


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

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 10-01-2015 , and ending 09-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

114 WOODLAND STREET MS-510358

City or town, state or province, country, and ZIP or foreign postal code

HARTFORD, CT 06105

F Name and address of principal officer

JENNIFER SCHNEIDER

114 WOODLAND STREET MS-510358

HARTFORD,CT 06105

D Employer identification number

06-0646813

E Telephone number

(860) 714-4000

G Gross receipts \$ 852,301,896

I Tax-exempt status

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

J Website: ▶ WWW STFRANCISCARE ORG

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

No ☐ Yes ☒

H(b) Are all subordinates included?

☐ Yes ☐ No

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

H(c) Group exemption number ▶

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1897

M State of legal domicile CT

Part I Summary			
Activities & Governance	<div>1 Briefly describe the organization's mission or most significant activities</div> <div>WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON</div>		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	5,262
Revenue	6 Total number of volunteers (estimate if necessary)	6	555
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,347,300
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	
		Current Year	
		10,382,181	
		5,704,286	
		697,116,965	
Expenses	9 Program service revenue (Part VIII, line 2g)	786,769,013	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,918,182	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,680,958	
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	22,232,294	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	35,351,102	
Net Assets or Fund Balances	14 Benefits paid to or for members (Part IX, column (A), line 4)	737,649,622	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	835,505,359	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	686,250	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	663,900	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	343,255,144	
	19 Revenue less expenses Subtract line 18 from line 12	0	
	20 Total assets (Part X, line 16)	382,310,083	
		478,250,583	
		726,251,477	
	21 Total liabilities (Part X, line 26)	817,483,855	
	22 Net assets or fund balances Subtract line 21 from line 20	11,398,145	
	Beginning of Current Year	18,021,504	
		817,609,157	
		753,218,691	
	End of Year	663,859,903	
		621,943,785	
		153,749,254	
	131,274,906		

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

JENNIFER SCHNEIDER VP FINANCE

Type or print name and title

2017-08-14

Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

DOUGLAS FARRINGTON

DOUGLAS FARRINGTON

P00370668

Firm's name ▶ MARCUM LLP

Firm's EIN ▶ 11-1986323

Firm's address ▶ CITY PLACE II 185 ASYLUM STREET

Phone no (860) 760-0600

HARTFORD, CT 06103

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

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

☐

☒

1

Briefly describe the organization's mission

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 \$ 672,622,599 including grants of \$ 663,900) (Revenue \$ 809,268,816)

See Additional Data

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 ▶ 672,622,599

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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	329
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	5,262
b	At least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9	
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		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 114 WOODLAND STREET MS 5-103-58 HARTFORD, CT 06105 (860) 714-9632	

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount 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

[illegible]

[illegible]

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 ► 418

		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

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.

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 ▶ 53

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	3,243,671					
	e	Government grants (contributions)	1e	1,693,065					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	767,550					
	g	Noncash contributions included in lines 1a-1f \$							
	h	Total. Add lines 1a-1f ▶		5,704,286					
Program Service Revenue	2a	PATIENT REVENUE	Business Code 622110	745,504,245	745,504,245				
	b	LABORATORY REVENUE	621511	35,927,471	34,688,899	1,238,572			
	c	LAUNDRY REVENUE	812300	4,956,008	4,956,008				
	d	PARTNERSHIP REVENUE	541990	381,289	368,922	12,367			
	e								
	f	All other program service revenue							
	g	Total. Add lines 2a-2f ▶		786,769,013					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,717,079			3,717,079	
4		Income from investment of tax-exempt bond proceeds . . ▶							
5		Royalties ▶							
6a		Gross rents	(i) Real	(ii) Personal					
			6,447,240						
			b	Less rental expenses	0				
			c	Rental income or (loss)	6,447,240				
d		Net rental income or (loss) ▶		6,447,240			6,447,240		
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
			18,841,623	1,918,793					
			b	Less cost or other basis and sales expenses	16,796,537	0			
			c	Gain or (loss)	2,045,086	1,918,793			
d		Net gain or (loss) ▶		3,963,879			3,963,879		
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	9,240,730	8,584,997	655,733				
b	INTERCOMPANY ALLOCATION INCOME	900099	8,199,965	8,199,965					
c	NON-INTERCOMPANY ALLOCATION INCOM	900099	2,733,218	2,733,218					
d	All other revenue		8,729,949	2,981,623	440,628	5,307,698			
e	Total. Add lines 11a-11d ▶		28,903,862						
12	Total revenue. See Instructions ▶		835,505,359	808,017,877	2,347,300	19,435,896			

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.	638,600	638,600		
2	Grants and other assistance to domestic individuals. See Part IV, line 22.	25,300	25,300		
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.	6,498,393	105,900	6,392,493	
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.	265,181,351	214,715,371	50,465,980	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	12,557,574	10,132,386	2,425,188	
9	Other employee benefits.	34,953,275	28,033,233	6,920,042	
10	Payroll taxes.	19,378,779	15,358,069	4,020,710	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,617,544		1,617,544	
c	Accounting.	1,330,568		1,330,568	
d	Lobbying.	643,913		643,913	
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	74,334		74,334	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	104,589,125	88,607,627	15,981,498	
12	Advertising and promotion.	1,495,024	3,699	1,491,325	
13	Office expenses.	15,794,281	14,840,951	953,330	
14	Information technology.	13,719,190	13,706,753	12,437	
15	Royalties.				
16	Occupancy.	40,449,551	38,468,285	1,981,266	
17	Travel.	1,319,876	1,319,876		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.	9,040,805	8,115,509	925,296	
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	44,248,313	44,248,313		
23	Insurance.	11,051,091	301,830	10,749,261	
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	123,080,845	123,080,845		
b	HOSPITAL TAX	38,215,460	38,215,460		
c	PROVISION FOR BAD DEBTS	15,047,055	15,047,055		
d	LAB EXPENSE	8,040,890	8,040,890		
e	All other expenses	48,492,718	9,616,647	38,876,071	
25	Total functional expenses. Add lines 1 through 24e.	817,483,855	672,622,599	144,861,256	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		48,119,752	1	16,251,839	
	2	Savings and temporary cash investments		52,046,968	2	2,168,307	
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net		70,386,496	4	74,960,659	
	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		566,992	7	888,262	
	8	Inventories for sale or use		9,701,459	8	8,912,030	
	9	Prepaid expenses and deferred charges		8,724,005	9	4,018,516	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	434,561,677			
	b	Less: accumulated depreciation	10b	43,802,970	456,166,870	10c	390,758,707
	11	Investments—publicly traded securities		83,759,484	11		
	12	Investments—other securities. See Part IV, line 11		18,802,515	12	16,666,476	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14	7,050,000	
	15	Other assets. See Part IV, line 11		69,334,616	15	231,543,895	
16	Total assets. Add lines 1 through 15 (must equal line 34)		817,609,157	16	753,218,691		
Liabilities	17	Accounts payable and accrued expenses		38,257,732	17	75,800,162	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		246,119,985	20	0	
	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		5,331,951	23	244,660,734	
	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		374,150,235	25	301,482,889	
	26	Total liabilities. Add lines 17 through 25		663,859,903	26	621,943,785	
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		76,152,826	27	46,398,727	
	28	Temporarily restricted net assets		24,417,140	28	29,565,529	
	29	Permanently restricted net assets		53,179,288	29	55,310,650	
	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		153,749,254	33	131,274,906	
	34	Total liabilities and net assets/fund balances		817,609,157	34	753,218,691	

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	835,505,359
2	Total expenses (must equal Part IX, column (A), line 25)	2	817,483,855
3	Revenue less expenses Subtract line 2 from line 1	3	18,021,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,749,254
5	Net unrealized gains (losses) on investments	5	1,314,690
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	-41,810,542
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,274,906

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		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	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	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?	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	Yes	

Additional Data

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

Form 990, Part III, Line 4a

4a	(Code) (Expenses \$	672,622,599	including grants of \$	663,900) (Revenue \$	809,268,816)
	SEE SCHEDULE O					

