINANCIAL ASSISTANCE IN ITS DEVELOPMENT, SPECIAL ATTENTION WAS PAID TO THOSE SOCIOECONOMIC FACTORS THAT MIGHT ADVERSELY AFFECT THO SE PATIENTS DESERVING THE MOST ATTENTION OTHER CRITERIA ARE ALSO UTILIZED TO ENSURE THAT NO SERVICES THAT HAVE QUALIFIED AS FINANCIAL ASSISTANCE WERE REPORTED AS BAD DEBT AS SUCH , SFMH DOES NOT BELIEVE THAT ANY AMOUNTS INCLUDED IN PART III, LINE 2, ARE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY, AND THEREFORE, NO PORTION OF BAD DEBT EXPENSE IS INCLUDED AS COMMUNITY BENEFIT EXPENSE SCHEDULE H, PART II I, LINE 4 THE FOLLOWING IS AN EXCERPT FROM DIGNITY HEALTH AND ITS SUBORDINATE CORPORATIONS ' CONSOLIDATED ANNUAL AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2015, RELAT ED TO ACCOUNTS RECEIVABLE AND ALLOWANCES FOR CHARITY AND DOUBTFUL ACCOUNTS PATIENT ACCOUN TS RECEIVABLE AND NET PATIENT SERVICE REVENUE ARE REPORTED AT THE NET REALIZABLE AMOUNT FR OM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED SFMH MANAGES ITS COLLEC TION RISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE A LLOWANCES RESERVES FOR CHARITY AND UNCOLLECTIBLE AMOUNTS HAVE BEEN ESTABLISHED AND ARE NE TTED AGAINST PATIENT ACCOUNTS RECEIVABLE IN THE CONSOLIDATED BALANCE SHEET SCHEDULE H, PA RT III, LINE 8 SFMH PREPARES MEDICARE COST REPORTS IN A MANNER THAT COMPORTS WITH PROVIDER REIMBURSEMENT MANUAL (PRM) 15-1, 2150FF AND PRM 15-2, 1000FF AS SUCH, THE FOLLOWING LANG UAGE PER THE PRM 15-1 DESCRIBES THE COMPUTATION OF COSTS PER THE MEDICARE COST REPORT TOT AL ALLOWABLE COSTS OF A PROVIDER ARE APPORTIONED BETWEEN PROGRAM BENEFICIARIES AND OTHER P ATIENTS SO THAT THE SHARE BORNE BY THE PROGRAM IS BASED UPON ACTUAL SERVICES RECEIVED BY P ROGRAM BENEFICIARIES THE RATIO OF COVERED BENEFICIARY CHARGES TO TOTAL PATIENT CHARGES FO R THE SERVICES OF EACH ANCILLARY DEPARTMENT IS APPLIED TO THE COST OF THE DEPARTMENT ADDE D TO THIS AMOUNT IS THE COST OF ROUTINE SERVICES FOR PROGRAM BENEFICIARIES, DETERMINED ON THE BASIS OF A SEPARATE AVERAGE COST PER DIEM FOR ALL PATIENTS FOR GENERAL ROUTINE PATIENT CARE AREAS ANOTHER FACTOR TO BE CONSIDERED IS A SEPARATE AVERAGE COST PER DIEM FOR INTEN SIVE CARE UNIT, CORONARY CARE UNIT, AND OTHER SPECIAL CARE INPATIENT HOSPITAL UNITS DIGNI TY HEALTH BELIEVES THAT THE ENTIRE MEDICARE SHORTFALL OF $756 MILLION, AS REPORTED BELOW I N PART VI, LINE 6, CONSTITUTES COMMUNITY BENEFIT THE IRS COMMUNITY BENEFIT STANDARD INCLU DES THE PROVISION OF CARE TO THE ELDERLY AND MEDICARE PATIENTS MEDICARE SHORTFALLS MUST B E ABSORBED BY DIGNITY HEALTH HOSPITALS IN ORDER TO

Form and Line Reference	Explanation
Schedule H, Part III - BAD DEBT, MEDICARE & COLLECTION PRACTICES	CONTINUE TREATING THE ELDERLY IN OUR COMMUNITIES THE HOSPITALS PROVIDE CARE REGARDLESS O F THIS SHORTFALL AND THEREBY RELIEVE THE FEDERAL GOVERNMENT OF THE BURDEN OF PAYING THE FU LL COST FOR MEDICARE BENEFICIARIES THIS SHORTFALL INCLUDES $20 7 MILLION REPORTED ON PART III, SECTION B, LINE 7, PRIMARILY FOR FEE FOR SERVICE MEDICARE PATIENTS, AS WELL AS THE U NREIMBURSED PORTION OF MEDICARE MANAGED CARE AND MEDICARE CAPITATED PROGRAMS FOR SFMH SCH EDULE H, PART III, LINE 9B SFMH ENSURES THAT PATIENT ACCOUNTS ARE PROCESSED FAIRLY AND CON SISTENTLY SFMH FOLLOWS DIGNITY HEALTH'S COLLECTION POLICY DIGNITY HEALTH'S COLLECTION PO LICY CONTAINS PROVISIONS THAT PROHIBIT THE COLLECTION OF AMOUNTS DUE FROM PATIENTS WHO THE ORGANIZATION KNOWS QUALIFY FOR FINANCIAL ASSISTANCE ACCOUNTS WITH INCORRECT OR INCOMPLET E DEMOGRAPHIC INFORMATION ARE ASSIGNED TO A COLLECTION AGENCY IF SFMH OR THE BILLING COMPA NY RETAINED BY DIGNITY HEALTH IS UNABLE TO OBTAIN AN UPDATED ADDRESS THROUGH SKIP TRACING OR OTHER MEANS FOR PATIENTS WHO HAVE AN APPLICATION PENDING FOR EITHER GOVERNMENT-SPONSOR ED FINANCIAL ASSISTANCE OR FOR ASSISTANCE UNDER DIGNITY HEALTH'S PATIENT FINANCIAL ASSISTA NCE POLICY, OR WHERE THE PATIENT IS ATTEMPTING IN GOOD FAITH TO SETTLE AN OUTSTANDING BILL WITH THE FACILITY VIA PAYMENT PLANS, SFMH WILL NOT KNOWINGLY SEND THAT PATIENT'S BILL TO AN OUTSIDE COLLECTION AGENCY LEGAL ACTION WILL NOT BE PURSUED TO COLLECT DEBTS FROM PATIE NTS WHO HAVE QUALIFIED FOR CHARITY OR ARE COOPERATING IN GOOD FAITH TO RESOLVE THEIR DEBT ON SELF-PAY ACCOUNTS THAT DO NOT MEET THE CRITERIA NOTED ABOVE, THE INITIAL DETERMINATION OF ASSIGNMENT TO A COLLECTION AGENCY WILL VARY DEPENDING ON THE NATURE OF THE ACCOUNT WIT H THE FINAL DECISION BEING AT THE DISCRETION OF EACH HOSPITAL PATIENT FINANCIAL ASSISTANCE DEPARTMENT UPON ASSIGNMENT OF SUCH A PATIENT ACCOUNT TO A COLLECTION AGENCY, SFMH REQUIR ES THE AGENCY TO COMPLY WITH THE FAIR DEBT COLLECTION PRACTICES ACT

