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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 10-01-2014 , and ending 09-30-2015

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST FRANCIS HOSPITAL AND MEDICAL CENTER		D Employer identification number 06-0646813
	Doing business as		
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (860) 714-4000
	114 WOODLAND STREET		
	City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105		G Gross receipts \$ 771,104,951
F Name and address of principal officer JENNIFER SCHNEIDER 114 WOODLAND STREET HARTFORD, CT 06105			
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀(insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: ▶ WWW.STFRANCISCARE.ORG		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation 1897	M State of legal domicile CT
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Part I

Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON		
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
3 Number of voting members of the governing body (Part VI, line 1a)	3	34	
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22	
5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5,196	
6 Total number of volunteers (estimate if necessary)	6	556	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,528,738	
b Net unrelated business taxable income from Form 990-T, line 34	7b	-447,885	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,694,716	10,382,181
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	697,685,089	697,116,965
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,830,996	7,918,182
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,751,459	22,232,294
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	737,962,260	737,649,622
	14 Benefits paid to or for members (Part IX, column (A), line 4)	836,934	686,250
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	340,961,129	343,255,144
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	371,279,397	382,310,083
	19 Revenue less expenses Subtract line 18 from line 12	713,077,460	726,251,477
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	24,884,800	11,398,145
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	838,054,262	817,609,157
		636,626,462	663,859,903
		201,427,800	153,749,254

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	2016-08-15 Date
	JENNIFER SCHNEIDER VP FINANCE Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature DOUGLAS FARRINGTON	Date	Check <input type="checkbox"/> if self-employed	PTIN P00370668
	Firm's name ▶ MARCUM LLP			Firm's EIN ▶ 11-1986323	
	Firm's address ▶ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103			Phone no (860) 760-0600	

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

☐ Yes ☒ No

1

Briefly describe the organization’s mission

WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON

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 \$ 590,214,794 including grants of \$ 686,250) (Revenue \$ 712,051,701)

AS THE LARGEST CATHOLIC HOSPITAL IN NEW ENGLAND WITH 118 YEARS OF SERVICE, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SHARES WITH OUR CAPITAL REGION A WONDERFUL TRADITION OF CARING THROUGH OUR UNIVERSITY OF CONNECTICUT MEDICAL SCHOOL AFFILIATION, OUR MANY PARTNERSHIPS WITH OTHER SCHOOLS AND COMMUNITY AGENCIES, THROUGH OUR CLINICS AND OUTREACH PROGRAMS, AND OUR EMPLOYEES WHO VALUE REACHING OUT TO THOSE IN NEED, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HONORS THE IMPORTANCE OF CLINICAL EXPERTISE AS WELL AS BUILDING RELATIONSHIPS THAT WILL LAST FOR GENERATIONS SEE SCHEDULE O FOR CONTINUATION

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 590,214,794

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response 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	323	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	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	5,196
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		
	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		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
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	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	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	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, address, and telephone number of the person who possesses the organization's books and records DONNA GILBERT

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)	▶	10,550,160	612,534	1,824,584

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▶441

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UCONN SCHOOL OF MEDICINE 263 FARMINGTON AVE FARMINGTON, CT 06030	PHYSICIAN FEES & SERVICES	17,068,607
DTZ INC 4002 SOLUTIONS CENTER CHICAGO, IL 60677	CLEANING SERVICES	3,738,258
MORRISON MANAGEMENT SPECIALISTS PO BOX 102289 ATLANTA, GA 30368	MANAGEMENT SERVICES	3,498,709
AMN HEALTHCARE INC 2735 COLLECTIONS CENTER DR CHICAGO, IL 60693	TEMP NURSING SERVICES	2,665,312
AMERICAN ADJUSTMENT BUREAU PO BOX 2758 WATERBURY, CT 06723	COLLECTION SERVICES	1,486,022

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 ▶57

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	4,607,924			
	e	Government grants (contributions) 1e	2,974,954			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	2,799,303			
	g	Noncash contributions included in lines 1a-1f \$	1,950,000			
	h	Total. Add lines 1a-1f	10,382,181			
Program Service Revenue	2a	PATIENT REVENUE	Business Code 622110	649,231,568	649,231,568	
	b	LABORATORY REVENUE	621511	34,433,962	33,164,769	1,269,193
	c	PREMIUM INCOME	524298	12,498,534	12,374,000	124,534
	d	PARTNERSHIP REVENUE	541990	952,901	931,041	21,860
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f	697,116,965			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	5,614,181			5,614,181
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
	6a	Gross rents	(i) Real 6,074,397	(ii) Personal		
	b	Less rental expenses	0			
	c	Rental income or (loss)	6,074,397			
	d	Net rental income or (loss)	6,074,397			6,074,397
	7a	Gross amount from sales of assets other than inventory	(i) Securities 34,236,918	(ii) Other 1,522,412		
	b	Less cost or other basis and sales expenses	33,455,329	0		
	c	Gain or (loss)	781,589	1,522,412		
	d	Net gain or (loss)	2,304,001			2,304,001
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from fundraising events				
	9a	Gross income from gaming activities See Part IV, line 19	a			
	b	Less direct expenses	b			
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances	a			
	b	Less cost of goods sold	b			
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue	Business Code			
	11a	OTHER PATIENT SVCS	624190	8,556,521	7,885,453	671,068
	b	PHARMACY	900099	2,458,081		2,458,081
	c	MISCELLANEOUS	900099	2,305,826	1,863,743	442,083
	d	All other revenue		2,837,469	921,711	1,915,758
	e	Total. Add lines 11a-11d		16,157,897		
	12	Total revenue. See Instructions		737,649,622	706,372,285	2,528,738
					2,528,738	18,366,418

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	659,800	659,800		
2	Grants and other assistance to domestic individuals See Part IV, line 22	26,450	26,450		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	8,480,115		8,480,115	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	264,319,054	213,369,198	50,949,856	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,718,340	14,664,448	3,053,892	
9	Other employee benefits	33,438,601	26,597,062	6,841,539	
10	Payroll taxes	19,299,034	15,169,112	4,129,922	
11	Fees for services (non-employees)				
a	Management				
b	Legal	2,333,129		2,333,129	
c	Accounting	618,565		618,565	
d	Lobbying	111,300		111,300	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	125,141		125,141	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	89,852,910	72,292,997	17,559,913	
12	Advertising and promotion	1,617,566	6,410	1,611,156	
13	Office expenses	16,876,694	16,072,434	804,260	
14	Information technology	15,155,635	14,915,238	240,397	
15	Royalties				
16	Occupancy	39,321,451	37,289,389	2,032,062	
17	Travel	1,630,113	1,630,113		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	11,151,596	11,151,596		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,113,285	38,113,285		
23	Insurance	11,971,391	290,443	11,680,948	
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	106,528,549	106,528,549		
b	LAB EXPENSE	7,520,916	7,520,916		
c	PROF LIAB INSURANCE	5,548,198	5,548,198		
d	LAUNDRY EXPENSE	3,273,650	3,273,650		
e	All other expenses	30,559,994	5,095,506	25,464,488	
25	Total functional expenses. Add lines 1 through 24e	726,251,477	590,214,794	136,036,683	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		58,225,346	1	48,119,752
	2	Savings and temporary cash investments		46,781,519	2	52,046,968
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		75,441,792	4	70,386,496
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		545,649	7	566,992
	8	Inventories for sale or use		8,854,758	8	9,701,459
	9	Prepaid expenses and deferred charges		6,724,495	9	8,724,005
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a890,775,274			
	b	Less accumulated depreciation	10b434,608,404	463,498,467	10c	456,166,870
	11	Investments—publicly traded securities		78,640,457	11	83,759,484
	12	Investments—other securities See Part IV, line 11		14,134,048	12	18,802,515
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		85,207,731	15	69,334,616
	16	Total assets. Add lines 1 through 15 (must equal line 34)		838,054,262	16	817,609,157
Liabilities	17	Accounts payable and accrued expenses		34,284,214	17	38,257,732
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		250,530,000	20	246,119,985
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		9,706,653	23	5,331,951
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		342,105,595	25	374,150,235
	26	Total liabilities. Add lines 17 through 25		636,626,462	26	663,859,903
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		119,753,800	27	76,152,826
	28	Temporarily restricted net assets		24,355,000	28	24,417,140
	29	Permanently restricted net assets		57,319,000	29	53,179,288
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		201,427,800	33	153,749,254
	34	Total liabilities and net assets/fund balances		838,054,262	34	817,609,157

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	737,649,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	726,251,477
3	Revenue less expenses Subtract line 2 from line 1	3	11,398,145
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	201,427,800
5	Net unrealized gains (losses) on investments	5	-4,417,161
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-54,659,530
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	153,749,254

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV THOMAS J BARRY JCL CHAIRMAN	1 00	X		X				0	0	0
(1) CHRISTOPHER M DADLEZ PRESIDENT & CEO	55 00	X		X				2,894,865	0	1,021,627
(2) BARBARA J CALDERONEBSNJD SECRETARY	1 00	X		X				0	0	0
(3) L JEFFREY BALDWIN DIRECTOR	1 00	X						0	0	0
(4) SURENDRA K CHAWLA MD DIRECTOR	1 00	X						0	0	0
(5) ROBERT M ELLIS DIRECTOR	2 00	X						0	0	0
(6) P ANTHONY GIORGIO PHD DIRECTOR	1 00	X						0	0	0
(7) WALTER HARRISON PHD DIRECTOR	1 00	X						0	0	0
(8) JEFFREY S HOFFMAN DIRECTOR	1 00	X						0	0	0
(9) PETER G KELLY JD DIRECTOR	1 00	X						0	0	0
(10) PATRICK J KINNEY DIRECTOR	1 00	X						0	0	0
(11) KARL J KRAPEK DIRECTOR	2 00	X						0	0	0
(12) SISTER DOLORES LAHR CSJ DIRECTOR	1 00	X						0	0	0
(13) JOYCE D MANDELL DIRECTOR	1 00	X						0	0	0
(14) JOHN J MARA MD DIRECTOR	1 00	X						0	0	0
(15) REV MSGR JOHN MCCARTHY JCD JD DIRECTOR	1 00	X						0	0	0
(16) DANIEL P O'CONNELL DIRECTOR / CHAIRMAN	2 00	X		X				0	0	0
(17) KEVIN J O'CONNOR JD DIRECTOR / VICE-CHAIRMAN	1 00	X		X				0	0	0
(18) JOHN D PAPANDREA MD DIRECTOR	1 00	X						0	0	0
(19) CURTIS D ROBINSON DIRECTOR	2 00	X						0	0	0
(20) JOHN W RODGERS MD DIRECTOR	1 00	X						0	0	0
(21) DR GALO A RODRIGUEZ MPH DIRECTOR	1 00	X						0	0	0
(22) ANDREW A SADANOWICZ DIRECTOR	1 00	X						0	0	0
(23) SUSAN J SAPPINGTON DIRECTOR	1 00	X						0	0	0
(24) HENRY S SCHERER JR DIRECTOR	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (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) PHILIP J SCHULZ DIRECTOR	2 00 2 00	X						0	0	0
(1) JOSEPH J SPALLUTO DIRECTOR	1 00 1 00	X						0	0	0
(2) JEAN-PIERRE VAN ROOY DIRECTOR	1 00 1 00	X						0	0	0
(3) GEN R JOHN M WATKINS DIRECTOR	1 00 1 00	X						0	0	0
(4) ADRIENNE W COCHRANE JD DIRECTOR	1 00 1 00	X						0	0	0
(5) STEVEN T RUBY MD DIRECTOR / DEPT CHAIRMAN	55 00 4 00	X						683,168	0	45,003
(6) ANDREW J PINKES DIRECTOR	1 00 1 00	X						0	0	0
(7) TIMOTHY L PRETE DIRECTOR	1 00 1 00	X						0	0	0
(8) MURTHAPPA N PRAKASH MD DIRECTOR	1 00 2 00	X						21,833	0	0
(9) SHERI A LEMIEUX ASSISTANT SECRETARY	55 00 1 00			X				133,537	0	19,122
(10) JOHN RODIS MD EXECUTIVE VP & COO	55 00 3 00				X			914,647	0	59,160
(11) DAVID BITTNER SR VP FINANCE	55 00 8 00				X			395,908	0	39,261
(12) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55 00 2 00				X			362,587	0	59,239
(13) GREG MAKOUL SVP, CAO	55 00 0 00				X			498,154	0	34,771
(14) JENNIFER SCHNEIDER VP FINANCE/CHIEF COMPLIANCE OFFICER	55 00 6 00				X			278,987	0	46,358
(15) JOHN N GIALALIS EVP & CAO	55 00 8 00				X			724,755	0	54,761
(16) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55 00 0 00				X			321,685	0	27,947
(17) LINDA SHANLEY VP AND CIO	55 00 0 00				X			326,856	0	38,770
(18) E MERRITT MCDONOUGH JR SF FDTN PRESIDENT	55 00 2 00				X			521,116	0	56,879
(19) DENISE PETERSON VP PROF NRSNG PRACTICE & QUAL/CNO	55 00 0 00				X			182,407	0	10,445
(20) ADAM SILVERMAN VP AMBULATORY STRATEGY	1 00 58 00				X			0	346,050	24,011
(21) STUART ROSENBERG CEO-JMMC	55 00 0 00					X		351,329	0	47,183
(22) JAMES W SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	55 00 0 00					X		294,625	0	43,195
(23) ROBERT FALAGUERRA VP FACILITIES & SUPPORT SERVICES	55 00 2 00					X		247,125	0	52,177
(24) DERRICK AMATO ADMINISTRATIVE DIRECTOR	55 00 0 00					X		316,080	0	13,848

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			
(51) NICOLE SCHULZ VP REVENUE CYCLE	55 00 0 00					X		283,621	0	43,915
(1) PAUL F MITCHELL DMD FORMER DIRECTOR	0 00 57 00						X	0	266,484	55,218
(2) TERESA M BOLTON FORMER HUMAN RESOURCES COUNSEL	55 00 1 00						X	245,883	0	19,724
(3) KATHLEEN M ROCHE FORMER EXECUTIVE VP & COO	0 00 0 00						X	287,380	0	5,985
(4) ARTHUR DETORE FORMER SVP,CHIEF PHYSICIAN EXECUTIVE	0 00 0 00						X	263,612	0	5,985

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 ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
--	--

Part I

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

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

1

☐

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

2

☐

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

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An organization that normally receives (1) more than 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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.		
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.		