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			
CHRISTOPHER M DADLEZ PRESIDENT & CEO / DIRECTOR	55 00 7 40	X						1,715,289	0	807,101
BARBARA J CALDERONEBSNJD SECRETARY	1 00 0 00	X		X				0	0	0
ROBERT M ELLIS DIRECTOR	2 00 2 00	X						0	0	0
P ANTHONY GIORGIO PHD CHAIRMAN	1 00 1 00	X		X				0	0	0
WALTER HARRISON PHD VICE-CHAIRMAN	1 00 0 00	X		X				0	0	0
PATRICK J KINNEY DIRECTOR	1 00 0 00	X						0	0	0
DR GALO A RODRIGUEZ MPH DIRECTOR	1 00 0 00	X						0	0	0
JOSEPH J SPALLUTO DIRECTOR	1 00 0 00	X						0	0	0
ADRIENNE W COCHRANE JD DIRECTOR	1 00 0 00	X						0	0	0
MURTHAPPA N PRAKASH MD DIRECTOR	1 00 3 00	X						75,000	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			
JOHN F RODIS MD MBA PRESIDENT	55 00 5 00	X		X				999,136	0	71,578
STEVEN COHEN MD DIRECTOR	1 00 0 00	X						30,900	0	0
SISTER SUSAN CUNNINGHAM CSJ DIRECTOR	1 00 0 00	X						0	0	0
DOUGLAS GERARD MD DIRECTOR	1 00 0 00	X						0	0	0
ANTHONY POSTERARO III MD DIRECTOR	1 00 0 00	X						0	0	0
FRANKLIN ROSENBERG MD DIRECTOR	1 00 0 00	X						0	0	0
PHILLIP J KARANIAN MD DIRECTOR	1 00 0 00	X						0	0	0
HEATHER BOTTICELLO ASSISTANT SECRETARY	40 00 0 00	X		X				79,801	0	22,344
DAVID BITTNER CFO & SR VP FINANCE	55 00 10 00				X			546,588	0	46,817
ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55 00 2 00				X			372,168	0	58,972

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			
JENNIFER SCHNEIDER VP FINANCE	55 00 6 00				X			307,820	0	45,678
DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55 00 0 00				X			317,038	0	38,927
LINDA SHANLEY VP AND CIO	55 00 0 00				X			338,597	0	37,592
DENISE PETERSON VP PROF NRSNG PRACTICE & QUAL/CNO	55 00 0 00				X			237,253	0	21,824
JANEANNE LUBIN-SZAFRANSKI GENERAL COUNSEL & SVP LGL AFFAIRS	55 00 2 00				X			415,258	0	34,371
STUART ROSENBERG PRESIDENT-JMMC	55 00 0 40					X		346,389	0	46,175
JAMES W SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	55 00 0 00					X		304,168	0	43,413
DERRICK AMATO ADMINISTRATIVE DIRECTOR	55 00 0 00					X		296,264	0	22,048
NICOLE SCHULZ VP REVENUE CYCLE	55 00 0 00					X		335,190	0	44,533
LYNN ROSSINI VP CHIEF DEVELOPMENT OFFICER	55 00 0 00					X		329,274	0	47,115

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			
STEVEN T RUBY MD FORMER DIRECTOR / DEPT CHAIRMAN	55 00 3 00						X	790,401	0	25,711
PAUL F MITCHELL DMD FORMER DIRECTOR	0 00 55 00						X	0	272,694	43,953
SHERI A LEMIEUX FORMER ASSISTANT SECRETARY	55 00 0 00						X	137,173	0	18,023
TERESA M BOLTON FORMER HUMAN RESOURCES COUNSEL	55 00 1 00						X	235,544	0	29,453
GREG MAKOUL FORMER SVP, CAO	0 00 0 00						X	340,162	0	13,161
JOHN N GIAMALIS FORMER EVP & CAO	0 00 0 00						X	433,930	0	13,840
E MERRITT MCDONOUGH JR FORMER SF FDTN PRESIDENT	0 00 0 00						X	292,356	0	11,746

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

2015

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 (Form 990 or 990-EZ))

3

☒

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

4

☐

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

5

☐

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

6

☐

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

7

☐

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

8

☐

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

9

☐

An 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 (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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.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 ► <input type="checkbox"/>	
b	33 1/3% support test—2014.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 ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2015.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 ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2014.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 ► <input type="checkbox"/>	
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 ► <input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(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 ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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.		
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).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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.		
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.		
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.		
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.		
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.		
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).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 .		
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).		
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).		
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 .		
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 .		
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 .		
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.		
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.)		
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?		
b A family member of a person described in (a) above?		
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.		

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

	Yes	No
<div>1</div> <div>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?</div>		
<div>2</div> <div>Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i></div>		
<div>3</div> <div>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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i></div>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

Part V

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

1

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
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 2015 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-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

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

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

2015

Open to Public
Inspection

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

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

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

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

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

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

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
---	--

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

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

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

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

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

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

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

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><thead><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr></thead><tbody><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></tbody></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ Yes ☐ No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	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?	Yes		643,913
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		65,812
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			709,725
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?	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	

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
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SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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" on 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" on Form 990, Part IV, line 7.

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

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

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>
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" on 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 on 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 on Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

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

(continued)

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

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

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

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

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

☐ Yes ☐ No

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided 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	65,802,167	70,923,245	68,114,560	64,278,125	60,257,184
b Contributions					
c Net investment earnings, gains, and losses	3,661,192	-5,121,078	2,808,685	3,836,435	4,020,941
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	69,463,359	65,802,167	70,923,245	68,114,560	64,278,125

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

a Board designated or quasi-endowment ▶ 15 760 %

b Permanent endowment ▶ 79 630 %

c Temporarily restricted endowment ▶ 4 610 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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)	Accumulated (c)depreciation	(d)Book value
1a Land		7,940,000		7,940,000
b Buildings		268,330,645	10,933,438	257,397,207
c Leasehold improvements		1,890,000	110,774	1,779,226
d Equipment		87,821,471	22,876,024	64,945,447
e Other		68,579,561	9,882,734	58,696,827
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				390,758,707

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on 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

2015

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 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 type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" 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	Yes	
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	Yes	
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)		10,443	2,718,176		2,718,176	0 330 %
b Medicaid (from Worksheet 3, column a)		37,740	46,497,671		46,497,671	5 690 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			18,396,862		18,396,862	2 250 %
d Total Financial Assistance and Means-Tested Government Programs		48,183	67,612,709		67,612,709	8 270 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		12,105	2,397,112	895,151	1,501,961	0 180 %
f Health professions education (from Worksheet 5)			31,157,815	7,684,786	23,473,029	2 870 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			178,023		178,023	0 020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits		12,105	33,732,950	8,579,937	25,153,013	3 070 %
k Total. Add lines 7d and 7j		60,288	101,345,659	8,579,937	92,765,722	11 340 %

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
1	Physical improvements and housing					
2	Economic development					
3	Community support	6,999	47,653		47,653	0.010 %
4	Environmental improvements					
5	Leadership development and training for community members					
6	Coalition building		29,210		29,210	0 %
7	Community health improvement advocacy					
8	Workforce development					
9	Other					
10	Total	6,999	76,863		76,863	0.010 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1

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

1

No

2

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

2

14,575,173

3

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

3

4

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

Section B. Medicare

5

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

5

184,276,978

6

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

6

158,548,616

7

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

7

25,728,362

8

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

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9a

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

9a

Yes

b

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

9b

Yes

Part 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				

Section A. Hospital Facilities

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)

[illegible]

Section B. Facility Policies and Practices

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

1

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

Name of hospital facility or letter of facility reporting group

		Yes	No
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 200 000000000000 % and FPG family income limit for eligibility for discounted care of 400 000000000000 %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance discount		
g	<input checked="" 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? 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)	15 Yes	
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? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) WWW SAINTFRANCIS ORG/FINANCIAL-ASSISTANCE		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) WWW SAINTFRANCIS ORG/HOSPITAL-PUBLICATIONS		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) WWW SAINTFRANCIS ORG/HOSPITAL-PUBLICATIONS		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> 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 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)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" 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			
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