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	IN JANUARY 2012, SFMH BECAME AWARE OF A NUMBER OF OTHER COMMUNITY-BASED NEEDS ASSESSMENTS THAT WERE IN PROGRESS THROUGHOUT THE CITY IN ORDER TO REDUCE DUPLICATION OF EFFORT, LEVER AGE RESOURCES AND TO RESPECT COMMUNITY MEMBERS' TIME, THE HOSPITAL ALIGNED ITS COMMUNITY H EALTH NEEDS ASSESSMENT PROCESS WITH THE SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH'S (SFDPH) COMMUNITY HEALTH ASSESSMENT (CHA) AND IMPROVEMENT PROCESSES THE ALIGNMENT BROUGHT TOGET HER REPRESENTATIVES FROM SAN FRANCISCO NEIGHBORHOODS, HEALTH CARE INSTITUTIONS, GOVERNMENT AGENCIES, COMMUNITY GROUPS AND SERVICE PROVIDERS SPECIFICALLY, HOSPITAL AND ACADEMIC PAR TNERS JOINED SFDPH TO FORM THE CHA/CHIP LEADERSHIP COUNCIL, WHICH SUPPORTED THE CHA AND GU IDED THE DEVELOPMENT AND IMPLEMENTATION OF SAN FRANCISCO'S COMMUNITY HEALTH IMPROVEMENT PL AN (CHIP) THE LEADERSHIP COUNCIL IS COMMITTED TO TRANSPARENCY AND COMMUNITY AND PARTNER E NGAGEMENT THROUGHOUT THE COMMUNITY HEALTH IMPROVEMENT PROCESS COMMUNITY RESIDENTS FROM EA CH OF SAN FRANCISCO'S 21 NEIGHBORHOOD AREAS CAME TOGETHER FOR A DAY-LONG EVENT TO DISCUSS THEIR VIEWS OF HEALTH AND THEIR HOPES FOR SAN FRANCISCO'S HEALTH FUTURE THIS RESULTED IN ELEMENTS OF A COMMUNITY-GUIDED HEALTH VISION FOR THE CITY AND COUNTY OF SAN FRANCISCO SFD PH CONVENED A 42-MEMBER TASK FORCE TO SUPPORT SAN FRANCISCO'S CHA AND A PARALLEL EFFORT, T HE HEALTH CARE SERVICES MASTER PLAN (HCSMP) TASK FORCE MEMBERS REPRESENTED A RANGE OF COM MUNITY STAKEHOLDERS SUCH AS HOSPITALS/CLINICS, K-12 EDUCATION, SMALL BUSINESS, URBAN PLANN ING, CONSUMER GROUPS, NONPROFITS REPRESENTING DIFFERENT ETHNIC MINORITY GROUPS, AND MORE TO ENSURE COMMUNITY PARTICIPATION IN THE HCSMP AND CHA PROCESSES, THE TASK FORCE MET A TOT AL OF 10 TIMES BETWEEN JULY 2011 AND MAY 2012 - FOUR OF THOSE IN DIFFERENT SAN FRANCISCO N EIGHBORHOODS - AND ENGAGED MORE THAN 100 COMMUNITY RESIDENTS IN DIALOGUE TO BETTER DETERMI NE HOW TO IMPROVE THE HEALTH OF ALL SAN FRANCISCANS WITH A PARTICULAR FOCUS ON THE CITY AN D COUNTY'S MOST VULNERABLE POPULATIONS TO ENCOURAGE COMMUNITY DIALOGUE, TASK FORCE NEIGHB ORHOOD MEETINGS TOOK PLACE IN THE EVENING, AND SFDPH PROVIDED INTERPRETATION SERVICES IN S PANISH AND CANTONESE SFDPH ENGAGED 224 COMMUNITY RESIDENTS IN FOCUS GROUPS AND INTERVIEWE D 40 COMMUNITY STAKEHOLDERS TO LEARN MORE ABOUT SAN FRANCISCANS' DEFINITIONS OF HEALTH AND WELLNESS AS WELL AS PERCEPTIONS OF SAN FRANCISCO'S STRENGTHS VERSUS AREAS FOR HEALTH IMPR OVEMENT FOCUS GROUPS TARGETED SAN FRANCISCO SUBPOPULATIONS (SENIORS AND PERSONS WITH DISA BILITIES, TRANSGENDERED PEOPLE, MONOLINGUAL SPANISH SPEAKERS, AND TEENS) AND SPECIFIC NEIG HBORHOODS (BAYVIEWHUNTERS POINT, CHINATOWN, EXCELSIOR, MISSION, SUNSET/RICHMOND, AND TENDE RLOIN) FOCUS GROUP PARTICIPANTS GREATLY INFORMED SAN FRANCISCO'S HEALTH VISION AS WELL AS THE COMMUNITY THEMES AND STRENGTHS ASSESSMENT A 10-MEMBER DATA ADVISORY COMMITTEE COMPRI SED OF LOCAL PUBLIC HEALTH SYSTEM PARTNERS, RESIDENTS, AND SFDPH STAFF OVERSAW THE COLLECT ION OF DATA INDICATORS FOR THE COMMUNITY HEALTH STATUS ASSESSMENT (CHSA) THIS BODY ALSO E NSURED THE INTEGRITY OF THE CHSA'S METHODOLOGY AND QUALITATIVE DATA A NUMBER OF CONSULTIN G FIRMS WERE ALSO INVOLVED THROUGHOUT THE HEALTH ASSESSMENT PROCESS, INCLUDING 1) HEART BE ETS FOR COMMUNITY ENGAGEMENT, 2) CIRCLE POINT FOR ONGOING COMMUNICATION WITH STAKEHOLDERS, 3) HARDER AND COMPANY FOR DATA COLLECTION AND ANALYSIS, 4) NANCY SHEMICK, MPA, FOR MEETIN G FACILITATION AND REPORT WRITING AT THE MARCH 2013 SFMH CAC RETREAT, THE CAC CONDUCTED A N ASSET AND OPPORTUNITY MAPPING ACTIVITY TO IDENTIFY EXISTING INSTITUTIONAL AND COMMUNITY PARTNER RESOURCES AND CATEGORIZED THEM UNDER EACH OF THE THREE HEALTH PRIORITIES FROM THE CITY AND COUNTY OF SAN FRANCISCO'S COMMUNITY HEALTH NEEDS ASSESSMENT IN THE CENTER OF THI S PROCESS WAS A VISUAL REPRESENTATION CREATED FROM THE COMMUNITY HEALTH IMPROVEMENT PROCES S OF WHAT COMMUNITY STAKEHOLDERS VIEW AS THE FUTURE OF THE TENDERLOIN IN MAY 2013, THE CA C EVALUATED CURRENT PROGRAMS AND THE ABILITY, AND OPPORTUNITIES TO MEET THE NEEDS OF THE C OMMUNITY THE CAC CONFIRMED THAT HEALTH PRIORITIES AND INDICATORS IDENTIFIED THROUGH THE C ITY AND COUNTY'S COMMUNITY HEALTH ASSESSMENT ARE REFLECTIVE OF THE TENDERLOIN COMMUNITY SE RVED BY THE HOSPITAL AND ALIGN WITH AND COMPLEMENT OTHER HEALTH IMPROVEMENT EFFORTS AT THE LOCAL, STATE AND NATIONAL LEVELS SFMH CURRENT PRIORITIES ALIGN WITH THE GOALS IDENTIFIED IN COMMUNITY VITAL SIGNS, SAN FRANCISCO'S HEALTH ASSESSMENT AND IMPROVEMENT EFFORT CONDUC TED IN 2010 IN JUNE 2013, THE BOARD OF TRUSTEES AND HOSPITAL LEADERSHIP REVIEWED AND APPR OVED THE PRIORITIES OF THE SFMH COMMUNITY BENEFIT PLAN THIS PLAN WILL ENCOMPASS A 3 YEAR PERIOD AND RECOGNIZE THAT MANY OF THE UPSTREAM CONTRIBUTING FACTORS TO HEALTH OUTCOMES REQ UIRE A LONG TERM EFFORT AND COMMITMENT IN ADDITION, THE PLAN WAS APPROVED USING THE FOLLO WING GUIDING PRINCIPLES - THE STRATEGIES ARE TO BUILD UPON ASSETS AND RESOURCES AND ARE E VIDENCED-BASED OR BEST PRACTICE STRATEGIES, WHEREV