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).		

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?		
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).		
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.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
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 <u>Parent of Supported Organizations</u> 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
--	--

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)															
c Total lobbying expenditures (add lines 1a and 1b)															
d Other exempt purpose expenditures															
e Total exempt purpose expenditures (add lines 1c and 1d)															
f Lobbying nontaxable amount Enter the amount from the following table in both columns															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the 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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		173,046
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			173,046
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

[illegible]

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 ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

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

b

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

(i) 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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2014

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

d

☐

Loan or exchange programs

b

☐

Scholarly research

e

☐

Other

c

☐

Preservation for future generations
- 4
- Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5
- During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
- ☐ Yes

☐ No

Part IV

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐ Yes

☐ No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table
- | | |
|----|--------|
| | Amount |
| 1c | |
| 1d | |
| 1e | |
| 1f | |
- 2a
- Did the organization include an amount on Form 990, Part X, line 21, 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	70,923,245	68,114,560	64,278,125	60,257,184	62,884,485
b Contributions					
c Net investment earnings, gains, and losses	-5,121,078	2,808,685	3,836,435	4,020,941	-2,627,301
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	65,802,167	70,923,245	68,114,560	64,278,125	60,257,184

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

Board designated or quasi-endowment

26 000 %

b

Permanent endowment

74 000 %

c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a
- Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b
- 4
- Describe in Part 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		6,583,032		6,583,032
b Buildings		494,821,210	172,372,322	322,448,888
c Leasehold improvements		1,955,667	1,696,120	259,547
d Equipment		303,569,358	238,118,787	65,450,571
e Other		83,846,007	22,421,175	61,424,832
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				456,166,870

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	706,020,860
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-4,417,161
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	24,208,446
e	Add lines 2a through 2d	2e	19,791,285
3	Subtract line 2e from line 1	3	686,229,575
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	51,420,047
c	Add lines 4a and 4b	4c	51,420,047
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	737,649,622

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	704,052,394
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	19,742,130
e	Add lines 2a through 2d	2e	19,742,130
3	Subtract line 2e from line 1	3	684,310,264
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	41,941,213
c	Add lines 4a and 4b	4c	41,941,213
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	726,251,477

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES
PART XI, LINE 2D - OTHER ADJUSTMENTS	INCOME FROM SUBSIDIARIES 24,208,446
PART XI, LINE 4B - OTHER ADJUSTMENTS	INCOME FROM ST FRANCIS INDEMNITY CORPORATION, LLC 12,378,080 INCOME FROM COLLABORATIVE LAB SERVICES 34,434,043 NET TRANSFER FROM SAINT FRANCIS FOUNDATION 4,607,924
PART XII, LINE 2D - OTHER ADJUSTMENTS	EXPENSES FROM SUBSIDIARIES 19,742,130
PART XII, LINE 4B - OTHER ADJUSTMENTS	EXPENSES FROM ST FRANCIS INDEMNITY COMPANY, LLC 6,362,341 EXPENSES FROM COLLABORATIVE LAB SERVICES 35,578,872

[illegible]

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
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a Yes	
b	If "Yes," was it a written policy?	1b Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year		
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	3b Yes	
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 eligible 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)		10,609	4,163,345		4,163,345	0 570 %
b Medicaid (from Worksheet 3, column a)		30,247	44,489,587		44,489,587	6 130 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			23,688,735		23,688,735	3 260 %
d Total Financial Assistance and Means-Tested Government Programs		40,856	72,341,667		72,341,667	9 960 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	19,061	3,584,693	2,007,594	1,577,099	0 220 %
f Health professions education (from Worksheet 5)	4	682	30,269,163	9,821,823	20,447,340	2 820 %
g Subsidized health services (from Worksheet 6)	1	7,852	507,674		507,674	0 070 %
h Research (from Worksheet 7)	2		240,922		240,922	0 030 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	5,900	180,010		180,010	0 020 %
j Total Other Benefits	26	33,495	34,782,462	11,829,417	22,953,045	3 160 %
k Total. Add lines 7d and 7j	26	74,351	107,124,129	11,829,417	95,294,712	13 120 %

Part IICommunity Building Activities

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing						
2Economic development						
3Community support	2	7,152	115,594	71,600	43,994	0.010 %
4Environmental improvements	1		66,000		66,000	0.010 %
5Leadership development and training for community members						
6Coalition building	1	25	83,693		83,693	0.010 %
7Community health improvement advocacy						
8Workforce development						
9Other						
10Total	4	7,177	265,287	71,600	193,687	0.030 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

5,799,835

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

3

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

Section B. Medicare

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

5

182,021,149

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

6

197,005,627

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

7

-14,984,478

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

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

9a

Yes

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

9b

Yes

Part IVManagement Companies and Joint Ventures

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 1 GRTR HTFD LITHOTRIPSY LLC	HEALTH CARE SERVICES - LITHOTRIPSY	31.800 %		7.200 %
2 2 ST FRANCIS GI ENDOSCOPY LLC	HEALTH CARE SERVICES - ENDOSCOPY	49.000 %		51.000 %
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V

Facility Information

Section A. Hospital Facilities

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

1
Name, address, 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)

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

Name of hospital facility or letter of facility reporting group

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

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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in 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	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url) SAINTFRANCISCARE.ORG		
b <input checked="" type="checkbox"/> Other website (list url) WWW.CT.GOV/DPH.COM		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 13		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a If "Yes" (list url) SEE PART V, 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)

Name of hospital facility or letter of facility reporting group

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

		Yes	No
Financial Assistance Policy (FAP)			
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200 000000000000%</u> and FPG family income limit for eligibility for discounted care of <u>250 000000000000%</u>		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	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	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> 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	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

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? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C) 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply) a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		19	No
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? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		21	Yes
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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input type="checkbox"/> Other (describe in 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? If "Yes," explain in Section C		23	No
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C		24	No

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? 24

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

Part VI

Supplemental Information

Provide the following information

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

Form and Line Reference	Explanation
PART I, LINE 3C	N/APART I, LINE 4 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES

Form and Line Reference	Explanation
PART I, LINE 6A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL WEBSITE

Form and Line Reference	Explanation
PART I, LINE 7	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER USES A COST ACCOUNTING SYSTEM WITHIN THE DECISION SUPPORT SYSTEM PRODUCT IT IS A FULLY ABSORBED COSTING SYSTEM USING REMAPS OF EXPENSE AND REVENUES WHERE NEEDED INDIRECT, OR OVERHEAD, COSTS ARE ALLOCATED USING STATISTICS IN ORDER TO ALLOCATE THE COSTS TO THE REVENUE PRODUCING DEPARTMENTS THE METHOD OF ALLOCATING DOLLARS TO THE CHARGE ITEMS IS CURRENTLY PRIMARILY BASED ON A RCC METHOD USING OUR CHARGE ITEM PRICE AS THE DRIVER WE HAVE INTERSPERSED SOME NATIONAL RVU'S FROM THE CMS FEE SCHEDULE TO MANY DEPARTMENTS AS WELL AS USING COSTS TO HELP ALLOCATE OUR PHARMACY AND SUPPLY EXPENSES ALL CHARGE ITEMS OBTAIN A COST AND ALL PATIENT SEGMENTS ARE FULLY COSTED

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS HOUSING SUPPORTTHE LOCAL NEIGHBORHOOD ASSOCIATIONS IN HARTFORD PLAY A CRITICAL ROLE IN ADVOCATING FOR IMPROVEMENTS IN HOUSING PARTICULARLY TH OSE THAT IMPACT LOW INCOME RESIDENTS STAFF FROM SAINT FRANCIS ATTENDS REGULAR BOARD MEETI NGS AND ASSIST WHENEVER POSSIBLE WITH ADVOCATING ON BEHALF OF COMMUNITY RESIDENTS WITH RES PECT TO HOUSING SAINT FRANCIS HAS ALSO FORMED A STRONG PARTNERSHIP THIS PAST YEAR WITH A LOCAL COMMUNITY DEVELOPMENT AGENCY CALLED COMMUNITY ACTION WHICH WORKS ON BEHALF OF LOW IN COME INDIVIDUALS AND FAMILIES TO FIND STABLE AND HEALTHY HOUSING ECONOMIC DEVELOPMENTSAINT FRANCIS HAS A STRONG COMMITMENT TO INCREASING SPENDING WITH SMALL BUSINESS AND WOMEN AND MINORITY OWNED COMPANIES THIS INITIATIVE IS CALLED THE SUPPLIER DIVERSITY PROJECT AND IS STAFFED BY A FULL TIME PERSON WHO WORKS TO IMPROVE RELATIONSHIPS WITH TARGETED BUSINESSES AN ANNUAL EVENT, SPONSORED BY SAINT FRANCIS FOR MINORITY AND SMALL BUSINESS VENDORS IS HE LD TO INCREASE THE PORTFOLIO OF BUSINESS TO THESE CRITICAL GROUPS ONE EXAMPLE OF SUCCESS INCLUDES THE LANGUAGE SERVICES PROGRAM CONTRACT WHICH WAS AWARDED TO A LOCAL MINORITY AND WOMEN OWNED BUSINESS THE SUPPLIER DIVERSITY PROGRAM IS DESIGNED TO SPUR ECONOMIC DEVELOPM ENT AND THE GROWTH OF SMALL BUSINESSES COMMUNITY SUPPORT SAINT FRANCIS HOSPITAL IS INVOLVE D IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES, THEY RANGE FROM IMPROVING CHILDHOOD LITERACY TO DECREASING THE IMPACT OF UNINTENTIONAL INJURIES, AND PROVIDING SUPP ORT TO STUDENTS AND INTERNS THE REACH OUT AND READ (ROR) PROGRAM AT ST FRANCIS HOSPITAL IN HARTFORD CONNECTICUT IS DESIGNED TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN AND TO EDUCATE FAMILIES ABOUT THE IMPORTANCE OF READING TO THEIR CHILDREN THE PROGRAM HAS TH REE BASIC COMPONENTS FIRST, TRAINED VOLUNTEERS READ TO CHILDREN IN THE WAITING ROOM TO MO DEL TECHNIQUES FOR READING ALOUD, SECOND, EACH CHILD IS GIVEN A NEW BOOK AFTER EACH WELL C HILD VISIT AT 6 MONTHS, 12 MONTHS, 18 MONTHS, AND ANNUALLY AT 2-5 YEAR VISITS, AND THIRD, TRAINED PRIMARY CARE PROVIDERS PROMOTE EARLY LITERACY BY EXPLAINING THE IMPORTANCE OF READ ING ALOUD TO FAMILIES AND ENCOURAGING THEM TO DO IT EVERY DAY THE PROGRAM DISTRIBUTES OVE R 1500 BOOKS PER YEAR TO CHILDREN THE GOAL OF THE ROR PROGRAM AT ST FRANCIS HOSPITAL AND MEDICAL CENTER IS TO INCREASE THE EXPOSURE OF YOUNG CHILDREN TO BOOKS AND TO READING AS A N ACTIVITY SO THAT THEY ARE READY FOR SCHOOL ADDITIONALLY THE PROGRAM SEEKS TO EDUCATE PA RENTS ABOUT THE IMPORTANCE OF READING AS AN ACTIVITY WHICH CAN IMPROVE LANGUAGE DEVELOPMEN T AND ASSIST CHILDREN IN LEARNING THE SKILLS THEY NEED TO SUCCEED IN SCHOOL THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS TO IMPROVE THE HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATI VE PREVENTION AND RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF VIOLE NCE AND INJURY THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE OF CAR SEATS TO PREVEN T INJURY, INCREASING AWARENESS OF CHILD ABUSE AND STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS ARE ALSO AVAILABLE LET'S NO T MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PRO GRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN S EE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING THE GOAL OF THE PROGRAM IS TO ENCOU RAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS" PARTICIPANTS LEARN THAT TRAUMATI C INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DIS EASE COMBINED THE OFFICE OF EDUCATIONAL ACTIVITIES AT SAINT FRANCIS WORKS WITH OVER 118 ST UDENTS, INTERNS AND FELLOWS EACH YEAR TO PROVIDE CRITICAL HAND-ON EDUCATIONAL EXPERIENCES DESIGNED TO ENHANCE THEIR MARKETABILITY AND TO EXPOSE THEM TO THE COMPLEXITIES OF PROVIDIN G HEALTHCARE THE STUDENTS RANGE FROM UNDERGRADUATES WORKING ON A SUMMER INTERNSHIP TO PHD STUDENTS COMPLETING RESEARCH PROJECTS IN EACH CASE THE GOAL IS TO MENTOR YOUTH AND PROVI DE MEANINGFUL EXPERIENCES FOR BECOMING A SUCCESSFUL PROFESSIONAL ENVIRONMENTAL IMPROVEMENT S SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY OF HARTFORD TH IS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO IMPROVE READINESS FOR DISASTER RESP ONSE THE HOSPITAL CONTRIBUTES SIGNIFICANT RESOURC</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	<p>ES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE ADDITIONALLY STAFF SERVE ON THE BOARD OF LOCAL ORGANIZATIONS THAT ADVOCATE FOR ENVIRONMENTAL ISSUES INCLUDING THE ASYLUM HILL NEIGHBORHOOD ORGANIZATION, THE REACH COALITION AND THE NORTHEAST NEIGHBORHOOD IMPROVEMENT ASSOCIATION LEADERSHIP DEVELOPMENT IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN CLINICAL PASTORAL EDUCATION AND ON PASTORAL COUNSELING TRAINING ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SUPPORTED BY MERCY COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH BASED ORGANIZATIONS THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR LOVED ONES, AND STAFF THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF SPIRITUALITY IN EVERYDAY LIFE CLASSES MOST OFTEN REFERENCE EXAMPLES OR "CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY PARTICIPANTS ARE ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH THEIR UNIQUE TRADITIONS PARTICIPANTS ARE INTRODUCED TO IMPORTANT CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY UPON WHEN NEEDED THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA COALITION BUILDING IN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION WITH LOCAL ORGANIZATIONS SUCH AS THE CONNECTICUT HEALTH FOUNDATION FELLOWS PROGRAM, THE PUBLIC HEALTH ADVISORY COMMITTEE, THE PEACE BUILDERS VIOLENCE PREVENTION COALITION, AND THE INTERDENOMINATIONAL MINISTERIAL ALLIANCE TAKE PLACE ON A REGULAR BASIS IN ADDITION, INFORMAL PARTNERSHIPS AND COLLABORATIVE RELATIONSHIPS WITH NUMEROUS COMMUNITY ORGANIZATIONS FACILITY BUILDING OF STRONG PARTNERSHIPS AND COALITIONS THAT WORK TO ADDRESS A MYRIAD OF PUBLIC HEALTH ISSUES FACING THE POPULATION SERVED BY SAINT FRANCIS HOSPITAL EXECUTIVE STAFF AT SAINT FRANCIS ARE EXPECTED TO PARTICIPATE IN COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES (CONTINUED)	<p>IN THE AREA OF WORKFORCE DEVELOPMENT SAINT FRANCIS PARTNERS WITH LOCAL NURSING SCHOOLS TO TRAINING NURSING STAFF TO ADDRESS AREAS OF HIGH NEED THROUGH OUT THE COUNTY WORK IN THIS AREA ALSO INCLUDE PROVIDING INTERNSHIP OPPORTUNITIES FOR COLLEGE STUDENTS AS WELL AS HIGH SCHOOL STUDENTS DURING THE SUMMER MONTHS TO EXPOSE THEM TO THE TYPE OF WORK THAT CAN TAKE PLACE IN A HOSPITAL SETTING SAINT FRANCIS PARTNERS WITH THE CAPITOL REGION EDUCATIONAL COUNCIL'S HEALTH EDUCATION PROFESSIONALS ACADEMY FOR TRAINING HIGH SCHOOL STUDENTS ABOUT THE MANY OPPORTUNITIES IN THE FIELD OF HEALTH MASTERS AND PHD LEVEL STUDENT ARE ALSO RECRUITED FROM A VARIETY OF LOCAL UNIVERSITIES AND COLLEGES TO PARTICIPATE IN A VARIETY OF PROJECTS SO THAT THEY BETTER UNDERSTAND THE OPPORTUNITIES AVAILABLE IN THE WORKPLACE FINALLY, CLASSES AND SUPPORT ARE OFFERED TO SUPPORT STAFF'S PARTICIPATION IN EDUCATIONAL PROGRAMS THAT ENABLE RNS TO BECOME BSNS IN ORDER TO IMPROVE THEIR EARNING POWER AND KNOWLEDGE BASE, AND ABILITY TO CONTINUE THEIR EDUCATION SAINT FRANCIS OFFERS A WIDE ARRAY OF SUPPORT IN THE AREA OF WORKFORCE DEVELOPMENT AND HAS A LONG HISTORY OF DOING SO ADVOCACY FOR HEALTH IMPROVEMENTSADVOCACY WORK AT SAINT FRANCIS IS DONE BY THOSE WITH HIGH LEVEL EXPERTISE IN AN AREA OF HEALTH CARE TO WHICH THEY CAN SPEAK WITH BOTH KNOWLEDGE AND CONVICTION SOME EXAMPLES OF STAFF WHO HAVE BEEN ENGAGED IN ADVOCACY WORK IN THE PAST INCLUDE DR MARCUS MCKINNEY HAS DEVELOPED AN EXPERTISE IN HEALTH DISPARITIES AND IS INVOLVED IN THE STATE INNOVATION MODEL FOR REORGANIZING HEALTHCARE DELIVERY, THE ARIADNE LAB COLLABORATION WITH HARVARD UNIVERSITY AND THE DISPARITIES SOLUTION CENTER AT MASSACHUSETTS GENERAL HOSPITAL THE CEO, CHRISTOPHER DADLEZ HAS IDENTIFIED HEALTH DISPARITIES AS AN AREA OF INTEREST AND IS ACTIVE IN ADVOCACY WORK ON THIS ISSUE DR LUIS DIEZ-MORALES IS ALSO INVOLVED WITH THE DISPARITIES SOLUTION CENTER AND HAS TAKEN ON A LEADERSHIP ROLE IN THE CURTIS D ROBINSON CENTER FOR HEALTH EQUITY AT SAINT FRANCIS HIS ROLE AS THE MEDICAL DIRECTOR OF THE AMBULATORY CARE CLINIC PROVIDES HIM WITH SIGNIFICANT REAL WORLD EXPERIENCE FOR HIS ADVOCACY WORK DR ADAM SILVERMAN IS LEADING A NUMBER OF INITIATIVES INCLUDING A GRANT TO BETTER UNDERSTAND THE ROLE OF COMMUNITY HEALTH WORKERS WITHIN A HOSPITAL SYSTEM HIS CREATIVE APPROACH TO ADDRESSING THE TRIPLE AIMS OF HEALTH CARE IS PROVIDING CRITICAL INSIGHT INTO HOW TO IMPROVE CARE WHILE MAINTAINING A SUCCESSFUL BUSINESS MODEL</p>