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)
1See 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/A PART 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 1, 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. REALLOCATION OF COMMUNITY BENEFIT DOLLARS FOR COMMUNITY TRANSFORMATION IS A NEW INITIATIVE WHICH WILL SUPPORT THIS WORK. HOUSING SUPPORT: THE LOCAL NEIGHBORHOOD ASSOCIATIONS IN HARTFORD PLAY A CRITICAL ROLE IN ADVOCATING FOR IMPROVEMENTS IN HOUSING PARTICULARLY THOSE THAT IMPACT LOW INCOME RESIDENTS. STAFF FROM SAINT FRANCIS ATTENDS REGULAR BOARD MEETINGS AND ASSIST WHENEVER POSSIBLE WITH ADVOCATING ON BEHALF OF COMMUNITY RESIDENTS WITH RESPECT TO HOUSING. SAINT FRANCIS HAS ALSO FORMED STRONG PARTNERSHIPS THIS PAST YEAR WITH HOUSING EXPERTS INCLUDING STAFF AT COMMUNITY SOLUTIONS, JO URNEY HOME AND THE PARTNERSHIP FOR A STRONGER COMMUNITY. ECONOMIC DEVELOPMENT: SAINT 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 HELD TO INCREASE THE OPPORTUNITIES FOR SMALL BUSINESS TO MEET LOCAL PURCHASERS. ADDITIONALLY, TRINITY HEALTH IS CONNECTED TO NATIONAL AND LOCAL COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS WHICH WILL ENHANCE OPPORTUNITIES IN THIS AREA. COMMUNITY SUPPORT: SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES INCLUDING A FOCUS ON THE IMPACT OF UNINTENTIONAL INJURIES, AND PROVIDING SUPPORT TO STUDENTS AND INTERNS. THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS TO IMPROVE THE HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT. RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS ARE ALSO AVAILABLE. LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED. THE OFFICE OF EDUCATIONAL ACTIVITIES AT SAINT FRANCIS WORKS WITH OVER 118 STUDENTS, 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 PROVIDING 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 PROVIDE MEANINGFUL EXPERIENCES FOR BECOMING A SUCCESSFUL PROFESSIONAL. ENVIRONMENTAL IMPROVEMENTS: SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY OF HARTFORD. THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO IMPROVE READINESS FOR DISASTER RESPONSE. THE HOSPITAL CONTRIBUTES SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE. 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 THEOLOGICAL STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH-BASED ORGANIZATIONS. THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR LOVED ONES, AND STAFF.</p>

Form and Line Reference	Explanation
PART II, COMMUNITY BUILDING ACTIVITIES	THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF SPIRITUALITY IN EVERYDAY LIFE. CLASSES MOST OFTEN REFERENCE EXAMPLES OR "CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY. PARTICIPANTS ARE ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH THEIR UNIQUE TRADITIONS. PARTICIPANTS ARE INTRODUCED TO IMPORTANT CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY WHEN NEEDED. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

Form and Line Reference	Explanation
PART III, LINE 2	BAD DEBT REPRESENTS ACTUAL EXPENSE AS REPORTED ON THE AUDITED FINANCIAL STATEMENTS

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 VI, LINE 2	<p>SAINT FRANCIS' 2016 CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY THAT BEGAN IN JULY OF 2015 AND CONTINUED FOR THE NEXT NINE MONTHS. THE PROCESS COMMENCED WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS, TO ENGAGE DATAHAVEN (A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH) TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS, TO INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS AND DISCUSS PRIORITIES WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES). ALL ASPECTS OF THE INFORMATION-GATHERING PROCESS WERE DESIGNED TO REACH BEYOND THE WALLS OF THE HOSPITAL TO GET ANSWERS TO THE QUESTIONS WHO? WHAT? WHERE? HOW? THROUGHOUT, THE EMPHASIS WAS ON SIGNIFICANT COMMUNITY INPUT-IN THE FORM OF TELEPHONE INTERVIEWS WITH COMMUNITY MEMBERS, SURVEYS OF PROGRAM PARTICIPANTS, INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS AND INTERVIEWS WITH KEY INFORMANTS TO GAIN A BETTER UNDERSTANDING OF WHAT IS AFFECTING THE HEALTH OF THE HARTFORD REGION. THE TEAM COLLECTED DATA AT THE LOCAL LEVEL TO FACILITATE AND IDENTIFY WHERE THE GREATEST NEEDS ARE CONCENTRATED AND GATHERED INFORMATION FROM COLLABORATIVE PARTNERS THROUGH KEY INFORMANT INTERVIEWS TO MAXIMIZE WHO SHOULD BE INCLUDED FOR COLLECTIVE IMPACT. THE RESULTING ASSESSMENT WILL SERVE AS A STARTING POINT TO DEVELOP DATA-DRIVEN GOALS AND STRATEGIES ON HOW TO ADDRESS THE NEEDS THAT HAVE BEEN IDENTIFIED.</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, FURTHER EDITS WERE INCLUDED AND APPROVED IN NOVEMBER 2015</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.</p>

Form and Line Reference	Explanation
PART VI, LINE 5	<p>COALITION BUILDING SAINT FRANCIS IS TAKING A LEADERSHIP ROLE IN THE DEVELOPMENT OF A HEALTH COALITION CALLED THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE THIS PROCESS IS WELL UNDERWAY AND THE DESIGN PHASE OF THE WORK HAS NOW BEEN COMPLETED THE COLLABORATIVE HAS PARTNERED WITH THE NORTH HARTFORD PROMISE ZONE TO SERVE AS THE HEALTH "ARM" OF THEIR WORK AND WILL BE ORGANIZING TO ENGAGE OTHERS TO JOIN HARTFORD IS A SMALL CITY AND RESOURCES ARE VERY LIMITED, A COLLABORATIVE APPROACH TO SOLVING ISSUES RELATED TO HEALTH HAS BEEN WELL RECEIVED AND HAS ALREADY BEEN SUPPORTED BY NUMEROUS AGENCIES AT THE LOCAL, STATE AND NATIONAL LEVEL EXECUTIVE STAFF AT SAINT FRANCIS IS EXPECTED TO PARTICIPATE IN COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE ADVOCACY FOR HEALTH IMPROVEMENTS ADVOCACY WORK AT SAINT FRANCIS IS DONE BY THOSE WITH HIGH LEVEL EXPERTISE IN AN AREA OF HEALTH CARE TO WHICH THEY CAN SPEAK WITH BOTH KNOWLEDGE AND CONVICTION SAINT FRANCIS STAFF ARE ALSO ENGAGED WITH TOBACCO CESSATION ACTIVITIES AT THE COALITION LEVEL BY PARTICIPATION IN THE MATCH COALITION - A GROUP WORKING TO IMPROVE LAWS AND POLICIES WHICH LIMIT ACCESS TO TOBACCO BY YOUTH THIS PARTNERSHIP EXTENDS TO TRINITY HEALTH CORPORATE WHICH IS ABLE TO PROVIDE A MYRIAD OF RESOURCES TO MOVE THIS AGENDA FORWARD POLICY WORK IN THE AREAS OF SUPPORT FOR BREASTFEEDING AND ACCESS TO HEALTHY FOODS AS WELL AS WORK TO IMPROVE THE OPPORTUNITIES FOR ACTIVE LIVING HAS ALSO BECOME PRIORITIES FOR SAINT FRANCIS THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND ADDITION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS ARE NUMEROUS SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE MOST IN NEED THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS SOME SPECIFIC EXAMPLES OF WORK BEING DONE IN THIS AREA INCLUDE - CURTIS D ROBINSON CENTER FOR HEALTH EQUITY SERVING AS A BRIDGE BETWEEN COMMUNITY MEMBERS AND THE HOSPITAL SYSTEM- THE 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 NEED- LET'S NOT MEET BY ACCIDENT TEEN VIOLENCE PREVENTION- KISS - CT (KIDS IN SAFETY SEATS) PROVIDING FREE CAR SEATS AND INSPECTION FOR FAMILIES WITH YOUNG CHILDREN- NURTURING FAMILIES NETWORK TEEN PARENT SUPPORT PROGRAM- HEALTHY START PROGRAM WORKING TO PREVENT INFANT MORTALITY- MEDICAL LEGAL PARTNERSHIP LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS- WOMEN'S HEART PROGRAM FREE HEART HEALTH SCREENING AND ASSESSMENT IN THE COMMUNITY- CHILDREN'S ADVOCACY CENTER SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY CHILD SEXUAL ABUSE- INTEGRATIVE MEDICINE FREE MEDICAL SERVICES PROVIDED TO SUPPORT TRADITIONAL APPROACHES OF CARE</p>