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 - Needs Assessment	ER POSSIBLE - WORK WITH OUR PARTNERS TO ALIGN OUR EFFORTS TO ENHANCE IMPACT AND TO AVOID UNNECESSARY DUPLICATION OF SERVICES - THESE STRATEGIES WILL TAKE INTO ACCOUNT THE DIGNITY HEALTH GOALS AND METRICS AND THE SFMH STRATEGIC PLAN - PRIMARY FOCUS ON GEOGRAPHICAL ARE A OF THE TENDERLOIN (FROM THE ASSESSMENT, ACCESS TO FOOD AND ABILITY TO INCREASE PHYSICAL ACTIVITY ARE LIMITED IN THE TENDERLOIN NEIGHBORHOOD, AS REFLECTED BY PREVENTION QUALITY I NDICATORS, ED UTILIZATION AND HOSPITALIZATION RATES FOR THESE RESIDENTS, WHICH ARE HIGH FO R ALMOST EVERY INDICATOR) MANY OF THE SERVICES OR PROGRAMS DIRECTLY ADDRESS THE NEEDS OF VULNERABLE POPULATIONS IN OUR COMMUNITY WITH DISPROPORTIONATE UNMET HEALTH NEEDS (DUHN) C OMMUNITIES WITH DUHN ARE DEFINED AS HAVING A HIGH PREVALENCE OR SEVERITY FOR A PARTICULAR HEALTH CONCERN TO BE ADDRESSED BY A PROGRAM ACTIVITY, OR COMMUNITY RESIDENTS WHO FACE MULT IPLE HEALTH PROBLEMS AND WHO HAVE LIMITED ACCESS TO TIMELY, HIGH QUALITY HEALTH CARE OUR COMMUNITY BENEFIT PLAN'S SERVICES THAT ADDRESS DUHNS INCLUDE CHARITY CARE, COMMUNITY HEAL TH FAIRS, EMERGENCY DEPARTMENT, GLIDE HEALTH SERVICES, HEP B FREE, ED TRANSITIONS COORDINA TOR PROGRAM, RALLY VISITATION SERVICES DATA USED TO VALIDATE THIS SELECTION INCLUDES DATA FROM THE SFHIP ORG WEBSITE COMMUNITY NEEDS INDEX SFMH ALSO MAKES FULL USE OF THE COMMUNI TY NEEDS INDEX (CNI), WHICH ANALYZES THE COMMUNITY NEEDS OF A SPECIFIC GEOGRAPHIC REGION B Y MEASURING BARRIERS TO HEALTH CARE INCLUDING INCOME, EDUCATION, CULTURAL/LANGUAGE, INSURA NCE, AND HOUSING A NUMERICAL VALUE IS ASSIGNED TO THOSE AREAS OF HIGHEST TO LOWEST NEEDS THESE CNI SCORES CORRELATE WITH DATA SHOWING THESE COMMUNITIES ALSO HAVE HIGHER RATES OF HOSPITALIZATION FOR AMBULATORY CARE SENSITIVE CONDITIONS RESIDENTS IN THE COMMUNITIES WIT H SCORES OF "5" ARE MORE THAN TWICE LIKELY TO NEED INPATIENT CARE FOR PREVENTABLE CONDITIO NS THAN COMMUNITIES WITH A SCORE OF "1" OF THE SIX IDENTIFIED ZIP CODES IN OUR CATCHMENT AREA, FIVE OF THEM RATE AS "HIGHEST NEEDY " THESE ZIP CODES INCLUDE 94102 (TENDERLOIN), 94 103 (SOMA), 94104 (DOWNTOWN), 94108 (CHINATOWN), AND 94133 (NORTH BEACH), WHICH ALLOW FURT HER FOCUS OR REFINEMENT OF OUR COMMUNITY BENEFIT INTERVENTION FOR MAXIMUM AND STRATEGIC IM PACT THE DIGNITY HEALTH CNI FINDINGS ARE IN ALIGNMENT WITH THE OTHER HEALTH INDICATOR DAT A FOUND ON THE SFHIP ORG WEBSITE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 - Patient Education	PATIENT EDUCATION OF ELIGIBILITY FOR COMMUNICATION OF THE FINANCIAL ASSISTANCE PROGRAM TO PATIENTS AND THE PUBLIC SFMH FOLLOWS DIGNITY HEALTH'S FINANCIAL ASSISTANCE PROGRAM INFORMATION ABOUT PATIENT FINANCIAL ASSISTANCE IS AVAILABLE FROM SFMH, INCLUDING A CONTACT NUMBER FOR PATIENTS TO CALL FOR INFORMATION AND ASSISTANCE THE INFORMATION IS PROVIDED TO PATIENTS AT EMERGENCY REGISTRATION, HOSPITAL ADMISSIONS REGISTRATION AND OUTPATIENT REGISTRATION POINTS ON THE MAIN CAMPUS AND AT OFFSITE SATELLITE CLINICS NOTICES ARE POSTED IN EACH OF THESE AREAS AS WELL WRITTEN INFORMATION IS PROVIDED IN THE PRIMARY LANGUAGES SPOKEN BY THE POPULATIONS SERVED BY THE FACILITY PATIENT FINANCIAL ASSISTANCE NOTICES, AS REQUIRED BY LOCAL ORDINANCE, ARE POSTED IN FOUR LANGUAGES (SPANISH, ENGLISH, RUSSIAN AND CHINESE) IN ALL REGISTRATION AREAS FINANCIAL COUNSELORS ARE TRAINED TO ENROLL ELIGIBLE PATIENTS INTO HEALTHY SAN FRANCISCO HEALTHY SAN FRANCISCO PROVIDES A MEDICAL HOME AND PRIMARY PHYSICIAN TO UNINSURED RESIDENTS OF SAN FRANCISCO ALTHOUGH THIS IS NOT AN INSURANCE PROGRAM, HEALTHY SAN FRANCISCO REINVENTS THE HEALTH CARE SAFETY NET ENABLING THE UNINSURED TO ACCESS PRIMARY AND PREVENTATIVE CARE AT THE POINT OF REGISTRATION, ALL PATIENTS RECEIVE BROCHURES EXPLAINING THE FACILITY'S CHARITY CARE PROGRAM AND THE AVAILABILITY OF GOVERNMENT SPONSORED PROGRAMS UNINSURED PATIENTS RECEIVE COPIES OF THE CHARITY CARE AND MEDICAID APPLICATIONS IN ADDITION TO THE BROCHURE UPON ADMISSION TO THE FACILITY IF FINANCIAL ASSISTANCE ELIGIBILITY IS NOT DETERMINED PRIOR TO BILLING, INITIAL BILLING STATEMENTS TO UNINSURED PATIENTS INCLUDE A REQUEST TO THE PATIENT TO PROVIDE ANY INSURANCE INFORMATION THAT WAS VALID FOR THE DATES OF SERVICE BILLED, A STATEMENT INFORMING PATIENTS WITHOUT INSURANCE COVERAGE THEY MAY BE ELIGIBLE FOR A GOVERNMENT SPONSORED PROGRAM OR FACILITY FUNDED CHARITY CARE, INSTRUCTIONS ON HOW TO APPLY FOR A GOVERNMENT PROGRAM OR CHARITY CARE AND THE PROVISION OF SUCH APPLICATIONS ANY MEMBER OF THE SFMH STAFF OR MEDICAL STAFF MAY MAKE REFERRAL OF PATIENTS FOR FINANCIAL ASSISTANCE THE PATIENT OR A FAMILY MEMBER, A CLOSE FRIEND OR ASSOCIATE OF THE PATIENT MAY ALSO MAKE A REQUEST FOR FINANCIAL ASSISTANCE