Form and Line Reference	Explanation
PART III, LINE 4	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS OF THEIR ABILITY TO PAY A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES

Form and Line Reference	Explanation
PART III, LINE 8	NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT

Form and Line Reference	Explanation
PART III, LINE 9B	SEE PART III, LINE 4

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS BAD DEBT EXPENSE FROM FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES

Form and Line Reference	Explanation
PART VI, LINE 2	<p>SAINT FRANCIS HOSPITAL PAIRED WITH THE THREE OTHER HOSPITALS LOCATED IN HARTFORD, MOUNT SINAI, CONNECTICUT CHILDREN'S MEDICAL CENTER, AND HARTFORD HOSPITAL, TO ENGAGE THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES DEPARTMENT TO CONDUCT A COMMUNITY NEEDS ASSESSMENT THE ASSESSMENT METHODOLOGY INCLUDED A NUMBER OF DATA GATHERING PROCESSES REVIEW OF THE AVAILABLE SECONDARY DATA, INCLUSION OF DATA FROM A LOCAL HEALTH EQUITY INDEX AND TELEPHONE INTERVIEWS OF LOCAL KEY INFORMANTS SECONDARY DATA PROFILE FINDINGS HARTFORD IS A VERY DIVERSE (42% HISPANIC AND 37% AFRICAN AMERICAN), YOUNG (49% BETWEEN THE AGES OF 15-45), POOR (32% OF ALL PEOPLE BELOW THE POVERTY LEVEL) AND UNDER EDUCATED (32% OF 25 YEAR OLDS DID NOT GRADUATE FROM HIGH SCHOOL) CITY THE UNEMPLOYMENT RATE IS 18% AND SAFETY IS A MAJOR CONCERN FOR RESIDENTS WITH RATES OF LARCENY, DRUG ABUSE, ASSAULT AND MURDER ALL HIGHER THAN STATE LEVELS HEALTH ISSUES OF THE CITIES RESIDENTS INCLUDE HIGH RATES OF DIABETES, OBESITY, ASTHMA, DRUG ABUSE AND MENTAL ILLNESS RATES OF HEART DISEASE AND CANCER ARE ON AVERAGE LOWER THAN THE REST OF THE STATE WHICH IS LIKELY DUE TO THE AGE OF THE CITY'S RESIDENTS KEY INFORMANT INTERVIEW FINDINGS RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS THE INFORMATION COLLECTED FROM THESE INTERVIEWS IDENTIFIED THE IMPORTANT HEALTH ISSUES AS DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL OF WHICH ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES QUALITATIVE DATADATA WAS GATHERED FROM COMMUNITY MEMBERS VIA FOCUS GROUPS, INFORMAL INTERVIEWS AND INTERACTIONS DURING COMMUNITY EVENTS AS WELL AS QUESTIONNAIRES WITH PATIENTS IN THE WAITING ROOMS OF THE PRIMARY CARE CLINICS WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAW AS PRIORITIES ON-GOING COMMUNITY HEALTH SURVEYA COMMUNITY HEALTH SURVEY WAS DEVELOPED TO ALLOW FOR ON-GOING COMMUNITY INPUT ON HEALTH PRIORITIES WITHIN VARIOUS COMMUNITY SETTINGS OVER 700 SURVEYS WERE COMPLETED IN A VARIETY OF COMMUNITY SETTINGS THE RESULTS OF WHICH SERVED TO FOCUS ATTENTION ON THE HEALTH ISSUES OF HIGHEST PRIORITY WHEN ENGAGING COMMUNITY GROUPS THE HIGHEST PRIORITY FOUND FROM COMMUNITY MEMBERS SURVEYED IS FOR INCREASED EDUCATION, TRAINING AND CLINICAL SERVICES FOR THOSE IMPACTED BY DIABETES AND OBESITY</p>

Form and Line Reference	Explanation
PART VI, LINE 3	<p>PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE PROCESS IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS THE FINANCIAL ASSISTANCE OFFICE AT SAINT FRANCIS IS STAFFED BY SIX FULL-TIME "FINANCIAL COUNSELORS" FOUR OF WHOM ARE BILINGUAL THEY ARE POSITIONED THROUGHOUT THE INSTITUTION TO PROVIDE EASY ACCESS TO PATIENTS WHO NEED ASSISTANCE IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM AS WELL, INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS SAINT FRANCIS DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY FINALLY, PATIENTS WHO HAVE NOT BEEN FORTHCOMING IN THEIR NEED FOR FINANCIAL ASSISTANCE PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES ARE PROVIDED WITH INFORMATION ABOUT OUR CHARITY CARE POLICY WHEN THEY RECEIVE A BILL FOR THE SERVICES RENDERED THEY ARE ENCOURAGED TO TALK TO A FINANCIAL COUNSELOR TO DISCUSS A PAYMENT PLAN AND TO DETERMINE IF THEY ARE ELIGIBLE FOR STATE ASSISTANCE OR IF A PORTION OF THEIR BILL CAN BE "WRITTEN OFF" TO CHARITY CARE SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE SPECIAL FUNDING IS AVAILABLE FROM PRIVATE RESOURCES TO HELP CLIENTS PAY FOR SPECIFIC HEALTH CARE SERVICES INCLUDING MAMMOGRAMS, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014</p>

Form and Line Reference	Explanation
PART VI, LINE 4	<p>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SERVES PATIENTS FROM ALL OVER CONNECTICUT, AND NATIONALLY THE MAJORITY OF OUR PATIENTS COME FROM HARTFORD COUNTY, WHICH INCLUDES THE STATE CAPITAL, HARTFORD, AND THIRTY-FIVE SURROUNDING URBAN AND SUBURBAN COMMUNITIES. HARTFORD IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND. IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST. THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL. THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY. OVER 70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE), 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH. RECENT INCREASES IN IMMIGRANT POPULATIONS FROM COUNTRIES SUCH AS BURMA, INDONESIA, VIETNAM, WEST AFRICAN COUNTRIES AND FROM IRAN HAVE INCREASED THE DIVERSITY OF HARTFORD. MEDICAL SERVICES ARE READILY AVAILABLE IN HARTFORD WITH THREE MAJOR HOSPITALS INCLUDING A CHILDREN'S HOSPITAL, BUT ACCESS TO THOSE SERVICES VARIES WIDELY AMONG CITY RESIDENTS. THE CONNECTICUT HOSPITAL ASSOCIATION PROVIDED SAINT FRANCIS WITH A COMMUNITY HEALTH PROFILE BASED ON DATA COLLECTED BY THE HOSPITAL ABOUT PATIENT SERVICES PROVIDED. THIS PROFILE INCLUDES THE METRO HARTFORD AREA WHICH IS QUITE DISTINCT FROM THE CITY OF HARTFORD. THIS POPULATION OF THIS AREA IS OVER 750,000 PEOPLE WITH 64% WHITE, 14% AFRICAN AMERICAN, 15% LATINO, 5% ASIAN. THE POVERTY RATE IS AT 11%. THE TOP FIVE HEALTH CONDITIONS IDENTIFIED FROM INPATIENT DATA INCLUDE HIGH BLOOD PRESSURE, DEPRESSION, ALCOHOL AND SUBSTANCE ABUSE, HEART FAILURE, DIABETES. ADDITIONALLY, THE REPORT HIGHLIGHTS A NUMBER OF HEALTH ISSUES THAT IMPACT BLACKS AND HISPANICS DISPROPORTIONATELY, THAT IS, THEY REPRESENT HEALTH DISPARITIES FOR THESE GROUPS. INCLUDED ARE TEEN PREGNANCY, HIGH RATES OF LOW-BIRTH WEIGHT, HIGH INCIDENCE OF VIOLENCE, DIABETES, BREAST CANCER, HIGH BLOOD PRESSURE AND SEXUAL TRANSMITTED DISEASES.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS ARE NUMEROUS SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE MOST IN NEED THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS SOME SPECIFIC EXAMPLES OF WORK BEING DONE IN THIS AREA INCLUDE CURTIS D ROBINSON CENTER FOR HEALTH EQUITY - SERVING AS A BRIDGE BETWEEN COMMUNITY MEMBERS AND THE HOSPITAL SYSTEMTHE COMPREHENSIVE WOMEN'S HEALTH CENTER - PROVIDING FREE MAMMOGRAM AND BREAST CANCER TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE THE JOAN C DAUBER FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEEDLET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTIONKISS - CT KIDS IN SAFETY SEATS - PROVIDING FREE CAR SEATS AND INSPECTION FOR FAMILIES WITH YOUNG CHILDRENNURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAMHEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITYMEDICAL LEGAL PARTNERSHIP - LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDSWOMEN'S HEART PROGRAM - FREE HEART HEALTH SCREENING AND ASSESSMENT IN THE COMMUNITYCHILDREN'S ADVOCACY CENTER - SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY CHILD SEXUAL ABUSEINTEGRATIVE MEDICINE - FREE MEDICAL SERVICES PROVIDED TO SUPPORT TRADITIONAL APPROACHES OF CARE