Form and Line Reference	Explanation
PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM SAINT FRANCIS HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE. TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE. AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE. AS A NOT-FOR-PROFIT HEALTH SYSTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY. FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG. 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.</p>

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

Schedule H (Form 990) 2015

Additional Data

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

Form 990 Schedule H, Part V Section A. Hospital Facilities

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

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

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

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

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

Name and address	Type of Facility (describe)
1 1 - SIMSBURY OFFICES & URGENT CARE 1502 HOPMEADOW ST 30 DORSET CROSSING SIMSBURY,CT 06070	MEDICAL OFFICES AND COMMUNITY SPACE
1 2 - ENFIELD ACCESS CENTER 7 ELM STREET ENFIELD,CT 06082	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES
2 3 - BLOOMFIELD MEDICAL OFFICE & URGENT CARE 421 COTTAGE GROVE ROAD BLOOMFIELD,CT 06002	WALK-IN CLINIC AND MEDICAL OFFICES / LABORATORY SERVICES
3 4 - WINDSOR - SF GI ENDOSCOPY CENTER 360 BLOOMFIELD AVENUE WINDSOR,CT 06095	ENDOSCOPY
4 5 - WEST HARTFORD MEDICAL OFFICES 345 NORTH MAIN STREET WEST HARTFORD,CT 06109	MEDICAL OFFICES AND IT TRAINING SPACE / LABORATORY SERVICES
5 6 - ELLINGTON MEDICAL OFFICE 137 WEST ROAD ELLINGTON,CT 06029	MEDICAL OFFICES AND COMMUNITY SPACE / LABORATORY SERVICES
6 7 - MANCHESTER MEDICAL OFFICES 515 WEST MIDDLE TPK MANCHESTER,CT 06048	MEDICAL OFFICES AND COMMUNITY SPACE
7 8 - AVON ACCESS CENTER 35 NOD ROAD AVON,CT 06001	MEDICAL OFFICES AND EDUCATION SPACE / LABORATORY SERVICES
8 9 - FARMINGTON MEDICAL OFFICES 11 SOUTH ROAD SUITE 200 FARMINGTON,CT 06032	MEDICAL OFFICE
9 10 - GLASTONBURY ACCESS CENTER 31 SYCAMORE COMMONS GLASTONBURY,CT 06033	MEDICAL OFFICES AND COMMUNITY EDUCATION SPACE / LABORATORY SERVICES
10 11 - WEST HARTFORD 20 ISHAM ROAD WEST HARTFORD,CT 06109	MEDICAL OFFICES
11 12 - HARTFORD 500 BLUE HILLS AVE HARTFORD,CT 06112	LABORATORY SERVICES
12 13 - EAST HARTFORD ACCESS CENTER 893 MAIN STREET EAST HARTFORD,CT 06108	MEDICAL OFFICES / LABORATORY SERVICES
13 14 - WINDSOR MEDICAL OFFICE 1080 DAY HILL ROAD WINDSOR,CT 06095	MEDICAL OFFICE
14 15 - FARMINGTON 2 SPRING LANE FARMINGTON,CT 06032	LABORATORY SERVICES

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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)
16 16 - HARTFORD 1000 ASYLUM ST STE 3209 HARTFORD,CT 06103	LABORATORY SERVICES
1 17 - SOUTH WINDSOR MEDICAL OFFICE 1340 SULLIVAN AVENUE SOUTH WINDSOR,CT 06074	MEDICAL OFFICES
2 18 - BLOOMFIELD 580 COTTAGE GROVE RD BLOOMFIELD,CT 06002	LABORATORY SERVICES
3 19 - WEST HARTFORD 928 FARMINGTON AVE WEST HARTFORD,CT 06107	LABORATORY SERVICES
4 20 - ROCKY HILL 506 CROMWELL AVE ROCKY HILL,CT 06067	LABORATORY SERVICES
5 21 - ROCKY HILL 2301 SILAS DEANE HWY ROCKY HILL,CT 06067	LABORATORY SERVICES
6 22 - AVON 44 DALE RD AVON,CT 06001	LABORATORY SERVICES
7 23 - HARTFORD 19 WOODLAND ST HARTFORD,CT 06105	LABORATORY SERVICES
8 24 - ROCKY HILL MEDICAL OFFICES 2080 SILAS DEANE HIGHWAY ROCKY HILL,CT 06067	MEDICAL OFFICE

2015

06-0646813

Schedule I (Form 990) 2015

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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	15	15,000		BOOK	N/A
(2) ANNUAL NURSING AWARD	11	9,800		BOOK	N/A
(3) S A CARRABBA, MD, AWARD (RESEARCH PROJECT)	2	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 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 CENTER 335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	72,600		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 CHAMPIONSHIP 90 STATE HOUSE SQUARE 8TH FL HARTFORD, CT 06103	42-1684133	501(C)(3)	395,000		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 ALLIANCE PO BOX 370514 WEST HARTFORD, CT 06137	26-0307367	501(C)(3)	16,000		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 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
SUSAN G KOMEN SOUTHERN NEW ENGLAND 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
LEAS FOUNDATION FOR LEUKEMIA RESEARCH 150 TRUMBULL ST 2ND FL HARTFORD,CT 06103	06-1520923	501(C)(3)	25,000		BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF LEUKEMIA AND ITS RELATED CANCERS
THE MALTA HOUSE OF CARE FOUNDATION 19 WOODLAND STREET HARTFORD,CT 06105	20-3562371	501(C)(3)	10,000		BOOK	N/A	TO SUPPORT CLINIC SERVICES PROVIDED BY THE MALTA HOUSE OF CARE FREE MOBILE MEDICAL CLINIC

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

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HARTFORD SYMPHONY ORCHESTRA 100 PEARL ST 2ND FLOOR EAST TOWER HARTFORD, CT 06103	06-0637319	501(C)(3)	7,500		BOOK	N/A	RHAPSODY SPONSOR FOR BRAVO! - TO SUPPORT HSO EDUCATION & COMMUNITY ENGAGEMENT PROGRAMS / SPONSORSHIP IN SUPPORT OF THE TALCOTT MOUNTAIN MUSIC FESTIVAL
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD HARTFORD, CT 06103	06-1538101	501(C)(3)	13,500		BOOK	N/A	THE CT SCIENCE CENTER OFFERS EXCITING TOOLS TO HELP EDUCATORS AND PARENTS BRING TEXTBOOKS TO LIFE CREATING UNFORGETTABLE EXPERIENCES WITH SCIENCE MOTIVATES STUDENTS AND VISITORS OF ALL AGES TO ENTHUSIASTICALLY EMBRACE SCIENCE AT SCHOOL, AT HOME, AND IN THEIR COMMUNITIES
CATHOLIC CHARITIES ARCHDIOCESE OF CONNECTICUT 896 ASYLUM AVENUE HARTFORD, CT 06105	06-0667607	501(C)(3)	16,000		BOOK	N/A	MOTIVATED BY CHRIST'S SOCIAL TEACHINGS AND RESPECT FOR THE RICHNESS OF DIVERSITY, CATHOLIC CHARITIES EXISTS TO PROMOTE THE DIGNITY, SELF-SUFFICIENCY AND HUMAN POTENTIAL OF THOSE IN NEED