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 - Community Information	SFMH IS THE ONLY HOSPITAL LOCATED IN DOWNTOWN SAN FRANCISCO PATIENTS' ACCESSING THE HOSPITAL'S SERVICES ENCOMPASSES BOTH THE CITY'S RICHEST TO POOREST RESIDENTS THE PRIMARY SERVICE AREA INCLUDES DOWNTOWN, NOB HILL, NORTH BEACH, THE WATERFRONT AND AREAS WITH DISPROPORTIONATE UNMET HEALTH NEEDS THE CITY AND COUNTY OF SAN FRANCISCO IS A DENSELY POPULATED URBAN ENVIRONMENT WITH A 41 7% WHITE, 33 8% HISPANIC 15 4%, ASIAN, 5 3% AFRICAN AMERICAN, 0 2% AMERICAN INDIAN/ALASKA NATIVE, 0 3% OTHER 3 3% TWO OR MORE RACES THE POPULATION IS HIGHLY EDUCATED WITH 85% HIGH SCHOOL GRADUATES THERE IS AN ESTIMATED 15% PERSONS WITHOUT HEALTH INSURANCE IN SAN FRANCISCO, 12 7% PERSONS COVERED BY MEDICAL, 7 3% UNEMPLOYED, AND 59% PERSONS RENTING THEIR RESIDENCES THE COST OF LIVING IN SAN FRANCISCO IS ONE OF THE HIGHEST IN THE NATION THE TENDERLOIN (94102) THE TENDERLOIN NEIGHBORHOOD IS THE PRIMARY FOCUS OF THE SFMH COMMUNITY BENEFIT PLAN IT IS A VERY DENSELY POPULATED AND DESTITUTE NEIGHBORHOOD IN SAN FRANCISCO APPROXIMATELY 32,657 RESIDENTS LIVE IN THE 94102 ZIP CODE ACCORDING TO THE BAY AREA AND WOMEN'S AND CHILDREN'S CENTER, THERE IS AN ESTIMATE OF 3,500 CHILDREN THAT LIVE IN THE TENDERLOIN THE NORTH OF MARKET COMMUNITY BENEFIT DISTRICT WAS ESTABLISHED IN 2005 WITH THE GOAL OF PROVIDING CONSISTENT CLEANING, BEAUTIFICATION AND SAFETY SERVICES TO THE TENDERLOIN THESE SERVICES ARE PAID FOR BY A TAX ON PROPERTY OWNERS IN 2009, THE TENDERLOIN WAS DEEMED A NATIONAL HISTORIC DISTRICT -THE TENDERLOIN IS A VERY DIVERSE COMMUNITY 45 5% IS WHITE, 13 4% IS AFRICAN AMERICAN, 1% IS AMERICAN INDIAN/ALASKA NATIVE, 25 0% IS ASIAN, AND 0 4% IS NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER, 4 5% IS SOME OTHER RACE AND 10 3% ARE TWO OR MORE RACES THE TENDERLOIN POPULATION BY ETHNICITY AND SINGLE RACE INCLUDE 6,708 (20 5%) HISPANIC/LATINO AND 25,949 (79 5%) NOT HISPANIC/LATINO -45% OF RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, INCLUDING SPANISH, ASIAN AND PACIFIC ISLANDER LANGUAGE, INDO-EUROPEAN LANGUAGE AND OTHER LANGUAGE -THE AVERAGE MEDIAN INCOME OF HOUSEHOLDS IS ONLY $25,600, WITH 14 32% OF FAMILIES LIVING BELOW THE FEDERAL POVERTY LEVEL -IT IS HOME TO A SPECTRUM OF NON-PROFIT ORGANIZATIONS THAT PROVIDE HEALTH, HOUSING, ARTS, YOUTH, SENIOR AND OTHER SOCIAL SERVICES THAT PROVIDE THE RESOURCES AND NETWORKS THAT INDIVIDUALS NEED TO BUILD NEW LIVES THE TENDERLOIN HAS BEEN FEDERALLY DESIGNATED AS A MEDICALLY UNDERSERVED AREA/POPULATION ZONE, GIVEN THAT 4 FEDERALLY QUALIFIED HEALTH CENTERS (FQHC) ARE LOCATED IN THE 94102, 94103 AND 94133 ZIP CODES THEY ARE GLIDE HEALTH SERVICES, CURRY SENIOR CENTER, SOUTH OF MARKET HEALTH CENTER AND NORTH EAST MEDICAL SERVICES ALSO IN THE COMMUNITY ARE NON-FQHC CLINICS AND CHINESE HOSPITAL FOR A MAP OF LOCAL ASSETS, THE TENDERLOIN POPULATION AND ECONOMIC CHALLENGES ARE 'AREAS OF NEED' METRICS AS DEFINED BY THE COMMUNITY NEEDS INDEX (CNI)