Form and Line Reference	Explanation
PART VI, LINE 6	THE ORGANIZATION IS NOT A PART OF AN AFFILIATED HEALTH CARE SYSTEM PART VI, LINE 7 COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF THE HEALTH CARE ADVOCATE IN CONNECTICUT A COMMUNITY BENEFIT REPORT IS PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED ON THE WEBSITE FOR FULL VIEWING

Form and Line Reference	Explanation
PART VI, LINE 7, REPORTS FILED WITH STATES	CT

Additional Data

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

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, SECTION B, LINE 3J THE HOSPITAL AUGMENTED THE CHNA COMPLETED IN MARCH 2012 (AND PUBLISHED IN 2013) IN PARTNERSHIP WITH THE OTHER HOSPITALS IN HARTFORD WITH INFORMATION FROM QUESTIONNAIRES WITH PATIENTS, FOCUS GROUPS WITH COMMUNITY MEMBERS AND INTERVIEWS WITH HEALTH CARE PROVIDERS SO AS TO GAIN A MORE COMPREHENSIVE PICTURE OF THE NEEDS AS WELL AS THE PRIORITIES IT WAS APPROVED BY THE BOARD OF DIRECTORS AND SUBSEQUENTLY A COMMUNITY HEALTH IMPLEMENTATION STRATEGY WAS ADOPTED IN FEBRUARY 2014 A COMMUNITY HEALTH SURVEY WAS DEVELOPED THIS PAST YEAR TO ENGAGE COMMUNITY MEMBERS IN AN ONGOING DIALOG AND PRESENT CONTINUED OPPORTUNITIES FOR COMMUNITY INPUT OVER 700 COMMUNITY HEALTH SURVEYS WERE COLLECTED AND ANALYZED USING THIS METHODOLOGY

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, SECTION B, LINE 5 KEY INFORMANTS WHO REPRESENT THE COMMUNITY WERE INTERVIEWED AS A PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT THIS GROUP INCLUDED LEADERS OF NON-PROFIT ORGANIZATIONS, HUMAN SERVICE ORGANIZATIONS, CHURCH LEADERS AND OTHERS SPECIFICALLY THE GROUPS CONSULTED INCLUDED CT ASSOCIATION OF HUMAN SERVICES, THE VILLAGE, MALTA HOUSE OF CARE, INC , LATINO COMMUNITY SERVICES, CT VOICES FOR CHILDREN, BOYS AND GIRLS CLUBS, CASEY FAMILY SERVICES, INTERVAL HOUSE, GAY AND LESBIAN HEALTH COLLECTIVE, MY SISTER'S PLACE, GREATER HARTFORD INTERFAITH COALITION AND VARIOUS OTHERS

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, SECTION B, LINE 6A THE CHNA WAS COMPLETED IN PARTNERSHIP WITH HARTFORD HOSPITAL, CONNECTICUT CHILDREN'S MEDICAL CENTER, UCONN MEDICAL CENTER AND THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES DEPARTMENT ADDITIONALLY A CONSULTANT WAS USED TO COMPLETE SOME OF THE DATA COLLECTION AND ANALYSIS

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, SECTION B, LINE 11 THE IMPLEMENTATION STRATEGY WHICH ADDRESSES THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THEY INCLUDE COMMUNICATION, STRUCTURAL ISSUES THAT IMPACT ACCESS TO CARE, CLINICAL AREAS OF NEED, AND SOCIAL DETERMINANTS OF HEALTH DURING THIS PAST YEAR DISEASE PREVENTION HAS TAKEN ON A MORE SIGNIFICANT ROLE IN OUR STRATEGY (IN PART DUE TO COMMUNITY INPUT) AND HAS RESULTED IN A MORE SPECIFIC FOCUS FOR OUR CLINICAL CARE STRATEGIES INITIATIVES ARE ALREADY IN PLACE TO IMPROVE COMMUNICATION BETWEEN PATIENTS AND PROVIDERS, THESE INCLUDE - RELATIONSHIP BASED CARE - CENTER FOR HEALTH EQUITY STRATEGIC PLANNING - LANGUAGE SERVICES PROGRAM - DIVERSITY COLLABORATIVE TEAM INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE INCLUDE - CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION - COMMUNITY AND POPULATION HEALTH MODEL - NAVIGATION SERVICES - EMERGENCY MEDICINE - PRIMARY CARE COORDINATION FOR CLINICAL SERVICES THE HOSPITAL HAS DEVELOPED THREE AREAS OF FOCUS BASED ON CONTINUED MONITORING OF HEALTH OUTCOMES THESE INCLUDE - BEHAVIORAL HEALTH - PREVENTION SCREENING - DIABETES AND OBESITY PREVENTION THE SOCIAL DETERMINANTS OF HEALTH THAT WILL BE TARGETED BY SAINT FRANCIS IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS INCLUDE HOUSING, ACCESS TO HEALTHY FOOD, SECURITY AND EDUCATION THE CORRESPONDING PARTNERSHIPS FOR THIS WORK INCLUDE THE COMMUNITY SOLUTIONS, THE HARTFORD FOOD SYSTEMS AND REACH COALITION, THE PEACE BUILDERS PROGRAM, AND THE HARTFORD ACADEMY FOR SCIENCE AND MATH

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, LINE 16A, FAP WEBSITE HTTP //WWW SAINTFRANCISCARE COM/PAY_YOUR_HOSPITAL_BILL_ONLINE/BILLING_AND_FINANCIAL_SERVICES ASPX

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, LINE 16B, FAP APPLICATION WEBSITE HTTP //WWW.SAINTFRANCISCARE.COM/PAY_YOUR_HOSPITAL_BILL_ONLINE/BILLING_AND_FINANCIAL_SERVICES.ASPX

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	PART V, LINE 10A, IMPLEMENTATION STRATEGY WEBSITE WWW.SAINTFRANCISCARE.COM/ABOUT_US/HOSPITAL_PUBLICATIONS.ASPX

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
PART V, SECTION B, LINE 16	FINANCIAL ASSISTANCE POLICY WEBSITE AVAILABILITY

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTE PART V, SECTION B, LINE 16A WEBSITE	SEE PART V, SECTION C

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
SAINT FRANCIS HOSPITAL AND MEDICAL CENTE PART V, SECTION B, LINE 16B WEBSITE	SEE PART V, SECTION C

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

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

Name and address	Type of Facility (describe)
SIMSBURY OFFICES & URGENT CARE 1502 HOPMEADOW ST 30 DORSET CROSSING SIMSBURY, CT 06070	MEDICAL OFFICES AND COMMUNITY SPACE
ENFIELD ACCESS CENTER 7 ELM STREET ENFIELD, CT 06082	MEDICAL OFFICES AND COMMUNITY SPACE
BLOOMFIELD MEDICAL OFFICE & URGENT CARE 421 COTTAGE GROVE ROAD BLOOMFIELD, CT 06002	MEDICAL OFFICES AND COMMUNITY SPACE
WINDSOR - SF GI ENDOSCOPY CENTER 360 BLOOMFIELD AVENUE WINDSOR, CT 06095	MEDICAL OFFICES AND COMMUNITY SPACE
WEST HARTFORD MEDICAL OFFICES 345 NORTH MAIN STREET WEST HARTFORD, CT 06109	MEDICAL OFFICES AND COMMUNITY SPACE
ELLINGTON MEDICAL OFFICE 137 WEST ROAD ELLINGTON, CT 06029	MEDICAL OFFICES AND COMMUNITY SPACE
MANCHESTER MEDICAL OFFICES 515 WEST MIDDLE TPK MANCHESTER, CT 06048	MEDICAL OFFICES AND COMMUNITY SPACE
AVON ACCESS CENTER 35 NOD ROAD AVON, CT 06001	MEDICAL OFFICES AND COMMUNITY SPACE
FARMINGTON MEDICAL OFFICES 11 SOUTH ROAD SUITE 200 FARMINGTON, CT 06032	MEDICAL OFFICES AND COMMUNITY SPACE
GLASTONBURY ACCESS CENTER 31 SYCAMORE COMMONS GLASTONBURY, CT 06033	MEDICAL OFFICES AND COMMUNITY SPACE
WEST HARTFORD 20 ISHAM ROAD WEST HARTFORD, CT 06109	MEDICAL OFFICES AND COMMUNITY SPACE
HARTFORD 500 BLUE HILLS AVE HARTFORD, CT 06112	MEDICAL OFFICES AND COMMUNITY SPACE
EAST HARTFORD ACCESS CENTER 893 MAIN STREET EAST HARTFORD, CT 06108	MEDICAL OFFICES AND COMMUNITY SPACE
WINDSOR MEDICAL OFFICE 1080 DAY HILL ROAD WINDSOR, CT 06095	MEDICAL OFFICES AND COMMUNITY SPACE
FARMINGTON 2 SPRING LANE FARMINGTON, CT 06032	MEDICAL OFFICES AND COMMUNITY SPACE

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

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

Name and address	Type of Facility (describe)
HARTFORD 1000 ASYLUM ST STE 3209 HARTFORD,CT 06103	MEDICAL OFFICES AND COMMUNITY SPACE
SOUTH WINDSOR MEDICAL OFFICE 1340 SULLIVAN AVENUE SOUTH WINDSOR,CT 06074	MEDICAL OFFICES AND COMMUNITY SPACE
BLOOMFIELD 580 COTTAGE GROVE RD BLOOMFIELD,CT 06002	MEDICAL OFFICES AND COMMUNITY SPACE
WEST HARTFORD 928 FARMINGTON AVE WEST HARTFORD,CT 06107	MEDICAL OFFICES AND COMMUNITY SPACE
ROCKY HILL 506 CROMWELL AVE ROCKY HILL,CT 06067	MEDICAL OFFICES AND COMMUNITY SPACE
ROCKY HILL 2301 SILAS DEANE HWY ROCKY HILL,CT 06067	MEDICAL OFFICES AND COMMUNITY SPACE
AVON 44 DALE RD AVON,CT 06001	MEDICAL OFFICES AND COMMUNITY SPACE
HARTFORD 19 WOODLAND ST HARTFORD,CT 06105	MEDICAL OFFICES AND COMMUNITY SPACE
ROCKY HILL MEDICAL OFFICES 2080 SILAS DEANE HIGHWAY ROCKY HILL,CT 06067	MEDICAL OFFICES AND COMMUNITY SPACE

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

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

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

OMB No 1545-0047

2014

Open to Public
Inspection

Employer identification number
06-0646813

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes

☐ No
- 2

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

Part II

Grants and Other Assistance to 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) MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVE WEST HARTFORD,CT 06117	06-0662142	501(C)(3)	75,000		BOOK	N/A	TO SUPPORT PROGRAMS AND SERVICES FOR THE SOCIAL, PHYSICAL, INTELLECTUAL AND CULTURAL ENJOYMENT AND DEVELOPMENT OF THE GREATER HARTFORD COMMUNITY
(2) THE GREATER HARTFORD COMMUNITY FDTN INC TRAVELERS CHAMPIONSHIP 90 STATE HOUSE SQUARE 8TH FL HARTFORD,CT 06103	42-1684133	501(C)(3)	377,500		BOOK	N/A	TO SUPPORT COMMUNITY BASED EVENTS FOR THE BENEFIT OF THE CITIZENS, SOCIAL AND WELFARE ORGANIZATIONS AND OTHER INSTITUTIONS OF THE COMMUNITY
(3) CT BRAIN TUMOR ALLIANCE PO BOX 370514 WEST HARTFORD,CT 06137	26-0307367	501(C)(3)	6,000		BOOK	N/A	TO SUPPORT PROGRAMS TO RAISE PUBLIC AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS WHO ARE AFFLICTED WITH BRAIN TUMORS AND SUPPORT RESEARCH AND TREATMENT OF BRAIN TUMORS, IN THE STATE OF CT
(4) KOMEN CONNECTICUT 74 BATTERSON PARK ROAD FARMINGTON,CT 06032	75-2844629	501(C)(3)	10,000		BOOK	N/A	SUPPORT FOR THE RACE FOR THE CURE PROCEED OF WHICH SUPPORTS THE EDUCATION OF WOMEN AND MEN IN OUR STATE ON THE IMPORTANCE OF EARLY DETECTION, FUNDING FREE SCREENING SERVICES AND PROVIDING SUPPORT TO THOSE DIAGNOSED WITH BREAST CANCER
(5) LEAS FOUNDATION FOR LEUKEMIA RESEARCH 150 TRUMBULL ST 2ND FL HARTFORD,CT 06103	06-1520923	501(C)(3)	29,100		BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF LEUKEMIA AND ITS RELATED CANCERS
(6) NORTHSIDE INSTITUTIONS NEIGHBORHOOD 20 SARGENT ST HARTFORD,CT 06105	22-3887275	501(C)(3)	50,000		BOOK	N/A	TO REVITALIZE THE ASYLUM HILL COMMUNITY AREA BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES FOR LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS, BY FOSTERING AND DEVELOPING ECONOMIC OPPORTUNITIES WITHIN THE AREA AND OTHERWISE COMBATING COMMUNITY DETERIORATION
(7) URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND ST HARTFORD,CT 06105	06-6066491	501(C)(3)	5,560		BOOK	N/A	TO PROMOTE THE SELF EMPOWERMENT OF INDIVIDUALS IN THE CT CAPITAL REGION TO ACHIEVE EDUCATIONAL, OCCUPATIONAL AND ECONOMIC EQUALITY FOR THEMSELVES AND THEIR FAMILIES
(8) MALTA HOUSE OF CARE 19 WOODLAND ST STE 21 HARTFORD,CT 06105	20-3562424	501(C)(3)	87,590		BOOK	N/A	TO SUPPORT THE MISSION OF PROVIDING PRIMARY HEALTHCARE TO THE UNINSURED