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 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
CONNECTICUT FORUM 750 MAIN STREET SUITE 200 HARTFORD, CT 06103	06-1343149	501(C)(3)	6,500		BOOK	N/A	TO SUPPORT THE MISSION OF ENCOURAGING THE FREE AND ACTIVE EXCHANGE OF IDEAS IN FORUMS WHICH INFORM, CHALLENGE, ENTERTAIN, INSPIRE AND BUILD BRIDGES AMONG ALL PEOPLE AND ORGANIZATIONS IN OUR COMMUNITY
CONNECTICUT CENTER FOR PRIMARY CARE 3 FARM GLEN BLVD FARMINGTON, CT 06032	03-0441188	501(C)(3)	10,000		BOOK	N/A	CCPC ENGAGES IN RESEARCH AND EDUCATION THAT STRENGTHENS THE CENTRAL ROLE OF PRIMARY CARE IN AN EVOLVING HEALTHCARE SYSTEM PLATINUM SPONSOR FOR ANNUAL PRIMARY CARE SUMMIT
JEWISH FEDERATION OF GREATER HARTFORD 333 BLOOMFIELD AVE SUITE C WEST HARTFORD, CT 06117	06-0655482	501(C)(3)	9,000		BOOK	N/A	SPONSORSHIP IN SUPPORT OF A WOMEN'S PHILANTHROPY EVENT "VOICES" / THE MISSION OF THE JEWISH FEDERATION OF GREATER HARTFORD IS TO ENHANCE, BUILD AND PERPETUATE JEWISH LIFE IN GREATER HARTFORD (GOLD SPONSOR - BUSINESS PARTNER)

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number
06-0646813

Part I Questions Regarding Compensation			Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items				
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use			
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence			
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees			
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)			
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain			1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?			2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract			
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study			
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee			
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization				
a Receive a severance payment or change-of-control payment?			4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?			4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?			4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III				
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of				
a The organization?			5a	No
b Any related organization?			5b	No
If "Yes," on line 5a or 5b, describe in Part III				
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of				
a The organization?			6a	No
b Any related organization?			6b	No
If "Yes," on line 6a or 6b, describe in Part III				
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III			7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			9	

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 on 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	TERESA M. BOLTON RECEIVED A SEVERANCE BENEFIT OF \$19,550. GREG MAKOUL RECEIVED A SEVERANCE BENEFIT OF \$296,290. JOHN N. GIAMALIS RECEIVED A SEVERANCE BENEFIT OF \$433,500. E. MERRITT MCDONOUGH, JR. RECEIVED A SEVERANCE BENEFIT OF \$290,700. CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN DURING THE YEAR WITH AN ESTIMATED BENEFIT OF \$738,996.

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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1CHRISTOPHER M DADLEZ PRESIDENT & CEO / DIRECTOR	(i)	851,337	795,000	68,952	757,196	49,905	2,522,390	0
	(ii)	0	0	0	0	-	-	0
1JOHN F RODIS MD MBA PRESIDENT	(i)	709,136	290,000	0	31,000	40,578	1,070,714	0
	(ii)	0	0	0	0	-	-	0
2DAVID BITTNER CFO & SR VP FINANCE	(i)	377,165	155,000	14,423	15,422	31,395	593,405	0
	(ii)	0	0	0	0	-	-	0
3ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	(i)	322,168	50,000	0	24,534	34,438	431,140	0
	(ii)	0	0	0	0	-	-	0
4JENNIFER SCHNEIDER VP FINANCE	(i)	242,171	60,000	5,649	17,698	27,980	353,498	0
	(ii)	0	0	0	0	-	-	0
5DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	242,038	75,000	0	15,600	23,327	355,965	0
	(ii)	0	0	0	0	-	-	0
6LINDA SHANLEYVP AND CIO	(i)	283,597	55,000	0	19,735	17,857	376,189	0
	(ii)	0	0	0	0	-	-	0
7DENISE PETERSON VP PROF NRSG PRACTICE & QUAL/CNO	(i)	219,253	18,000	0	6,977	14,847	259,077	0
	(ii)	0	0	0	0	-	-	0
8JANEANNE LUBIN-SZAFRANSKI GENERAL COUNSEL & SVP LGL AFFAIRS	(i)	355,258	60,000	0	5,588	28,783	449,629	0
	(ii)	0	0	0	0	-	-	0
9STUART ROSENBERG PRESIDENT-JMMC	(i)	310,229	36,160	0	20,800	25,375	392,564	0
	(ii)	0	0	0	0	-	-	0
10JAMES W SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	(i)	254,168	50,000	0	20,696	22,717	347,581	0
	(ii)	0	0	0	0	-	-	0
11DERRICK AMATO ADMINISTRATIVE DIRECTOR	(i)	296,264	0	0	8,200	13,848	318,312	0
	(ii)	0	0	0	0	-	-	0
12NICOLE SCHULZ VP REVENUE CYCLE	(i)	275,190	60,000	0	15,811	28,722	379,723	0
	(ii)	0	0	0	0	-	-	0
13LYNN ROSSINI VP CHIEF DEVELOPMENT OFFICER	(i)	274,274	55,000	0	18,006	29,109	376,389	0
	(ii)	0	0	0	0	-	-	0
14STEVEN T RUBY MD FORMER DIRECTOR / DEPT CHAIRMAN	(i)	765,401	25,000	0	15,600	10,111	816,112	0
	(ii)	0	0	0	0	-	-	0
15PAUL F MITCHELL DMD FORMER DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	272,694	0	0	20,800	-	-	0
16SHERI A LEMIEUX FORMER ASSISTANT SECRETARY	(i)	97,173	40,000	0	2,965	15,058	155,196	0
	(ii)	0	0	0	0	-	-	0
17TERESA M BOLTON FORMER HUMAN RESOURCES COUNSEL	(i)	215,994	0	19,550	10,350	19,103	264,997	0
	(ii)	0	0	0	0	-	-	0
18GREG MAKOUL FORMER SVP, CAO	(i)	43,872	0	296,290	0	13,161	353,323	0
	(ii)	0	0	0	0	-	-	0
19JOHN N GIAMALIS FORMER EVP & CAO	(i)	430	0	433,500	0	13,840	447,770	0
	(ii)	0	0	0	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 on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 E MERRITT MCDONOUGH JR FORMER SF FDTN PRESIDENT	(i)	1,656	0	290,700	0	11,746	304,102	0
	(ii)	0	0	0	0	0	0	0

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	PRESIDENT	16,392,876	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORIES JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORIES		No
(1) JOHN RODIS	PRESIDENT	21,297,954	PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORY SERVICES		No
(2) DAVID BITTNER	SR VP FINANCE & CFO	16,392,876	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORIES DAVID BITTNER IS THE TREASURER OF COLLABORATIVE LABORATORIES		No

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
(4) DAVID BITTNER	SR VP FINANCE & CFO	21,297,954	PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES DAVID BITTNER IS THE TREASURER OF COLLABORATIVE LABORATORY SERVICES		No
(1) CHRISTOPHER DADLEZ	CEO & PRESIDENT THROUGH DECEMBER 2015	712,089	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS VICE CHAIRMAN OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(2) CHRISTOPHER DADLEZ	CEO & PRESIDENT THROUGH DECEMBER 2015	2,731,130	MANAGED CARE SERVICES FROM SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS CHRISTOPHER DADLEZ IS THE VICE CHAIRMAN OF SAINT FRANCIS HEALTHCARE PARTNERS		No

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
(7) DAVID BITTNER	SR VP & CFO	712,089	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS DAVID BITTNER IS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(1) DAVID BITTNER	SR VP & CFO	2,731,130	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS DAVID BITTNER IS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(2) JOHN RODIS	PRESIDENT	712,089	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No

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
(10) JOHN RODIS	PRESIDENT	2,731,130	MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS		No
(1) JOHN RODIS	PRESIDENT	846,477	RENTAL OF OFFICE SPACE, ADMINISTATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C JOHN RODIS IS EXECUTIVE VICE PRESIDENT OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No
(2) JOHN RODIS	PRESIDENT	2,179,491	PURCHASE OF SERVICES FROM SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C JOHN RODIS IS EXECUTIVE VICE PRESIDENT OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P C		No