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 - Promotion of Community Health	THE HOSPITAL IS GOVERNED BY A BOARD OF TRUSTEES, THE MAJORITY OF WHOM RESIDE WITHIN ITS PRIMARY SERVICE AREA AND WHO ARE NOT EMPLOYEES, CONTRACTORS OR FAMILY MEMBERS THEREOF ALL SURPLUS FUNDS GENERATED BY SFMH ARE REINVESTED BACK INTO THE ORGANIZATION TO IMPROVE PATIENT CARE AND PROVIDE HEALTHCARE SERVICES TO ITS COMMUNITY SFMH HAS AN OPEN MEDICAL STAFF WITH PRIVILEGES AVAILABLE TO ALL QUALIFIED PHYSICIANS IN THE AREA IN ADDITION, SFMH FURTHERS ITS EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY BY EXERCISING THE FOLLOWING - OPERATING AN EMERGENCY ROOM THAT IS OPEN TO ALL PERSONS REGARDLESS OF ABILITY TO PAY, - PARTNERING WITH GLIDE HEALTH CLINIC, AN FQHC SERVING THE UNDERSERVED IN THE TENDERLOIN NEIGHBORHOOD - ENGAGING IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS THE TENDERLOIN NEIGHBORHOOD - ENGAGING IN THE TRAINING AND EDUCATION OF HEALTH CARE PROFESSIONALS