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) EMPLOYEE CHILDREN'S SCHOLARSHIP FUND	11	11,000		BOOK	N/A
(2) MULLANE SCHOLARSHIP FUND	10	10,000		BOOK	N/A
(3) TRIOMPO HEALING HEARTS & HANDS AWARD	6	4,950		BOOK	N/A
(4) S A CARRABBA, MD, AWARD (RESEARCH PROJECT)	1	500		BOOK	N/A

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
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Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANDELL JEWISH COMMUNITY CENTER335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	75,000		BOOK	N/A	TO SUPPORT PROGRAMS AND SERVICES FOR THE SOCIAL, PHYSICAL, INTELLECTUAL AND CULTURAL ENJOYMENT AND DEVELOPMENT OF THE GREATER HARTFORD COMMUNITY
THE GREATER HARTFORD COMMUNITY FDTN INC TRAVELERS CHAMPIONSHIP90 STATE HOUSE SQUARE 8TH FL HARTFORD, CT 06103	42-1684133	501(C)(3)	377,500		BOOK	N/A	TO SUPPORT COMMUNITY BASED EVENTS FOR THE BENEFIT OF THE CITIZENS, SOCIAL AND WELFARE ORGANIZATIONS AND OTHER INSTITUTIONS OF THE COMMUNITY
CT BRAIN TUMOR ALLIANCEPO BOX 370514 WEST HARTFORD, CT 06137	26-0307367	501(C)(3)	6,000		BOOK	N/A	TO SUPPORT PROGRAMS TO RAISE PUBLIC AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS WHO ARE AFFLICTED WITH BRAIN TUMORS AND SUPPORT RESEARCH AND TREATMENT OF BRAIN TUMORS, IN THE STATE OF CT

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KOMEN CONNECTICUT74 BATTERSON PARK ROAD FARMINGTON,CT 06032	75-2844629	501(C)(3)	10,000		BOOK	N/A	SUPPORT FOR THE RACE FOR THE CURE PROCEED OF WHICH SUPPORTS THE EDUCATION OF WOMEN AND MEN IN OUR STATE ON THE IMPORTANCE OF EARLY DETECTION, FUNDING FREE SCREENING SERVICES AND PROVIDING SUPPORT TO THOSE DIAGNOSED WITH BREAST CANCER
LEAS FOUNDATION FOR LEUKEMIA RESEARCH150 TRUMBULL ST 2ND FL HARTFORD,CT 06103	06-1520923	501(C)(3)	29,100		BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF LEUKEMIA AND ITS RELATED CANCERS
NORTHSIDE INSTITUTIONS NEIGHBORHOOD20 SARGENT ST HARTFORD,CT 06105	22-3887275	501(C)(3)	50,000		BOOK	N/A	TO REVITALIZE THE ASYLUM HILL COMMUNITY AREA BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES FOR LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS, BY FOSTERING AND DEVELOPING ECONOMIC OPPORTUNITIES WITHIN THE AREA AND OTHERWISE COMBATING COMMUNITY DETERIORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF GREATER HARTFORD140 WOODLAND ST HARTFORD, CT 06105	06-6066491	501(C)(3)	5,560		BOOK	N/A	TO PROMOTE THE SELF EMPOWERMENT OF INDIVIDUALS IN THE CT CAPITAL REGION TO ACHIEVE EDUCATIONAL, OCCUPATIONAL AND ECONOMIC EQUALITY FOR THEMSELVES AND THEIR FAMILIES
MALTA HOUSE OF CARE19 WOODLAND ST STE 21 HARTFORD, CT 06105	20-3562424	501(C)(3)	87,590		BOOK	N/A	TO SUPPORT THE MISSION OF PROVIDING PRIMARY HEALTHCARE TO THE UNINSURED

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
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input checked="" type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>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</div></div>	1bYes	
<div><div>2</div><div>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?</div></div>	2Yes	
<div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>		
<div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>	4aYes	
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	4bYes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>	4c	No
<div><div></div><div>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</div></div>		
<div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>		
<div><div>a</div><div>The organization?</div></div>	5a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>	5b	No
<div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>		
<div><div>a</div><div>The organization?</div></div>	6a	No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>	6b	No
<div><div>7</div><div>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</div></div>	7	No
<div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>	8	No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>	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, LINES 4A-B	GREG MAKOUL RECEIVED A SEVERANCE BENEFIT OF \$94,607 JOHN N GIAMALIS RECEIVED A SEVERANCE BENEFIT OF \$47,685 E MERRITT MCDONOUGH, JR RECEIVED A SEVERANCE BENEFIT OF \$96,900 KATHLEEN M ROCHE RECEIVED A SEVERANCE BENEFIT OF \$287,380 ARTHUR DETORE RECEIVED A SEVERANCE BENEFIT OF \$263,612 CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR WITH AN ESTIMATED BENEFIT OF \$927,000

Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

(A) Name 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				
CHRISTOPHER M DADLEZ, PRESIDENT & CEO	(i) (ii)	886,803 0	696,000 0	1,312,062 0	946,067 0	75,560 0	3,916,492 0	1,312,062 0
STEVEN T RUBY MD, DIRECTOR / DEPT CHAIRMAN	(i) (ii)	668,168 0	15,000 0	0 0	13,464 0	31,539 0	728,171 0	0 0
SHERI A LEMIEUX, ASSISTANT SECRETARY	(i) (ii)	103,537 0	30,000 0	0 0	2,946 0	16,176 0	152,659 0	0 0
JOHN RODIS MD, EXECUTIVE VP & COO	(i) (ii)	732,647 0	182,000 0	0 0	23,992 0	35,168 0	973,807 0	0 0
DAVID BITTNER, SR VP FINANCE	(i) (ii)	320,908 0	75,000 0	0 0	9,308 0	29,953 0	435,169 0	0 0
ROBERT CHRISTOPHER HARTLEY, SR VP PLANNING & FACILITIES	(i) (ii)	320,587 0	42,000 0	0 0	24,134 0	35,105 0	421,826 0	0 0
GREG MAKOUL, SVP, CAO	(i) (ii)	403,547 0	0 0	94,607 0	19,012 0	15,759 0	532,925 0	0 0
JENNIFER SCHNEIDER, VP FINANCE/CHIEF COMPLIANCE OFFICER	(i) (ii)	228,987 0	50,000 0	0 0	16,372 0	29,986 0	325,345 0	0 0
JOHN N GIAMALIS, EVP & CAO	(i) (ii)	677,070 0	0 0	47,685 0	28,024 0	26,737 0	779,516 0	0 0
DAWN BRYANT, SVP, CHIEF HUMAN RESOURCE OFFICER	(i) (ii)	273,685 0	48,000 0	0 0	15,300 0	12,647 0	349,632 0	0 0
LINDA SHANLEY, VP AND CIO	(i) (ii)	276,856 0	50,000 0	0 0	19,635 0	19,135 0	365,626 0	0 0
E MERRITT MCDONOUGH JR, SF FDTN PRESIDENT	(i) (ii)	424,216 0	0 0	96,900 0	28,503 0	28,376 0	577,995 0	0 0
DENISE PETERSON, VP PROF NRSG PRACTICE & QUAL/CNO	(i) (ii)	172,407 0	10,000 0	0 0	0 0	10,445 0	192,852 0	0 0
ADAM SILVERMAN, VP AMBULATORY STRATEGY	(i) (ii)	0 346,050	0 0	0 0	0 15,300	0 8,711	0 370,061	0 0
STUART ROSENBERG, CEO-JMMC	(i) (ii)	351,329 0	0 0	0 0	20,400 0	26,783 0	398,512 0	0 0
JAMES W SCHEPKER, VP MARKETING & BUSINESS DEVELOPMENT	(i) (ii)	251,625 0	43,000 0	0 0	14,615 0	28,580 0	337,820 0	0 0
ROBERT FALAGUERRA, VP FACILITIES & SUPPORT SERVICES	(i) (ii)	217,125 0	30,000 0	0 0	22,790 0	29,387 0	299,302 0	0 0
DERRICK AMATO, ADMINISTRATIVE DIRECTOR	(i) (ii)	316,080 0	0 0	0 0	0 0	13,848 0	329,928 0	0 0
NICOLE SCHULZ, VP REVENUE CYCLE	(i) (ii)	233,621 0	50,000 0	0 0	15,061 0	28,854 0	327,536 0	0 0
PAUL F MITCHELL DMD, FORMER DIRECTOR	(i) (ii)	0 266,484	0 0	0 0	0 20,400	0 34,818	0 321,702	0 0

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				
TERESA M BOLTON, FORMER HUMAN RESOURCES COUNSEL	(i) 235,883 (ii) 0	10,000 0	0 0	11,064 0	8,660 0	265,607 0	0 0
KATHLEEN M ROCHE, FORMER EXECUTIVE VP & COO	(i) 0 (ii) 0	0 0	287,380 0	0 0	5,985 0	293,365 0	0 0
ARTHUR DETORE, FORMER SVP, CHIEF PHYSICIAN EXECUTIVE	(i) 0 (ii) 0	0 0	263,612 0	0 0	5,985 0	269,597 0	0 0

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
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A STATE OF CT HEALTH & EDUCATIONAL FACILITY AUTHORITY REV BONDS - SERIES E	06-0806186	20774UZC2	05-29-2008	39,745,000	REFUND EXISTING DEBT ISSUED 11/93		X		X		X
B STATE OF CT HEALTH & EDUCATIONAL FACILITY AUTHORITY REV BONDS - SERIES H-M	06-0806186		01-24-2014	213,215,000	REFUND EXISTING DEBT ISSUED 6/08 AND 9/10		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	865,000		3,545,015					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	39,745,000		213,215,000					
4	Gross proceeds in reserve funds	629,173							
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	447,069		1,209,100					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds	38,673,020							
10	Capital expenditures from proceeds								
11	Other spent proceeds			212,005,900					
12	Other unspent proceeds								
13	Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X					
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

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

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X	X					
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	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								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6	Total of lines 4 and 5								
7	Does the bond issue meet the private security or payment test?		X		X				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					

Part IV

Arbitrage

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

Part IV

Arbitrage (Continued)

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

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K, PART I, BOND ISSUES	ON JANUARY 24, 2014 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ENTERED INTO A FINANCING ARRANGEMENT WITH THE STATE OF CT HEALTH & EDUCATION FACILITY AUTHORITY (CHEFA) FOR THE PURPOSE OF REFUNDING AND REFINANCING THE SERIES D, F, AND G REVENUE BONDS. CHEFA SOLD \$213,215,000 OF BOND QUALIFIED TAX EXEMPT BONDS, WHICH MATURE SERIALY FROM 2018 TO 2021 THROUGH PRIVATE PLACEMENT.

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.

OMB No 1545-0047
2014
Open to Public Inspection

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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Part I Excess Benefit Transactions (section 501(c)(3), 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?
				YesNo

2	Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958	▶ \$	
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	▶ \$	

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total	▶ \$			
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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
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Additional Data