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
(13) DAVID BITTNER	SR VP & CFO	1,637,837	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS DAVID BITTNER IS A DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE		No
(1) DAVID BITTNER	SR VP & CFO	3,156,998	PURCHASE OF LAUNDRY SERVICES DAVID BITTNER IS A DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE		No
(2) JOHN RODIS	PRESIDENT	713,171	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No

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
(16) JOHN RODIS	PRESIDENT	449,404	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(1) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	713,171	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP R CHRISTOPHER HARTLEY IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(2) R CHRISTOPHER HARTLEY	KEY EMPLOYEE	449,404	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS R CHRISTOPHER HARTLEY IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No

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
(19) JANEANNE LUBIN-SZAFRANSKI	DIRECTOR	713,171	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP JANEANNE LUBIN SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(1) JANEANNE LUBIN-SZAFRANSKI	DIRECTOR	449,404	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS JANEANNE LUBIN SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP		No
(2) DAVID BITTNER	KEY EMPLOYEE	713,171	PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP DAVID BITTNER IS THE TREASURER OF SAINT FRANCIS CARE MEDICAL GROUP		No

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
(22) DAVID BITTNER	KEY EMPLOYEE	449,404	RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS DAVID BITTNER IS THE TREASURER OF SAINT FRANCIS CARE MEDICAL GROUP		No
(1) P ANTHONY GIORGIO	CHAIRMAN	292,849	P ANTHONY GIORGIO IS A 50% OWNER IN A BUILDING THAT SFHMC RENTS SPACE		No
(2) ANTHONY POSTERARO III MD	DIRECTOR	406,646	ANTHONY POSTERARO III, M D IS A PARTNER IN RADIOLOGY ASSOCIATES OF HARTFORD WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL		No

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
(25) FRANKLIN ROSENBERG MD	DIRECTOR	1,069,503	FRANKLIN ROSENBERG, M D IS A PARTNER IN WOODLAND ANESTHESIOLOGY ASSOC PC WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL		No
(1) PHILLIP J KARANIAN MD	DIRECTOR	61,487	PHILLIP J KARANIAN, M D IS A PARTNER IN PRIME HEALTHCARE WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL		No
(2) STEVEN COHEN MD	DIRECTOR	42,000	STEVEN COHEN, M D IS A PARTNER IN GREATER HARTFORD CARDIOLOGY WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL		No

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
(28) STEVEN COHEN MD	DIRECTOR	30,900	STEVEN COHEN, M D PROVIDED HEALTHCARE SERVICES TO THE HOSPITAL		No

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

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 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.

2015**Open to Public
Inspection**

Name of the organization
ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Employer identification number