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 - Affiliated Health Care System	SFMH IS AFFILIATED WITH DIGNITY HEALTH AFFILIATES OF DIGNITY HEALTH ALSO PROMOTE THE HEALTH OF ADDITIONAL COMMUNITIES IN BAKERSFIELD, SAN BERNARDINO, SAN FRANCISCO, SAN ANDREAS, AND GRASS VALLEY/NEVADA CITY, CALIFORNIA THESE AFFILIATES FOLLOW PRACTICES SIMILAR TO THOSE NOTED ABOVE IN DETERMINING THE UNMET HEALTHCARE NEEDS OF THEIR COMMUNITIES TOTAL UNSPONSORED COMMUNITY BENEFIT EXPENSE FOR DIGNITY HEALTH AND ITS SUBORDINATE CORPORATIONS FOR THE YEAR ENDED JUNE 30, 2015, IS AS FOLLOWS Persons Net Comm % of Served Benefit Exp excl Bad Debt Benefits for the Poor Traditional Charity Care 155,869 144,043,000 1 2% Unpaid Costs of Medicaid/Medi-Cal 1,529,842 582,988,000 4 9% Other Means-tested Programs 269,823 9,201,000 0 1% Community Services Community Health Services 376,686 41,756,000 0 3% Health Professions Education 79 3,000 0 0% Subsidized Health Services 96,294 24,872,000 0 2% Donations 123,504 36,533,000 0 3% Community Building Activities 7,795 1,818,000 0 0% Community Benefit Operations 143 7,124,000 0 1% Total Community Services for the poor 604,501 112,106,000 0 9% Total Benefits for the Poor 2,560,035 848,338,000 7 1% Benefits for the Broader Community Community Services Community Health Services 278,419 12,046,000 0 1% Health Professions Education 27,306 67,915,000 0 6% Subsidized Health Services 3,641 1,441,000 0 0% Research 14,806 10,910,000 0 1% Donations 31,341 8,662,000 0 1% Community Building Activities 7,583 3,822,000 0 0% Community Benefit Operations 31 1,333,000 0 0% Total Benefits for the Broader Community 363,127 106,129,000 0 9% Total Community Benefits 2,923,162 954,467,000 8 0% Unpaid Costs of Medicare 1,042,065 756,109,000 6 3% Total Community Benefits including Cost of Medicare 3,965,227 1,710,576,000 14 3%

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
schedule H, part V	

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 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
(1) ICA San Francisco Work Study 3625 24th Street San Francisco, CA 94110	26-4450576	501(c)(3)	13,500		N/A	N/A	Education Support
(2) California Health Foundation and Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	200,824		N/A	N/A	Community Health
(3) Dignity Health Medical Foundation 3400 Data Drive Rancho Cordova, CA 95670	68-0220314	501(c)(3)	1,721,949		N/A	N/A	Medical FOUNDATION
(4) Saint Francis Foundation 900 Hyde StrEET San Francisco, CA 94109	94-2597514	501(c)(3)	90,506		N/A	N/A	Foundation Support
(5) DIGNITY HEALTH DBA St Mary's Medical Center 450 Stanyan St San Francisco, CA 94117	94-1196203	501(c)(3)	435,750		N/A	N/A	medical foundation support
(6) health career connection 300 frank h ogawa plaza suite 243 oakland, CA 94612	25-1904312	501(c)(3)	6,900		N/A	N/A	Community Health
(7) NICHI BEI FOUNDATION 1832 BUCHANAN STREET SUITE 207 SAN FRANCISCO, CA 94115	27-0700443	501(c)(3)	8,200		N/A	N/A	Community Health

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

Part III **Grants and Other Assistance to Domestic Individuals.** 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) PROVISION OF FOOD	4367	0	13,611	FMV	DISCOUNTED MEALS

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

Return Reference	Explanation
Sched I, Part I, Line 2	AS A 501(C)(3) ORGANIZATION, WE PROVIDE ASSISTANCE TO VARIOUS CHARITABLE ORGANIZATIONS TO PROMOTE DIGNITY HEALTH'S MISSION A DESIGNATED COMMITTEE ESTABLISHES AND EVALUATES PRIORITIES AND ALLOCATION OF FUNDS WITH EMPHASIS ON PROMOTION OF HEALTHY COMMUNITIES AND COMMUNITY COLLABORATION WE DO NOT MONITOR AND REPORT PROGRAM OUTCOMES SPENDING IS TRACKED ON AN ONGOING BASIS TO ENSURE THAT ANNUAL SPENDING IS WITHIN THE BUDGETED AMOUNT