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JOHN RODIS	EXECUTIVE VP & COO	16,790,970	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORY SERVICES JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORY SERVICES		No
(2) JOHN RODIS	EXECUTIVE VP & COO	21,479,146	PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORY SERVICES		No
(3) DAVID BITTNER	SR VP FINANCE	16,790,970	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORY SERVICES DAVID BITTNER IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES		No
(4) DAVID BITTNER	SR VP FINANCE	21,479,146	PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES DAVID BITTNER IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES		No
(5) CHRISTOPHER DADLEZ	CEO & PRESIDENT	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(6) CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(7) JOHN RODIS	EXECUTIVE VP & COO	901,727	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No
(8) JOHN RODIS	EXECUTIVE VP & COO	2,162,766	PURCHASE OF SERVICES FROM SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No
(9) DANIEL O'CONNELL	DIRECTOR	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS DANIEL O'CONNELL IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(10) DANIEL O'CONNELL	DIRECTOR	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS DANIEL O'CONNELL IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(11) JOHN D PAPANDREA MD	DIRECTOR	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(12) JOHN D PAPANDREA MD	DIRECTOR	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(13) DAVID BITTNER	DIRECTOR	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS DAVID BITTNER IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(14) DAVID BITTNER	DIRECTOR	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS DAVID BITTNER IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(15) JOHN RODIS	DIRECTOR	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(16) JOHN RODIS	DIRECTOR	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(17) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	624,408	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS JOHN N GIAMALIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(18) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	2,905,663	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS JOHN N GIAMALIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(19) DAVID BITTNER	DIRECTOR	3,273,650	DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE - LAUNDRY SERVICES		No
(20) JOHN RODIS	EXECUTIVE VP & COO	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(21) JOHN RODIS	EXECUTIVE VP & COO	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(22) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP R CHRISTOPHER HARTLEY IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(23) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP R CHRISTOPHER HARTLEY IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(24) JANEANNE LUBIN-SZAFRANSKI	DIRECTOR	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JANEANNE LUBIN-SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(25) JANEANNE LUBIN-SZAFRANSKI	DIRECTOR	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP JANEANNE LUBIN-SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(26) DAVID BITTNER	DIRECTOR	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP DAVID BITTNER IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(27) DAVID BITTNER	DIRECTOR	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP DAVID BITTNER IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(28) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JOHN N GIAMALIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(29) JOHN N GIAMALIS	EVP & CHIEF ADMIN OFFICER	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP JOHN N GIAMALIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(30) TERESA BOLTON	KEY EMPLOYEE	700,000	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP TERESA BOLTON IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(31) TERESA BOLTON	KEY EMPLOYEE	512,009	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP TERESA BOLTON IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(32) PHILIP J SCHULZ	DIRECTOR	327,536	PHILIP SCHULZ'S DAUGHTER-IN-LAW, NICOLE SCHULZ, IS THE VP OF REVENUE CYCLE FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		No
(33) PETER G KELLY JD	DIRECTOR	103,208	PETER KELLY'S DAUGHTER, BRIDGET KELLY, IS A PHYSICIAN ASSISTANT FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		No
(34) P ANTHONY GIORGIO	DIRECTOR	1,630,088	P ANTHONY GIORGIO IS A 50% OWNER IN TWO BUILDINGS THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE		No
(35) KARL KRAPEK	DIRECTOR	1,630,088	KARL KRAPEK IS A 50% OWNER IN TWO BUILDINGS THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE		No
(36) JEAN-PIERRE VAN ROOY	DIRECTOR	200,000	SON - DR ERIC VAN ROOY IS AFFILIATED WITH CONNECTICUT RADIATION ONCOLOGY WHICH HAS A PSA TO RUN THE CYBERKNIFE PROGRAM AT SFH		No
(37) JOHN D PAPANDREA MD	DIRECTOR	127,700	DR JOHN PAPANDREA'S SPOUSE, DR KATHLEEN KENNEDY, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER DR JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER AND SAINT FRANCIS CARE, INC		No
(38) JOHN W RODGERS MD	DIRECTOR	89,687	DR JOHN RODGERS IS A SHAREHOLDER IN A PRIVATE MEDICAL PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		No
(39) SUSAN J SAPPINGTON	DIRECTOR	68,600	DIRECTOR SAPPINGTON'S SPOUSE, JOSEPH SAPPINGTON, MD, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER SUSAN SAPPINGTON IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER AND SAINT FRANCIS CARE, INC		No
(40) E MERRITT MCDONOUGH JR	KEY EMPLOYEE	3,917,046	EMPLOYEE OF PEOPLE'S UNITED INSURANCE - PURCHASE OF INSURANCE SERVICES		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other	X	10	1,950,000	INDEPENDENT APPRAISAL
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

1

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a	No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>WE DO NOT TAKE THESE RELATIONSHIPS FOR GRANTED BY LISTENING AND RESPONDING TO COMMUNITY NEEDS, WE OFFER A PARTNERSHIP BUILT ON TRUST YOU CAN COUNT ON OUR EMERGENCY DEPARTMENT WHEN YOU NEED IMMEDIATE HELP, OUR CLINICS AND REFERRAL SERVICES TO FIND A GOOD PHYSICIAN FOR YOUR FAMILY, AND RESPECTFUL PROFESSIONALS THROUGHOUT OUR INSTITUTION WHO WILL ENSURE YOUR DIGNITY REGARDLESS OF YOUR SITUATION IN LIFE. THE FOLLOWING SAINT FRANCIS COMMUNITY BENEFIT REPORT HIGHLIGHTS JUST A FEW OF THE WAYS WE FULFILL OUR MISSION TO SERVE. WE HOPE YOU HAVE DIRECTLY BENEFITED FROM OUR OUTREACH. WE ALSO HOPE YOU CONTINUE TO ENGAGE OUR GROWING COMMUNITY BENEFIT INITIATIVE BY SHARING YOUR THOUGHTS, JOINING IN OUR MISSION, AND EXPERIENCING WITH US THE JOY OF WORKING TO IMPROVE THE HEALTH OF EVERYONE IN OUR REGION. OUR MISSION: WE SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFORMING PRESENCE WITHIN OUR COMMUNITIES. OUR CORE VALUES: REVERENCE. WE HONOR THE SACREDNESS AND DIGNITY OF EVERY PERSON. COMMITMENT TO THOSE WHO ARE POOR. WE STAND WITH AND SERVE THOSE WHO ARE POOR, ESPECIALLY THOSE MOST VULNERABLE. JUSTICE. WE FOSTER RIGHT RELATIONSHIPS TO PROMOTE THE COMMON GOOD, INCLUDING SUSTAINABILITY OF EARTH STEWARDSHIP. WE HONOR OUR HERITAGE AND HOLD OURSELVES ACCOUNTABLE FOR THE HUMAN, FINANCIAL AND NATURAL RESOURCES ENTRUSTED TO OUR CARE. INTEGRITY. WE ARE FAITHFUL TO WHO WE SAY WE ARE. SAINT FRANCIS CARE IS A HEALTH CARE MINISTRY OF THE CATHOLIC ARCHDIOCESE OF HARTFORD. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS A STORY TO TELL. IT IS A STORY OF OPPORTUNITIES TO REACH OUT TO NEIGHBORHOODS IN OUR CAPITAL REGION. GIVING BACK TO OUR COMMUNITY IS BOTH OUR MISSION AND OUR RESPONSIBILITY AS A CATHOLIC NOT-FOR-PROFIT HEALTHCARE PROVIDER. EVERY DAY OUR COMMUNITY CONNECTS WITH OUR HEALING MISSION BY ACCESSING QUALITY CARE, EDUCATION, RESEARCH, AND HEALTH PROMOTION ACTIVITIES. "COMMUNITY BENEFIT" IS A PLANNED, MANAGED, AND MEASURED APPROACH TO BOTH EVALUATING AND PROVIDING THOSE SERVICES IDENTIFIED AS HIGH PRIORITIES BY THE COMMUNITY. THIS IS ONE WAY TO TELL THE STORY OF SAINT FRANCIS' CONTINUING SERVICE OF OUTREACH. AS LONG AS PEOPLE NEED FINANCIAL HELP TO ACCESS THE BEST CARE, AS LONG AS THERE IS A NEED FOR HEALTH EDUCATION RESPONSIVE TO THE UNDER-SERVED, AND AS LONG AS THERE IS A NEED FOR INSPIRED CAREGIVERS WHO APPRECIATE THE DIGNITY OF EVERY LIFE, THERE WILL BE ROOM FOR SAINT FRANCIS' MISSION TO GROW AND NEW WAYS TO BENEFIT OUR COMMUNITY. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS ESTABLISHED BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY IN 1897 IN A SMALL HOUSE ON WOODLAND STREET. THE MISSION WAS AMBITIOUS. WITH MODEST RESOURCES SAINT FRANCIS SOUGHT TO CARE FOR THE SICK IN OUR REGION REGARDLESS OF A PERSON'S ABILITY TO PAY. THE NECESSITY TO RESPOND TO SUCH NEEDS WAS NO LESS IN 2015. EVEN AS STATE AND NATIONAL LEADERS DELIBERATE OVER THE FUTURE OF HEALTHCARE, WE ARE COMMITTED TO ONE CLEAR PURPOSE. WE REACH OUT TO ALL WHO NEED HEALTHCARE. THIS COMMUNITY BENEFIT REPORT WILL HIGHLIGHT STORIES OF OUTREACH THROUGH EDUCATION, PREVENTION, TRAINING, AND GREATER ACCESS TO CARE TARGETED ACTIVITIES THAT TOUCH LIVES AND INVEST OUR MISSION IN THE HOMES OF OUR COMMUNITY. SAINT FRANCIS COMMUNITY BENEFIT ACTIVITY AT A GLANCE IN FISCAL YEAR 2015, SAINT FRANCIS PROVIDED \$104,451,340 IN COMMUNITY BENEFIT, OF WHICH \$4,163,345 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$20,980,833 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS). WE DO NOT COUNT THIS FIGURE AS COMMUNITY BENEFIT BECAUSE, WHILE IT DOES ASSIST THOSE WHO NEED FINANCIAL ASSISTANCE, WE DID NOT INTENTIONALLY INITIATE THIS BENEFIT. THIS IS IN LINE WITH THE CATHOLIC HEALTH ASSOCIATION'S GUIDELINES. OUR MISSION PROUDLY SUPPORTS THE ROLE WE SERVE IN TIMES OF ECONOMIC DISTRESS. DURING 2015, SAINT FRANCIS PROVIDED COMMUNITY BENEFIT SERVICES TO 135,000 INDIVIDUALS, WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS. CHARITY CARE - \$ 4,163,345. FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY CRITERIA ARE CATEGORIZED AS CHARITY CARE. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. COMMUNITY BENEFIT SERVICES - \$ 32,109,673. SERVICES PROVIDED TO MEET COMMUNITY NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE REFERRED TO AS COMMUNITY BENEFIT SERVICES. INCLUDED HERE ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN, PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS WITH LOCAL COMMUNITY AGENCIES. GOVERNMENT SPONSORED HEALTH CARE - \$ 68,178,322. GOVERNMENT SPONSORED HEALTHCARE. COMMUNITY BENEFITS INCLUDE UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS. THESE INCLUDE THE SHORTFALL CREATED WHEN PAYMENTS ARE LESS THAN THE COST-OF-CARING FOR PROGRAM BENEFICIARIES. TOTAL COMMUNITY BENEFIT - \$ 104,451,43</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED)	<p>0 COMMUNITY BENEFIT - SERVICES WHAT ARE THE NUMBERS? COMMUNITY BENEFIT IS CATEGORIZED INTO THREE BROAD AREAS CHARITY CARE, GOVERNMENT SPONSORED HEALTH CARE, AND COMMUNITY BENEFIT SERVICES THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORT ION, WHICH THIS PAST YEAR TOTALED \$32,109,673 A COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 1,471,531 THESE ACTIVITIES ARE CARRIED OUT TO IMPROVE COMMUNITY HEALTH AND ARE USUALLY S UBSIDIZED BY THE HEALTH CARE ORGANIZATION THERE ARE FOUR GROUPINGS WITHIN THIS CATEGORY COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, HEALTH CARE SUPPORT SERVICE S AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES THE FOLLOWING IS A SAMPLE OF PROGRAMS A ND ACTIVITIES IN EACH OF THESE CATEGORIES COMMUNITY HEALTH EDUCATION - ADAPTIVE ROWING PR OGRAM - BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH - BREASTFEEDING SUPPORT - CHILD ABUSE PREVENTION EDUCATION AND OUTREACH - CANCER SUPPORT GROUPS - CHILDBIRTH EDUCATION CLA SSES - COLORECTAL SCREENING PROGRAM AND EDUCATION PROGRAM - CENTER FOR DIABETES AND METABO LIC CARE PROGRAM EDUCATION AND OUTREACH - CURTIS D ROBINSON CENTER FOR HEALTH EQUITY PROG RAMS - COMMUNITY ENGAGEMENT ACTIVITIES - LANGUAGE SERVICES EDUCATION - MEN'S HEALTH EDUCA TION - NAVIGATION SERVICES - PASTORAL COUNSELING TRAINING PROGRAM - GOLFERS IN MOTION - HE ALTH PROMOTION ACTIVITIES - HEALTHY START AND PARENTING PROGRAMS - INTEGRATIVE HEALTH SERV ICES - MEDICAL LEGAL PARTNERSHIP PROGRAM - VIOLENCE AND INJURY PREVENTION PROGRAM - WOMEN S HEART OUTREACH PROGRAM COMMUNITY-BASED CLINICAL SERVICES - PREVENTIVE HEALTH SCREENINGS - CARDIOVASCULAR RISK ASSESSMENT - CHILD SEAT SAFETY SCREENING - DIABETES SCREENING - MAM MOGRAMS - CANCER SCREENINGS - SUPPORT FOR MALTA HOUSE OF CARE MOBILE MEDICAL CLINIC - CARD IAC REHAB AND WELLNESS - CARE MANAGEMENT SUPPORT SERVICES - DIABETES SUPPORT SERVICES - MU LTIDISCIPLINARY CASE MANAGEMENT TEAM FOR CHILD ABUSE - NURTURING FAMILIES NETWORK CASE MAN AGEMENT SERVICES - PROCUREMENT OF PHARMACEUTICALS FOR INDIGENT CLIENTS OTHER HEALTH IMPROV EMENT SERVICES - CAREGIVER SUPPORT SERVICES - LITERACY SUPPORT PROGRAMS - TRANSPORTATION S UPPORT - LANGUAGE SUPPORT SERVICES - THE AUXILIARY REPETITIONS THRIFT STORE - JOAN C DAUB ER FOOD BANK - KEEP-THE-POWER-ON UTILITY CLINIC B HEALTH PROFESSIONS EDUCATION - \$ 29,160 ,233 THIS CATEGORY INCLUDES THE UNPAID COSTS OF UNDERGRADUATE TRAINING, INTERNSHIPS, CLERK SHIPS, RESIDENCIES, NURSING TRAINING, RESIDENCY EDUCATION, AND CONTINUING MEDICAL EDUCATIO N (CME) OFFERED TO PHYSICIANS OUTSIDE OF THE MEDICAL STAFF - CONNECTICUT INSTITUTE FOR PR IMARY CARE INNOVATION (CIPCI) - DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING - DIETICIAN TRAINING - MEDICAL STUDENT EDUCATION - NURSES AND NURSING STUDENT EDUCATION - OB/GYN RESI DENCY TRAINING - OTHER HEALTH PROFESSIONAL EDUCATION - PHARM-D TRAINING SITE C SUBSIDIZED HEALTH SERVICES - \$ 507,674 THIS CATEGORY INCLUDES HEALTH SERVICES AND CLINICAL PROGRAMS THAT ARE PROVIDED DESPITE A FINANCIAL LOSS THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED THAT IS NOT BEING FULFILLED BY THE GOVERNMENT OR ANOTHER NOT- FOR-PROFIT ORGANIZATION - UNCOMPENSATED CARE - DENTAL CLINIC D RESEARCH - \$ 240,922 THIS CATEGORY INCLUDES CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS SHARED WITH THE PUBLIC A ND FUNDED BY THE GOVERNMENT OR A TAX-EXEMPT ENTITY (INCLUDING THE ORGANIZATION ITSELF) - COMMUNITY RESEARCH GRANTS - FEDERAL RESEARCH GRANTS - STATE AND LOCAL RESEARCH GRANTS - TR AINEE RESEARCH GRANTS</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>E FINANCIAL AND IN-KIND DONATIONS - \$ 180,010 THIS CATEGORY INCLUDES FUNDS AND IN-KIND SE RVICES DONATED TO INDIVIDUALS NOT AFFILIATED WITH THE ORGANIZATION, OR TO COMMUNITY GROUPS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS IN-KIND SERVICES INCLUDE HOURS CONTRIBUTED BY STA FF TO THE COMMUNITY WHILE ON WORK TIME, OVERHEAD EXPENSES OF SPACE DONATED TO NOT-FOR-PROF IT COMMUNITY GROUPS, AND THE DONATION OF FOOD, EQUIPMENT, AND SUPPLIES - DONATIONS TO CHA RITABLE ORGANIZATIONS - IN-KIND USE OF FACILITIES - MEDICAL MISSION SUPPORT - SUPPORT FOR LOCAL COMMUNITY ORGANIZATIONS F COMMUNITY-BUILDING ACTIVITIES - \$ 193,687 THIS CATEGORY I NCLUDES PROGRAMS THAT ADDRESS THE UNDERLYING SOCIAL PROBLEMS, SUCH AS POVERTY, HOMELESSNES S, AND ENVIRONMENTAL ISSUES THESE ACTIVITIES SUPPORT COMMUNITY ASSETS BY OFFERING THE EXP ERTISE AND RESOURCES OF THE HEALTHCARE ORGANIZATION - CREC MAGNET SCHOOL PARTNERSHIP - DI SASTER PLANNING - BOARD MEMBERSHIPS - NEIGHBORHOOD ASSOCIATIONS G COMMUNITY-BENEFIT OPERA TIONS - \$ 355,616 THIS CATEGORY INCLUDES THE COSTS ASSOCIATED WITH STAFFING THE COMMUNITY HEALTH DEPARTMENT AND COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND OPERATIONS WEA VING HEALTH AND COMMUNITY TOGETHER - COMMUNITY BENEFIT REPORT - 2015 WELCOME WHAT A SINGLE YEAR CAN BRING! SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS WELCOMED INTO TRINITY HEALT H AT THE END OF 2015 BUILDING ON OUR HISTORY, WE ARE HONORED TO CELEBRATE OUR EXPANDED MI SSION WE SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND TRANSFFORMING PRESENCE WITHIN OUR COMMUNITIES WE ARE COMMITTED TO TRANSFORMING OUR COMMUNITIES AS YOU WILL SEE IN THIS ANNUAL COMMUNITY BENEFIT REPORT, LAST YEAR'S INITIATIVES AND INVESTMENTS IN HEALTH CARE, EDUCATION AND OUTREACH, BUILT SYNERGIES WITH LOCAL PARTNERS TO ACHIEVE BET TER ACCESS TO CARE, BETTER STEWARDSHIP OF RESOURCES, AND BETTER OUTCOMES FOR EVERYONE WHOS E LIFE WE TOUCHED IN 2015, WE INVESTED OVER \$104 MILLION DOLLARS IN OUR COMMUNITIES IN T HIS REPORT YOU WILL SEE EXAMPLES OF HOW WE SPENT OUR RESOURCES - GIVING PRIORITY TO THOSE IN MOST NEED THE FOUNDATION FOR CREATING A BLUEPRINT FOR COMMUNITY HEALTH AND WELLBEING I S SOLID, COMPLETE WITH A MODEL OF PARTNERSHIP THAT ENCOMPASSED COLLEAGUES IN HOUSING, EML OYMENT, TRANSPORTATION, AND SO MANY OTHER ASPECTS OF LIFE THAT MANY OF US TAKE FOR GRANTED HEALTH AND WELLNESS PARTNERSHIPS ARE PART OF A SAFETY NET STRATEGY THAT BENEFITS YOU, YO UR FAMILY, AND ALL OF THE COMMUNITIES WE SERVE ECONOMIC CHALLENGES DEMAND AN ALL- ENCOMPAS SING STRATEGY WITH MISSION-DRIVEN PRINCIPLES WE SERVE TOGETHER TO ASSURE EQUAL ACCESS TO BENEFITS FOR ALL TRINITY HEALTH CONTRIBUTED OVER \$980 MILLION DOLLARS IN 2015 TO BENEFIT COMMUNITIES ACROSS THIS GREAT COUNTRY WHAT IS THE RESULT OF OUR PARTNERSHIPS? A HEALING F ABRIC WOVEN TOGETHER BY MISSION, REGIONAL PRIORITIES, AND COMPASSIONATE CARE BY SAINT FRAN CIS EMPLOYEES, WHO KEEP RESPONDING EVERY DAY TO ASSURE EQUITABLE OUTCOMES THE STORIES THA T FOLLOW SAY IT BEST MAY THEIR WORDS AND OUR MISSION INSPIRE YOU AND YOUR FAMILY! CREATIN G A WEB OF COMMUNITY HEALTH AND WELL BEING BY DEFINITION, WHEN SOMEONE IS ADMITTED TO THE HOSPITAL HE OR SHE BECOMES A PATIENT, IMPLYING ILLNESS, VULNERABILITY, UNCERTAINTY AND EMO TIONAL TURMOIL THE PEOPLE HIGHLIGHTED IN THIS REPORT HAVE ALL BEEN PATIENTS AT SAINT FRAN CIS HOSPITAL AND MEDICAL CENTER THEY CAME TO THE HOSPITAL BECAUSE SOMEONE THAT CARES ABOU T THEM SUGGESTED THEY LOOK INTO A PROBLEM, OR THEY ATTENDED A COMMUNITY SCREENING EVENT TH AT REVEALED AN UNDERLYING ILLNESS, OR THEY WERE LUCKY ENOUGH TO HAVE A PRIMARY CARE PROVID ER WHO MADE A REFERRAL FOR FOLLOW UP TO FIND OUT MORE ABOUT UNANSWERED QUESTIONS THE STOR IES HERE REVEAL PATTERNS OF RELIANCE AND INDEPENDENCE, EXPERIENCES OF STRENGTH AND WEAKNES S, MOMENTS OF HOPE AND FEAR THROUGHOUT THE CYCLE OF HEALING, COMMUNITY MEMBERS BECOME PAT IENTS, OVERCOME AILMENTS, AND RETURN TO HEALTH, CONSISTENTLY MOVING FROM ONE ROLE TO ANOTH ER BY RESPONDING TO THIS SHIFTING DYNAMIC AND SUPPORTING THEM DURING TIMES OF HEALTH AND ILLNESS, OUR HEALTH CARE SYSTEMS BECOME WOVEN INTO THE FABRIC OF OUR COMMUNITIES JOHNNY A STORY OF NEWFOUND TRUST BEING A PART OF A COMMUNITY IS IMPORTANT TO JOHNNY - HE'S LIVED IN THE NORTH END OF HARTFORD HIS ENTIRE LIFE IN HIS NEIGHBORHOOD IT'S COMMON FOR PEOPLE T O NOT TRUST THE HEALTH CARE SY STEM, ESPECIALLY IF YOU DON'T HAVE INSURANCE "WHEN I CAME T O SAINT FRANCIS THEY TREATED ME REALLY WELL THEY HELPED ME GET INSURANCE, THEY ASSISTED W ITH MY RENT AND UTILITIES WHEN I COULDN'T WORK, AND MOST OF ALL, THEY TAUGHT ME THAT THE H OSPITAL IS A PART OF MY NEIGHBORHOOD TOO " FOR YEARS, JOHNNY TOOK CARE OF WHATEVER HEALTH PROBLEM HE HAD WITH "SELF-MEDICATION," AS HE DESCRIBES IT - "MOTRIN, WARM SALT WATER, HEAT ING PADS, AND WHATEVER SEEMED TO HELP" HE WAS VERY SICK WHEN HE FINALLY CAME TO SAINT FRA NCIS IN THE END IT WAS HIS PASTOR WHO PRODDED HIM TO GO AND SEE WHY HE WAS BLEEDING FROM HIS GUMS, WHY HIS TONGUE WAS SO DISCOLORED, AND, M</p>