06-0646813

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, IT IS OUR MISSION TO BE A TRANSFORMATIVE, HEALING PRESENCE IN THE COMMUNITY. THIS IS AN OPPORTUNITY TO COMPLEMENT OUR HEALTH CARE ROLE BY CREATING PARTNERSHIPS THAT ADDRESS NEEDS OUTSIDE THE WALLS OF OUR HOSPITALS. WE ARE HONORED TO SHARE IN OUR ANNUAL COMMUNITY BENEFIT REPORT THE WAYS WE ARE TAKING ACTION IN LOCAL NEIGHBORHOODS THROUGH EDUCATIONAL FORUMS, ASSESSING HOW OUR COMMUNITY CAN ACHIEVE BETTER "WELLNESS, AND BRINGING NEEDED SERVICES CLOSER TO YOUR HOME. THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY BRINGS IT ALL TOGETHER TO ASSURE EQUITABLE CARE FOR EVERY PERSON IN OUR COMMUNITY. FROM THE WELL-BEING 360 PROGRAM DESIGNED TO ASSIST IN ACCESS TO HEALTHY FOODS, APPROPRIATE SOCIAL SERVICES, AND DIABETES EDUCATION TO SCREENING AND ENGAGEMENT IN THE COMMUNITY, OUR GOALS FOR COMMUNITY HEALTH AND WELL-BEING ARE MISSION INVESTMENTS WE GLADLY SHARE IN COOPERATION WITH OUR TRINITY HEALTH OF NEW ENGLAND FAMILY. WE ARE PLEASED TO WALK HAND IN HAND WITH THE COMMUNITIES WE SERVE! CREATING A HEALTHY COMMUNITY: THE WORD 'CREATE' TAKES ON DIFFERENT SHADINGS FOR DIFFERENT PEOPLE. TO A SCULPTOR, IT CAN MEAN CARVING A ROUGH HUNK OF STONE INTO A GRACEFUL FORM. TO A PASTRY CHEF, IT CAN MEAN WHIPPING UP ORDINARY EGGS INTO A GRAVITY-DEFYING SOUFFLE. TO A VIOLINIST, IT MEANS RUBBING A BOW OVER FOUR STINGS TO PRODUCE, NOT A SQUAWK, BUT A SOUND THAT PLEASES THE EAR AND THE HEART. AND TO A CHILD, THE WORD CAN MEAN SOMETHING AS SIMPLE AS DIPPING ALL 10 FINGERS INTO TUBS OF PAINT, SQUISHING THOSE PAINT-COVERED FINGERS ON A PIECE OF PAPER, AND MAKING A COLORFUL MASTERPIECE. APPLYING THE WORD 'CREATE' TO A HEALTH CARE INSTITUTION MIGHT SEEM UNEXPECTED. THE MEDICAL WORLD IS OFTEN SEEN AS ONE OF CLINICAL DATA AND SCIENTIFIC PROTOCOL. THAT'S TRUE TO A POINT, BUT IT'S IMPORTANT TO REMEMBER THAT EVERY INNOVATION REQUIRES IMAGINATION AND CREATIVITY. AND THAT'S JUST AS TRUE FOR DEVELOPING A MIRACLE MEDICATION OR STRUCTURING A COMPLEX HEALTH CARE SYSTEM AS IT IS FOR WRITING A SYMPHONY. BROADENING THE DEFINITION OF COMMUNITY BENEFIT: CREATING A HEALTHY COMMUNITY IS THE THEME FOR THIS YEAR'S COMMUNITY BENEFIT REPORT, WHICH PROVIDES A SUMMARY OF OUR WORK TO CREATE A COMMUNITY IN WHICH ALL RESIDENTS SHARE IN THE BLESSING OF GOOD HEALTH. CREATING A HEALTHY COMMUNITY REQUIRES AS MUCH KNOWLEDGE, SKILL, HEART, AND IMAGINATION AS ANY OTHER CREATIVE ENDEAVOR. AND IT IS ONE THAT WILL INVOLVE THE EFFORTS OF MANY, BOTH WITHIN AND OUTSIDE OUR WALLS. A HEALTHY COMMUNITY IS NOT SOMETHING THAT CAN BE CREATED BY A SINGLE ENTITY. WE WILL NEED PARTNERS TO SUCCEED. THE TERM "COMMUNITY BENEFIT" HAS LONG BEEN USED IN THE NONPROFIT WORLD, BUT SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT, EVERY PARTICIPATING HEALTH CARE INSTITUTION HAS BEEN REQUIRED TO PUBLISH AN ANNUAL COMMUNITY BENEFIT REPORT (CBR) ON ITS EFFORTS TO PROMOTE HEALTH AND HEALING IN THE COMMUNITY IN RESPONSE TO HEALTH NEEDS THAT HAVE BEEN IDENTIFIED THERE. (THE AFFORDABLE CARE ACT ALSO REQUIRES</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>HEALTH CARE INSTITUTIONS TO REGULARLY ASSESS COMMUNITY NEEDS AND PUBLISH THE RESULTS IN A DOCUMENT CALLED A COMMUNITY HEALTH NEEDS ASSESSMENT OR CHNA) OUR COMMUNITY BENEFIT EFFORTS ARE UNDERTAKEN IN RESPONSE TO DATA IN THREE AREAS - CHARITY CARE - FREE OR DISCOUNTED SERVICES OFFERED TO THOSE WHO CAN'T AFFORD TO PAY - GOVERNMENT-SPONSORED HEALTH CARE - THE AMOUNT THE HOSPITAL MUST MAKE UP WHEN GOVERNMENT PAYMENTS FALL SHORT OF ACTUAL COSTS - COMMUNITY BENEFITS SERVICES - ACTIVITIES DESIGNED TO ADDRESS COMMUNITY NEEDS, SUCH AS PUBLIC HEALTH PROGRAMS, OUTREACH EDUCATION, PARTNERSHIPS WITH LOCAL AGENCIES AND CLINICAL CARE PROVIDED DESPITE A NEGATIVE MARGIN LIKE MANY IN THE HEALTH CARE FIELD, WE HAVE SEEN A NEED TO EXTEND OUR REACH EVEN FURTHER. WE BELIEVE THAT IN ORDER TO HELP OUR COMMUNITY ACHIEVE AND SUSTAIN THE BENEFITS OF GOOD HEALTH, WE MUST EXPAND THE HEALTH CARE FIELD'S TRADITIONAL CONCEPT OF COMMUNITY BENEFIT OF COURSE, WE WILL ALWAYS FOCUS ON ACCESS TO HEALTH CARE AND HEALTH SERVICES, AND WE WILL STRIVE FOR THE VERY BEST HEALTH OUTCOMES POSSIBLE BUT WE HAVE REDEFINED AND BROADENED THE TERM, SO THAT THE COMMUNITY BENEFIT SERVICES WE PROVIDE TAKE PLACE OUTSIDE THE HOSPITAL'S WALLS NOW, WHEN WE TALK ABOUT COMMUNITY BENEFIT, WE TALK ABOUT NOTHING LESS THAN TRANSFORMING THE COMMUNITY TO IMPROVE OVERALL HEALTH AND WELL-BEING THIS CHANGE, THOUGH NEW IN THE CONTEXT OF COMMUNITY BENEFIT, IS VERY MUCH AN EXTENSION OF OUR ORIGINAL MISSION SINCE OUR FOUNDING IN 1897 BY THE SISTERS OF SAINT JOSEPH OF CHAMBRY, WE HAVE WELCOMED PEOPLE FROM HARTFORD'S ASYLUM HILL COMMUNITY, AS WELL AS THE ENTIRE CITY OF HARTFORD AND THE SURROUNDING AREA FROM OUR EARLY DAYS AS A TWO-ROOM HOSPITAL TO OUR CURRENT STATUS AS NEW ENGLAND'S LARGEST CATHOLIC HOSPITAL, WITH 617 LICENSED INPATIENT BEDS, 65 BASSINETS AND FIVE CENTERS OF EXCELLENCE, WE HAVE MADE IT OUR MISSION TO SERVE PEOPLE AT EVERY STAGE OF LIFE, FROM EVERY WALK OF LIFE AND WE HAVE ALWAYS MADE A SPECIAL EFFORT TO SERVE THE POOR AND THE MOST VULNERABLE OF SOCIETY NOW, WE PLAN TO DO SO IN NEW WAYS THIS CHANGE OWES, IN PART, TO OUR AFFILIATION WITH TRINITY HEALTH, ONE OF THE LARGEST HEALTH CARE SYSTEMS IN THE NATION TRINITY HEALTH WAS BORN NEARLY 170 YEARS AGO AND NOW COMPRISES SOME 93 HOSPITALS AND 120 CONTINUING CARE FACILITIES, AS WELL AS HOME CARE AGENCIES AND OUTPATIENT CENTERS IN 22 STATES TRINITY HEALTH'S MISSION AND VALUES-AND LONGTIME DEDICATION TO SERVICE-MATCH OUR OWN, AND THE RESOURCES AND BENEFITS AFFORDED TO US BY ITS REGIONAL APPROACH HAVE MADE IT POSSIBLE FOR US TO TAKE A BROADER, MORE COMPREHENSIVE VIEW OF HEALTH BUT OUR BROADER VIEW OF THE CONCEPT OF COMMUNITY BENEFIT IS ALSO DUE TO OUR INCREASING AWARENESS THAT A HEALTH CARE SYSTEMS SUCCESS IS INEXTRICABLY TIED TO CONDITIONS BEYOND THE WALLS OF THE HOSPITAL TO REACH PEAK EFFECTIVENESS-TO ACHIEVE THE GREATEST GOOD FOR THE GREATEST NUMBER OF PEOPLE OF EVERY SOCIO-ECONOMIC STATUS-OUR EFFORTS MUST REACH BROADLY AND DEEPLY INTO THE COM</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	<p>MUNITY ITSELF, REMOVING AS MANY BARRIERS TO HEALTH AND HEALTH CARE AS WE CAN WITH THIS IN MIND, WE SEEK TO - DEVELOP AND IMPLEMENT POLICIES TO IMPROVE OR CREATE A CLIMATE FOR HEALTHY BEHAVIOR - HAVE AN IMPACT ON COMMUNITY SYSTEMS THAT ARE POORLY DESIGNED AND DO NOT SERVE THE RESIDENTS WELL - COLLABORATE WITH OTHER AGENCIES TO CHANGE THE PHYSICAL ENVIRONMENT IN WAYS THE LEAD TO BETTER HEALTH AND STRONGER COMMUNITY COHESION WE ARE HEARTENED TO NOTE THAT INCREASINGLY, THE HEALTH AND SOCIAL SERVICES FIELDS HAVE RECOGNIZED THAT THAT IT IS NOT ENOUGH TO TREAT ONLY SYMPTOMS, BUT THAT THE ROOT CAUSES OF SOCIETY'S ILLS MUST BE ADDRESSED IF LONG-TERM PROGRESS IS TO BE ACHIEVED THERE IS RECOGNITION, TOO, THAT SUCH EFFORTS MUST BE COORDINATED ACROSS DISCIPLINES, AND THAT INCREASINGLY LIMITED RESOURCES MUST BE LEVERAGED ACROSS COMMUNITIES AND AGENCIES MANY HANDS WILL BE NEEDED TO GET TO A POINT AT WHICH THE CONDITIONS OF DAILY LIFE IN LOW-INCOME COMMUNITIES DO NOT POSE BARRIERS TO THE HEALTH AND WELL-BEING OF ITS RESIDENTS THIS GOAL WILL NOT BE ACHIEVED OVERNIGHT IT WILL REQUIRE A LONG-TERM COMMITMENT, BUT IT IS ONE THAT WE ARE READY AND EAGER TO MAKE WE EXTEND AN INVITATION TO THE COMMUNITY-INDIVIDUALS AND INSTITUTIONS, GOVERNMENT, NONPROFIT, AND BUSINESS-TO WORK WITH US IN CREATING A HEALTHY COMMUNITY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE COMMUNITY'S NEEDS ARE COMPLEX SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S SERVICE AREA IS HIGHLY DIVERSE A MIX OF RACES AND ETHNICITIES, A RANGE OF SOCIOECONOMIC LEVELS, A POPULATION SPREAD OVER URBAN, SUBURBAN AND RURAL COMMUNITIES IT IS COMPOSED OF 32 MUNICIPALITIES CENTERED IN HARTFORD AND EXTENDING TO THE SURROUNDING TOWNS DESPITE THEIR DIFFERENCES, RESIDENTS OF THE VARIOUS CORNERS OF OUR SERVICE AREA STRUGGLE WITH MANY OF THE SAME HEALTH ISSUES OBESITY, DIABETES, HEART DISEASE AND BEHAVIORAL HEALTH YET, THE LARGEST NUMBERS OF PATIENTS SEEN AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ARE FROM THE CITY OF HARTFORD ITSELF, WHOSE POPULATION IS YOUNGER, POORER AND MORE DENSELY DISTRIBUTED THAN THOSE OF THE SURROUNDING COMMUNITIES FOR THE URBAN POOR, THE SIMPLE REALITIES OF DAILY LIFE POSE HUGE OBSTACLES TO ACHIEVING GOOD HEALTH FOR MANY, MEANINGFUL ACCESS TO VITAL RESOURCES THAT MORE AFFLUENT COMMUNITIES TAKE FOR GRANTED- THINGS THAT PUBLIC HEALTH PROFESSIONALS CALL THE "SOCIAL DETERMINANTS OF GOOD HEALTH"- IS SORELY LACKING IN FACT, IN APRIL 2015, OUR IMMEDIATE NEIGHBORHOOD OF NORTH HARTFORD-ONE OF THE CITY'S POOREST-WAS ONE OF 20 "HIGH-POVERTY, HIGH CAPACITY" COMMUNITIES NATIONWIDE TO BE DESIGNATED AS PROMISE ZONES BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (PROMISE ZONES RECEIVE VARIOUS FORMS OF FEDERAL SUPPORT BUT NO NEW DIRECT FUNDING) TO CITE JUST A FEW STATISTICS, THIS 3.11-SQUARE MILE AREA IS HOME TO 23,950 PEOPLE, OF WHOM 49.3% LIVE IN POVERTY THE PROMISE ZONE'S PER CAPITA INCOME IS \$12,099 ONLY 38.3% GRADUATE FROM HIGH SCHOOL, AND UNEMPLOYMENT IS OVER 27% ANNUAL LIFE EXPECTANCY THERE IS 10 YEARS LESS THAN IN NEIGHBORING COMMUNITIES [1] THE CA USES FOR THESE DISMAL HEALTH DISPARITIES ARE COMPLEX AND INTERTWINED, AND THEY PAINT A PICTURE OF THE ENORMITY OF THE COMMUNITY'S NEEDS [1] COMMUNITY SOLUTIONS, "NORTH HARTFORD TRIPLE AIM COLLABORATIVE," DECEMBER 23, 2016 THE APPROACH WE ARE TAKING WELL BEING 360, A TRANSFORMING COMMUNITIES INITIATIVE WITH SO MANY HIGH-PRIORITY NEEDS IN THE COMMUNITY INFLUENCING THE HEALTH AND WELL-BEING OF RESIDENTS, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS TAKING A COMPREHENSIVE APPROACH TO ITS COMMUNITY BENEFIT PROGRAMS WE HAVE LAUNCHED A MULTIFACETED INITIATIVE CALLED WELL BEING 360, A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, COMMUNITY GROUPS, ECONOMIC DEVELOPMENT AGENCIES AND THE CITY OF HARTFORD TO PROMOTE GOOD HEALTH BEYOND THE WALLS OF THE HOSPITAL TRANSFORMING COMMUNITIES INITIATIVES WELL BEING 360 IS THE NAME THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS GIVEN TO OUR LOCAL VERSION OF A NATIONAL EFFORT BY TRINITY HEALTH CALLED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI) THUS FAR, TRINITY HEALTH HAS IDENTIFIED SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND SEVEN OTHER HEALTH CARE INSTITUTIONS THAT WILL DESIGN INDIVIDUALIZED LOCAL INITIATIVES WITH THIS PROGRAM TRINITY HEALTH HAS PLEDGED TO INVEST \$80 MILLION IN GRANTS, LOANS, COMMUNITY MATCHING DOLLARS AND SERV</p>