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	Although the organization employs personnel, the Organization relied on a related organization, Dignity Health, that used one or more of the methods described in Schedule J, Part I, Line 3, to establish the Organization's President's compensation See Schedule O disclosure for Form 990, Part VI, Section B, Line 15a for additional information
PART I, LINE 4a	THE LISTED PERSONS PAID BY THE PARENT ORGANIZATION PARTICIPATE IN A SEVERANCE PLAN PROVIDED BY DIGNITY HEALTH THAT PROVIDES MARKET-STANDARD COMPENSATION, RANGING FROM PAYMENTS OF 6 MONTHS TO 2 YEARS OF BASE COMPENSATION, DEPENDING ON THE EXECUTIVE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN PAYMENTS AND DEFERRED COMPENSATION PURSUANT TO THE PLAN ARRANGEMENT OCCURRED DURING 2014 TO A FORMER OFFICER INCLUDE T HENNESSY, $582,800 THE ORGANIZATION'S NON-CONTRACTUAL EMPLOYEES PARTICIPATE IN A SEVERANCE PLAN PROVIDED BY SAINT FRANCIS MEMORIAL HOSPITAL THAT PROVIDES FAIR COMPENSATION, RANGING FROM PAYMENTS OF 2 WEEKS TO 18 WEEKS OF BASE COMPENSATION, DEPENDING ON THE EMPLOYEE'S POSITION, IN THE EVENT OF A POSITION ELIMINATION OR OTHER INVOLUNTARY TERMINATION, IN ACCORDANCE WITH THE GUIDELINES OF THE PLAN SEVERANCE FOR EMPLOYEES COVERED BY COLLECTIVE BARGAINING AGREEMENTS VARIES BY AGREEMENT PAYMENTS WERE MADE TO ONE KEY EMPLOYEE DURING 2014 PURSUANT TO THIS PLAN INCLUDE B MORRISETTE, $115,000
PART I, LINE 4b	CERTAIN LISTED PERSONS are eligible to participate in one of two non-qualified 457(f) plans that are subject to substantial risk of forfeiture, as required by the IRS The 2007 Executive Deferred Compensation Plan is for executives hired prior to June 30, 2006 The benefit is intended to bridge the difference, if any, between the benefit provided under the Dignity Health Excess Benefit Plan had benefit service not been frozen at January 1, 2008, and the benefits provided from all other qualified and non-qualified plans Benefits vest under this 457(f) plan at the later of the date the participant attains age 62 or is credited with 15 years of service The 2010 Executive Deferred Compensation Plan is for certain officers and key employees, primarily those who are not eligible to participate in the Dignity Health Excess Benefit Plan or the 2007 Executive Deferred Compensation Plan described above This benefit provides an annual accrual of 10% of total compensation and is payable annually on July 1 once vested, which is age 62 with 5 years of service, the plan also allows for special awards Payments pursuant to the plan arrangements for ONE FORMER officer occurred during 2014 include T HENNESSY, 116,919 CERTAIN LISTED PERSONS PARTICIPATE IN THE DIGNITY HEALTH KEY EMPLOYEE SHARE OPTION PLAN (KEYSOP), WHICH WAS FROZEN IN MAY 2002 THE KEYSOP PROGRAM WAS ESTABLISHED IN 2001 WITH THE PURPOSE OF PROVIDING INCOME DEFERRAL OPPORTUNITIES TO EMPLOYEES ELIGIBLE FOR THE COMPANY'S KEY EMPLOYEE RETENTION PROGRAM NO PAYMENTS WERE MADE TO ANY LISTED PERSONS DURING 2014 PURSUANT TO THIS PLAN Compensation amounts for the supplemental nonqualified retirement plans discussed above are reported as deferred compensation in the year accrued (Schedule J, Part II, column C) and are reflected again as reportable compensation in the year paid (Schedule J, Part II, column B(iii))
PART II, SUPPLEMENTAL DISCLOSURES	The organization's executive compensation philosophy is designed to assist the organization in attracting and retaining the caliber of executives required to enable the organization to fulfill its mission of providing high quality healthcare for all persons regardless of their ability to pay for services, improving the quality of life in the communities the organization serves, promoting employee satisfaction, and ensuring financial stability A substantial portion of executive compensation is performance based and is linked to organizational goals approved in advance by the Compensation and Benefits Committee These goals include attainment of annual and long-term financial performance, certain healthcare quality standards and the organization's commitment to serving the poor and disenfranchised in the communities it serves Total compensation, which includes base salary, annual and long-term incentive compensation, is established to approximate the prevailing market conditions for executives of companies of similar size, revenues and complexity

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Alan Fox, CFO/ Treasurer	(I)	255,401	39,124	24,376	28,612	31,181	378,694	0
	(II)	0	0	0	0	0	0	0
James Houser, Interim President & CEO	(I)	0	0	0	0	0	0	0
	(II)	553,600	0	0	38,198	0	591,798	0
Charlene Battaglia, Senior Director - Nursing	(I)	164,624	13,374	2,907	12,330	3,018	196,253	0
	(II)	0	0	0	0	0	0	0
Michael Fink, Senior Director of Facilities	(I)	164,081	12,225	1,316	17,636	10,114	205,372	0
	(II)	0	0	0	0	0	0	0
Mark Garfield MD, Chief Medical Officer	(I)	241,581	15,000	2,601	17,785	15,573	292,540	0
	(II)	0	0	0	0	0	0	0
Dennis Kneeppel, CNE	(I)	277,675	41,995	13,460	30,139	13,496	376,765	0
	(II)	0	0	0	0	0	0	0
Raymond Miller, Director-Pharmacy	(I)	193,822	16,471	4,481	21,153	21,684	257,611	0
	(II)	0	0	0	0	0	0	0
Barbara Morrissette, VP, HR	(I)	155,543	26,813	132,034	18,939	3,567	336,896	0
	(II)	0	0	0	0	0	0	0
Dallas Ryan, Director Materials Management	(I)	187,131	16,757	918	20,392	21,246	246,444	0
	(II)	0	0	0	0	0	0	0
Jill Welton, VP Quality/CNO	(I)	215,421	23,856	17,992	25,112	31,602	313,983	0
	(II)	0	0	0	0	0	0	0
Abbie Yant, Vice President Comm Advocacy H	(I)	165,518	25,856	3,675	19,844	33,971	248,864	0
	(II)	0	0	0	0	0	0	0
Frances T L Chee, Registered Nurse	(I)	267,290	375	5,698	19,249	22,886	315,498	0
	(II)	0	0	0	0	0	0	0
Albina Guerrero, Registered Nurse	(I)	245,607	375	0	17,187	21,820	284,989	0
	(II)	0	0	0	0	0	0	0
Harendra C Joshi, Nuclear Medicine Supervisor	(I)	245,392	375	3,597	17,117	12,344	278,825	0
	(II)	0	0	0	0	0	0	0
Bradford K Moy, Medical Director	(I)	291,740	375	1,861	20,399	14,102	328,477	0
	(II)	0	0	0	0	0	0	0
John Ikona Ubi, Registered Nurse	(I)	237,810	0	0	16,409	35,573	289,792	0
	(II)	0	0	0	0	0	0	0
Tom Hennessy, Former officer	(I)	0	0	0	0	0	0	0
	(II)	44,197	0	590,847	5,701	10,014	650,759	116,919