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>OST NOTABLY, WHY HE DIDN'T HAVE ANY OF HIS USUAL VIBRANT ENERGY "I'M SOMEONE WHO DOESN'T ASK FOR HELP VERY OFTEN AND I SURE DIDN'T WANT TO ASK FOR HELP FROM A HOSPITAL WHICH I THOUGHT WOULD TREAT ME LIKE A SECOND-CLASS PERSON BECAUSE I DIDN'T HAVE ANY HEALTH INSURANCE SO, I DIDN'T GO TO THE HOSPITAL IN FACT, I WAS BORN AT HOME AND NEVER WENT TO A HOSPITAL UNTIL HIS CANCER DIAGNOSIS AT AGE 56 " WHEN HE FINALLY CAME TO THE EMERGENCY DEPARTMENT H E WAS IN SUCH BAD SHAPE THAT DOCTORS ADMITTED HIM, RAN SOME TESTS, AND QUICKLY BEGAN A BLO OD TRANSFUSION WHEN THE TEST RESULTS CAME BACK, JOHNNY WAS DIAGNOSED WITH A TREATABLE FOR M OF LEUKEMIA THE TREATMENT PROTOCOL, HOWEVER, WOULD INCLUDE EIGHT ROUNDS OF CHEMOTHERAPY OVER THREE MONTHS - A LONG HAUL "I SEE THIS BATTLE BETWEEN ME AND CANCER AS SIMILAR TO T HE FIGHT BETWEEN GEORGE FOREMAN AND MUHAMMAD ALI FOREMAN WAS AT THE PEAK OF HIS CAREER AN D HAD WON MOST OF HIS FIGHTS IN THE SECOND OR THIRD ROUND BUT ALI DID HIS HOMEWORK, HE TR AINED HARD AND HE OUTLASTED FOREMAN IN FACT, HE WON IN THE EIGHTH ROUND - JUST LIKE ME T HE EIGHTH ROUND OF CHEMOTHERAPY WAS THE ONE THAT FINISHED MY TREATMENT " BY TELLING HIS ST ORY, JOHNNY HOPES TO LET OTHERS KNOW THAT THEY CAN GET THE HELP THEY NEED, NO MATTER WHO T HEY ARE "I LIVE ON THE THIRD FLOOR OF AN APARTMENT BUILDING IN ONE OF HARTFORD'S POOREST NEIGHBORHOODS IN FACT, I CHOSE THE THIRD FLOOR BECAUSE I BELIEVE CROOKS ARE LAZY - THEY W ON'T BOTHER COMING TO THE THIRD FLOOR TO ROB YOU WHEN I CAME TO SAINT FRANCIS THEY TREATE D ME REALLY WELL THEY HELPED ME GET INSURANCE, THEY ASSISTED WITH MY RENT AND UTILITIES W HEN I COULDN'T WORK, AND MOST OF ALL, THEY TAUGHT ME THAT THE HOSPITAL IS A PART OF MY NEI GHBORHOOD TOO " IN THE END, JOHNNY SEES THE HOSPITAL AS PART OF THE COMMUNITY, JUST LIKE H IS CHURCH OR THE CORNER STORE OF COURSE, HE WILL SAY THAT HE PREFERS NOT TO COME TO THE H OSPITAL AS OFTEN AS HE GOES TO CHURCH, BUT NOW HE SEES IT AS A RESOURCE THAT CAN PROVIDE S UPPO RT FOR HIS HEALTH WHEN HE MOST NEEDS IT CLEMENT A HOLISTIC JOURNEY TO HEALTH AND HEA LING CLEMENT WAS SURPRISED TO FIND HOW HELPFUL IT WAS TO GET ACUPUNCTURE WHILE UNDERGOING CANCER TREATMENT HE HAD BEEN DIAGNOSED WITH MULTIPLE MYELOMA AND THE PAIN WAS DIFFICULT T O CONTROL SOMETIMES IT WAS FINE, BUT THEN IT WOULD CHANGE "ONE DAY MY LEGS AND BACK HURT SOMETHING TERRIBLE, LIKE THERE WERE NEEDLES IN MY FOOT ALL THE TIME WHEN I TALKED TO DR RABINOWE, SHE SUGGESTED I TALK WITH THE INTEGRATIVE MEDICINE TEAM TO SEE IF THEY HAD ANYT HING THAT MIGHT HELP" "CHRIS IS A GREAT RESOURCE FOR PATIENTS AND HE'S SO WILLING TO HELP YOU KNOW, IN THE END, I ENJOYED IT " CLEMENT DID NOT KNOW ABOUT THE CENTER FOR INTEGRATI VE MEDICINE, WHICH OFFERS ACUPUNCTURE, MASSAGE, ART THERAPY, AND MIND/BODY MEDICINE SERVIC ES THAT CAN BE WOVEN INTO EACH PATIENT'S CLINICAL TREATMENT PLAN PATIENTS' NEEDS VARY AS THEY MOVE THROUGH THE EXPERIENCE OF ILLNESS, AND INCLUDING INTEGRATIVE MEDICINE INTO THEIR THERAPEUTIC JOURNEY NOT ONLY SUPPORTS HEALTH AND HEALING BUT BUILDS RELATIONSHIPS WITH NE W CARE PROVIDERS, BINDING TOGETHER EMOTIONAL, SPIRITUAL AND PHY SICAL RESOURCES INTO THE FA BRIC OF OUR HEALTH CLEMENT HADN'T TRIED ACUPUNCTURE BEFORE AND DIDN'T REALLY KNOW MUCH AB OUT IT AS A KOREAN WAR VETERAN WHO WAS NO STRANGER TO PAIN, HE HAD FIGURED OUT WAYS TO HA NDLE IT BUT HIS WIFE COULD SEE HE WAS STRUGGLING AND ENCOURAGED HIM TO GIVE ACUPUNCTURE A TRY "I WASN'T SO SURE, BUT SHE REALLY SUPPORTED ME AND THOUGHT IT MIGHT HELP" ACUPUNCTU RE BECAME A REGULAR PART OF HIS TREATMENT PLAN AFTER EACH ROUND OF CHEMOTHERAPY, CLEMENT WOULD TURN TO LICENSED ACUPUNCTURIST CHRISTOPHER GAUNYA FOR HELP, SO THAT HE COULD CONTROL THE PAIN AND PARTICIPATE IN THE PHY SICAL THERAPY NEEDED FOR HIS RECOVERY</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>PATIENTS AND PRACTITIONERS - WOVEN TOGETHER "MY ROLE IS TO SUPPORT PATIENTS WITH MASSAGE WHICH CAN REALLY HELP THEM DURING TIMES OF NEED - IT'S A PHYSICAL ACTIVITY BUT SOMETIMES IT SEEMS TO CHANGE THEIR EMOTIONAL OUTLOOK MORE THAN THEIR PHYSICAL WELL-BEING THE INTERCONNECTEDNESS OF PHYSICAL AND EMOTIONAL HEALTH IS NO SURPRISE TO ANY ONE, BUT WHAT IS REMARKABLE IS THAT HOSPITALS LIKE SAINT FRANCIS CAN OFFER FREE OF CHARGE SERVICES THAT HELP SUPPORT PATIENTS WHEN THEY NEED IT MOST ON MORE THAN ONE OCCASION CANCER PATIENTS HAVE SAID TO ME THAT MASSAGE GIVES THEM A RENEWED INNER STRENGTH TO GET THROUGH IT ALL " "I THINK THAT MASSAGE CAN MAKE THE DIFFERENCE BETWEEN FEELING HOPEFUL OR DEFEATED " - JULIE OLSON, MASSAGE THERAPIST, CENTER FOR INTEGRATIVE MEDICINE "WE HELD AN OUTREACH EVENT ABOUT PROSTATE CANCER SCREENING AT THE CITADEL OF LOVE, A VERY SMALL CHURCH IN HARTFORD THIS LITTLE CHURCH OFFERS SUPPORT TO ANY ONE WHO NEEDS HELP THE GROUP OF MEN WE MET WITH WERE HOMELESS AND I WAS STRUCK BY HOW THEY CARED FOR EACH OTHER AND STAYED CONNECTED THROUGH THIS CHURCH AS THEY WERE WAITING FOR THEIR TURN TO GET SCREENED THEY SHARED WITH ME HOW THEY DON'T REALLY EVER THINK ABOUT THEIR HEALTH IT WAS OBVIOUS THAT MY JUST LISTENING AND SHOWING CONCERN WAS IMPORTANT TO THEM " "I LEFT THERE THINKING THEY HAD REALLY GIVEN ME A LOT I HAD A MUCH BETTER UNDERSTANDING OF HOW HOMELESSNESS IMPACTS EVERYTHING IN YOUR LIFE " - JACQUELINE ORTIZ-MILLER, OUTREACH EDUCATION COORDINATOR, CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY "IT'S INTERESTING, I WORK WITH LOTS OF FAMILIES AND WHEN THERE HAS BEEN SEXUAL ABUSE OF A CHILD IT CAN BE SO DIFFICULT TO GET TO THE OTHER SIDE THIS ONE FAMILY REALLY IMPRESSED ME, A SINGLE MOM WITH THREE CHILDREN AND ONE OF THEM WAS ACTING OUT SO SHE KNEW SOMETHING WAS WRONG WE HELPED HER COME UP WITH A PLAN TO SUPPORT THE CHILD AND TO KEEP THE FAMILY TOGETHER THE FAMILY PARTICIPATED IN THERAPY TOGETHER AND REALLY FIGURED OUT HOW TO MAKE IT WORK NOW SHE VOLUNTEERS WITH US AND HELPS TO SUPPORT OTHER FAMILIES GOING THROUGH THIS CRISIS " "WE WERE THERE FOR HER AND NOW SHE IS HERE FOR US " - REGINA DYTON, DIRECTOR, THE GREATER HARTFORD CHILDREN'S ADVOCACY CENTER "THINGS HAVE REALLY CHANGED FOR US OVER THE PAST FIVE YEARS IT USED TO BE THAT WE ONLY SERVED PATIENTS AFTER THEY HAD TRIED EVERYTHING ELSE AND WERE STILL STRUGGLING, BUT LATELY WE SEE THEM EARLIER IN THEIR TREATMENT PATIENTS DON'T WANT TO TAKE ANY MORE PAIN MEDICINE - IT OFTEN DOESN'T WORK WELL, IT'S EXPENSIVE, AND THERE ARE SIDE EFFECTS ONCE THEY HEAR ABOUT THE OPTIONS THEY WANT TO GIVE IT A TRY " "I'M HOPEFUL AS INTEGRATIVE MEDICINE BECOMES MORE OF A PART OF THE SYSTEM IT WILL HELP PATIENTS AND WE KNOW IT COSTS A LOT LESS " - KATHLEEN MUELLER, MD, MEDICAL DIRECTOR, CENTER FOR INTEGRATIVE MEDICINE "PROVIDING HEALTH SCREENINGS TO PEOPLE IN THE COMMUNITY HAS CHANGED THE WAY I DO MY WORK WHEN I TEACH PEOPLE ABOUT HEALTHY LIFESTYLES AND REDUCING THEIR RISK FOR HEART DISEASE I NEED TO UNDERSTAND THE 'WHOLE' PERSON DURING A CONVERSATION WITH A YOUNG WOMAN IN HARTFORD ABOUT HER SCREENING NUMBERS, SHE MENTIONED THAT SHE HAD GAINED WEIGHT DUE TO HER DIET AND LACK OF EXERCISE WHILE IN PRISON HER MAIN CONCERN WAS NOT HER BLOOD PRESSURE, BUT THE SAFETY OF HER FAMILY " "I HAVE LEARNED THAT EVERYONE HAS A STORY AND TREATING PEOPLE FIRST WITH COMPASSION CAN HELP CLARIFY THE PATH TO PERSONAL HEALTH " - CLAIRE KARWACKI-MARUGG, MANAGER, WOMEN'S HEART PROGRAM</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	P ANTHONY GIORGIO, PHD (DIRECTOR) AND KARL KRAPEK (DIRECTOR) ARE BOTH 50% PARTNERS IN KEY STONE CONSULTING, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER AND DORSET CROSSING LLC AND 103 WOODLAND ST LLC (COMMERCIAL RENTAL REAL ESTATE) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PAID FOR LEASEHOLD IMPROVEMENTS AT OUR ACCESS CENTER IN SIMSBURY THAT IS OWNED BY KEY STONE CONSULTING, LLC AND RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION TECHNOLOGY AND FINANCE CENTER LOCATION PHILIP SCHULZ (DIRECTOR) RECEIVES A FIXED PENSION PAYMENT FROM PRICEWATERHOUSE COOPERS, A PORTION OF WHICH IS UNFUNDED PWC PERFORMS CONSULTING SERVICES FOR SAINT FRANCIS HOSPITAL & MEDICAL CENTER ALL TRANSACTIONS ARE PERFORMED AT ARM'S LENGTH AND FAIR MARKET TERMS