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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	CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033FYE4	11-10-2005	200,000,000	SEE PART VI - BOND 1 - CUSIP 13033		X		X	X	

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	0			
2	Amount of bonds legally defeased	0			
3	Total proceeds of issue	10,000,000			
4	Gross proceeds in reserve funds	0			
5	Capitalized interest from proceeds	0			
6	Proceeds in refunding escrows	0			
7	Issuance costs from proceeds	0			
8	Credit enhancement from proceeds	0			
9	Working capital expenditures from proceeds	0			
10	Capital expenditures from proceeds	10,000,000			
11	Other spent proceeds	0			
12	Other unspent proceeds	0			
13	Year of substantial completion	2007			

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

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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?	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							
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X							
c	Are there any research agreements that may result in private business use of bond-financed property?	X							
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?	X							
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 100 %						
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		0 100 %						
7	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?		X						
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

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

Part IV Arbitrage *(Continued)*

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

Part V Procedures To Undertake Corrective Action

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

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

Return Reference	Explanation
BOND 1 - CUSIP 13033FYE4	SCHEDULE K, PART I, COLUMN (E) THE DIFFERENCE BETWEEN THE ISSUE PRICE IN PART I, COLUMN (E) AND PART II, LINE 3 IS PRIMARILY A RESULT OF THE COMPOSITE BOND ISSUE THAT WAS A POOLED FINANCING ISSUE THE FULL ISSUE PRICE OF WHICH IS SHOWN IN PART I, COLUMN (E) IN COMPARISON, THE AMOUNT OF PROCEEDS SHOWN IN PART II, LINE 3 REFLECTS ONLY THE PORTION OF THE BOND ISSUE BORROWED BY SAINT FRANCIS MEMORIAL HOSPITAL AND CURRENTLY OUTSTANDING A SMALL PART OF THE DIFFERENCE BETWEEN THE ISSUE PRICE AND PROCEEDS IS DUE TO INVESTMENT EARNINGS SCHEDULE K, PART I, COLUMN (F) FINANCE ACQUISITION OF MEDICAL EQUIPMENT AND CONSTRUCTION AND RENOVATION OF HOSPITAL FACILITIES SCHEDULE K, PART IV, LINE 2C THE CALCULATION FOR COMPUTING NO REBATE DUE WAS PERFOMED ON 1/28/2014

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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.**

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

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Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? 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? To	(d) Loan to or from the organization? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1) DR DAVID DUONG	board member	HOUSING LOAN		X	92,250	24,928		No	Yes		Yes	
Total	▶ $					24,928						

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

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

Part V Supplemental Information

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

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 94-1156295
Name: Saint Francis Memorial Hospital

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

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of transaction	**(d)** Description of transaction	**(e)** Sharing of organization's revenues?	
				Yes	**No**
(1) DAVID T DUONG MD PHD	DAVID DUONG - BM	57,974	LEASE PAYMENTS TO SFMH		No
(2) DAVID T DUONG MD PHD	DAVID DUONG - BM	19,012	LOAN FORGIVENESS PAYMENTS		No
(3) DAVID T DUONG MD PHD	DAVID DUONG - BM	9,890	medical services		No
(4) ROBERT A HARVEY MD APC	ROBERT HARVEY - BM	33,541	LEASE PAYMENTS TO SFMH		No
(5) ROBERT A HARVEY MD APC	ROBERT HARVEY - BM	202,404	MEDICAL SERVICES		No
(6) ANESTHESIOLOGISTS MEDICAL GROUP SF	THOMAS AHLBERG - BM	694,031	MEDICAL SERVICES		No
(7) VICTOR PRIETO MD	VICTOR PRIETO - BM	130,567	MEDICAL SERVICES		No
(8) PARAGON PATHOLOGY MEDICAL ASSOCIATE	H GOODMAN - BM	539,781	MEDICAL SERVICES		No

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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2014

Open to Public Inspection

Name of the organization	Employer identification number
Saint Francis Memorial Hospital	94-1156295

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, PART VI,VII, XI and XII	
safe harbor election disclosure	Tangible Property Regulation Statement Section 1 263(A)-1(F) de minimis safe harbor electi on Taxpayer is making the de minimis safe harbor election under Treasury Regulation 1 263(A)-1(F) for all eligible amounts paid or incurred during the taxable year
FORM 990 PART IX LINE 11G	DESCRIPTION MEDICAL SERVICES TOTAL FEES 11833498
FORM 990 PART IX LINE 11G	DESCRIPTION REVENUE CYCLE ADMIN SERVICES TOTAL FEES 7185633
FORM 990 PART IX LINE 11G	DESCRIPTION ADMINISTRATIVE SERVICES TOTAL FEES 6352348
FORM 990 PART IX LINE 11G	DESCRIPTION REPAIRS/MAINTENANCE TOTAL FEES 4589312
FORM 990 PART IX LINE 11G	DESCRIPTION JANITORIAL AND CLEANING/WASTE TOTAL FEES 1793198
FORM 990 PART IX LINE 11G	DESCRIPTION PARKING TOTAL FEES 1881570
FORM 990 PART IX LINE 11G	DESCRIPTION PROFESSIONAL CONSULTING TOTAL FEES 3074746
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER PURCHASED SERVICES TOTAL FEES 1252513

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
Saint Francis Memorial Hospital

Employer identification number
94-1156295

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) DIGNITY HEALTH 185 Berry Street San Francisco, CA 94107 94-1196203	Hospital	CA	501(c)(3)	3	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NONE			

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

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

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

Part VII Supplemental Information

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

Return Reference	Explanation