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE OF TRINITY HEALTH-NEW ENGLAND,INC (FORMERLY KNOWN AS SAINT FRANCIS CARE, INC) HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990 INCLUDING ENSURING APPROPRIATE DIRECTORS AND MANAGEMENT PERSONNEL HAVE REVIEWED, ANY ISSUES ARE COMMUNICATED TO THE COMMITTEE AND FORM 990S ARE AVAILABLE TO THE BOARD OF DIRECTORS THE FORM 990 IS AVAILABLE ON THE BOARD'S INTERNAL SECURE WEB PORTAL

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE POLICY INCLUDES AN OBLIGATION OF EACH BOARD MEMBER TO ANNUALLY DISCLOSE ALL MATERIAL FACTS AND RELATIONSHIPS AND REFRAIN FROM VOTING ON ANY MATTER WHEN THERE IS A CONFLICT OF INTEREST THE GOVERNANCE AND NOMINATIONS COMMITTEE REVIEWS THE RESULTS OF THOSE SUBMISSIONS ON AN ANNUAL BASIS FOR COMPLIANCE WITH GOVERNANCE POLICIES

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD REVIEWS COMPENSATION AND BONUS' FOR OFFICERS AND KEY EMPLOYEES ANNUALLY. DURING THE YEAR AN INDEPENDENT CONSULTANT WAS ENGAGED TO REVIEW COMPENSATION AND AN EXTERNAL MARKET ANALYSIS IS PERFORMED AND REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE.

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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIANS FEES PROGRAM SERVICE EXPENSES 56,462,463 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 56,462,463 SECURITY EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,438,519 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,438,519 OUTSIDE LABORATORIES PROGRAM SERVICE EXPENSES 2,588,391 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,588,391 COLLECTION FEES PROGRAM SERVICE EXPENSES 152,683 MANAGEMENT AND GENERAL EXPENSES 2,389,499 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,542,182 DIALYSIS FEES PROGRAM SERVICE EXPENSES 1,492,702 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,492,702 CONSULTING FEES PROGRAM SERVICE EXPENSES 2,250 MANAGEMENT AND GENERAL EXPENSES 10,124,153 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 10,126,403 REGISTRY NURSES FEES PROGRAM SERVICE EXPENSES 3,021,592 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,021,592 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,481,719 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,481,719 TEMPORARY LABOR PROGRAM SERVICE EXPENSES 4,714,305 MANAGEMENT AND GENERAL EXPENSES 1,161,313 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,875,618 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 2,376,892 MANAGEMENT AND GENERAL EXPENSES 446,429 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,823,321

Return Reference	Explanation
FORM 990, PART XI, LINE 9	DECREASE IN ASSETS HELD IN TRUST BY OTHERS -4,139,998 CHANGE IN PENSION FUNDING AND POSTRETIREMENT OBLIGATIONS -19,192,683 DECREASE IN INTEREST IN ST FRANCIS FOUNDATION -1,394,495 CHANGE IN FAIR MARKET VALUE OF SWAP -14,834,672 TRANSFER TO PARENT -14,005,487 DONATED PROPERTY -1,092,195

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS HAS DELEGATED ITS OVERSIGHT RESPONSIBILITY OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS TO THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAINT FRANCIS INDEMNITY COMPANY 76 ST PAUL ST SUITE 500 BURLINGTON, VT 05401 90-0656448	MALPRACTICE INSURANCE	VT	13,730,303	62,409,556	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
(2) COLLABORATIVE LABORATORY SERVICES 114 WOODLAND STREET HARTFORD, CT 06105 06-1520109	LAB SERVICES	CT	34,434,043	6,167,986	SAINT FRANCIS HOSPITAL & MEDICAL CENTER

Part II Identification of Related Tax-Exempt Organizations

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

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

Part III

Identification of Related Organizations Taxable as a Partnership

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) TOTAL LAUNDRY COLLABORATIVE 114 WOODLAND STREET HARTFORD, CT 06105 20-8335788	LAUNDRY SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-270,605	-265,101		No			No	85 890 %
(2) MEDWORKS LLC 375 EAST CEDAR STREET NEWINGTON, CT 06111 06-1490483	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	22,478	-41,056		No			No	51 000 %

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) SAINT FRANCIS CARE MEDICAL GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C	-533,357	893,501	100 000 %	Yes	
(2) SAINT FRANCIS BEHAVIORAL HEALTH GROUP 114 WOODLAND STREET HARTFORD, CT 06105 06-1384686	BEHAVIOR HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C	-1,524,954	1,190,451	100 000 %	Yes	
(3) SAINT FRANCIS HEALTH CARE PARTNERS 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 06-1391257	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS CARE	C	14,711	1,934,091	50 000 %		No
(4) SAINT FRANCIS HEALTHCARE PARTNERS ACO INC 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 46-1315402	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS CARE	C			50 000 %		No

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

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

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

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

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

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

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.
Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

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

Part VII **Supplemental Information**

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

Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 06-0646813

Name: ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1) ASYLUM HILL FAMILY MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTH SERVICES	CT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		No
(1) ONE THOUSAND CORPORATION 1000 ASYLUM STREET HARTFORD, CT 06105 06-0922325	PROPERTY MANAGEMENT	CT	501(C)(2)		SAINT FRANCIS HOSPITAL & MEDICAL CENTER	Yes	
(2) SAINT FRANCIS CARE INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	SUPPORTS HEALTH CARE ORGANIZATIONS	CT	501(C)(3)	LINE 11A, I	N/A		No
(3) SAINT FRANCIS FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FUNDRAISING	CT	501(C)(3)	LINE 11A, I	SAINT FRANCIS CARE		No
(4) MT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HOSPITAL	CT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		No
(5) SAINT FRANCIS MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTH SERVICES	CT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		No
(6) THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	SUPPORTS HOSPITAL	CT	501(C)(3)	LINE 11A, I	SAINT FRANCIS HOSPITAL & MEDICAL CENTER		No
(7) SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTH SERVICES	CT	501(C)(3)	LINE 3	SAINT FRANCIS MEDICAL GROUP INC		No