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ICES IN THESE COMMUNITIES OVER FIVE YEARS TO ADDRESS SEVERAL DEFINED FOCUS AREAS WELL BEI NG 360 IN ITS INITIAL PHASE, WELL BEING 360 WILL DIRECT ITS EFFORTS AT THE NORTH HARTFORD PROMISE ZONE (WHICH COMPRISES THE CLAY ARSENAL, NORTHEAST AND UPPER ALBANY NEIGHBORHOODS), PLUS THE BLUE HILLS AND ASYLUM HILL NEIGHBORHOODS OUR COVERAGE WILL EVENTUALLY EXPAND TO THE ENTIRE CITY THE INVESTMENT PRIORITIES WILL BE ALIGNED WITH THE NEEDS IDENTIFIED IN T HE SAINT FRANCIS HOSPITAL AND MEDICAL CENTER CHNA FOR 2016, THE TCI FOCUS AREAS IDENTIFIED BY TRINITY HEALTH, AND COMMUNITY ENGAGEMENT PRIORITIES OF THE HOSPITAL SY STEM A REALLOCA TION OF THE HOSPITAL'S COMMUNITY BENEFIT FUNDS HAS BEEN COMMITTED TO THIS EFFORT THE HOSPITAL'S CURTIS D ROBINSON CENTER FOR HEALTH EQUITY IS THE LEAD AGENCY FOR WELL BEING 360 A ND, WITH A STEERING COMMITTEE OF REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, IT WILL FOC US ON OVERSEEING INVESTMENTS IN INNOVATIVE, EVIDENCE-BASED SOLUTIONS ON POLICY , SY STEM, AND ENVIRONMENT CHANGE THAT ENGAGE THE COMMUNITY AND RESULT IN IMPROVED WELL-BEING FOR RESID ENTS TOWARD THIS END, WE PLAN A MULTIFACETED APPROACH WELL BEING 360 WILL - DEVELOP A H EALTH COLLABORATIVE FOR HARTFORD'S NORTH END THIS COLLABORATIVE WILL COMPRISE HEALTH CARE SY STEMS, COMMUNITY -BASED ORGANIZATIONS, DEVELOPMENT AGENCIES, AND REPRESENTATIVES OF THE CITY OF HARTFORD PARTNERS IN THE HEALTH COLLABORATIVE INCLUDE - SAINT FRANCIS HOSPITAL A ND MEDICAL CENTER - TRINITY HEALTH OF NEW ENGLAND - CITY OF HARTFORD, DEPARTMENT OF HEALTH AND HUMAN SERVICES - COMMUNITY SOLUTIONS, A NATIONAL ORGANIZATION FOCUSED ON COMMUNITY HE ALTH AND DEVELOPMENT - INVEST HEALTH, A JOINT EFFORT OF THE REINVESTMENT FUND AND THE ROBE RT WOOD JOHNSON FOUNDATION TO HEL P LEADERS OF MID-SIZE CITIES IMPROVE THE HEALTH OF THEIR LOW-INCOME COMMUNITIES - WAY TO WELLVILLE, A 10-YEAR CHALLENGE SPONSORED BY THE NONPROFIT HEALTH INITIATIVE COORDINATING COUNCIL - INCREASE PROGRAMMING FOR HEALTHY BEHAVIOR CHANGE WELL BEING 360 WILL SUPPORT PROGRAMS THAT ENCOURAGE CHANGES IN DIET, EXERCISE, AND TOBAC CO AND SUBSTANCE ABUSE AND OTHER HEALTHFUL PRACTICES - IMPROVE PATIENT ACCESS TO SOCIAL S ERVICE AGENCIES TO MERGE HEALTH CARE DELIVERY SY STEMS WITH SOCIAL SUPPORT PROGRAMS (TO HEL P PATIENTS WITH THEIR MOST SIGNIFICANT AND COMPLEX PROBLEMS) - CHANGE THE PHY SICAL ENVI RO NMENT TO IMPROVE THE QUALITY OF LIFE IN THE NORTH END OF HARTFORD CASE STUDIES TOWN HALL ON DIABETES ENGAGEMENT DIABETES HITS HARTFORD HARD STATEWIDE, OVER 8% OF ADULTS ARE DIAGN OSED WITH DIABETES, IN HARTFORD, 12% OF ADULTS DIAGNOSED WITH THE DISEASE DIABETES IS THE EIGHTH LEADING CAUSE OF DEATH IN CONNECTICUT STATEWIDE, MORTALITY RATES ARE HIGHER AMONG BLACK AND HISPANIC RESIDENTS THAN MORTALITY RATES AMONG WHITES [2] IT'S A SERIOUS DISEASE , BUT ONE THAT CAN OFTEN BE MANAGED IF THE PATIENT HAS THE NECESSARY RESOURCES FOR THE UR BAN POOR, HOWEVER, THE LACK OF THESE NECESSARY RESOURCES MAKES MANAGING THE DISEASE MUCH M ORE DIFFICULT IN NOVEMBER 201</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>6, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY DEVOTED ITS 6TH ANNUAL TOWN HALL MEETING TO "A COMMUNITY CONVERSATION ABOUT DIABETES." THE GOAL WAS TO PROVIDE A FORUM FOR INDIVIDUALS WITH DIABETES TO TELL THEIR STORIES AND LEARN FROM EXPERTS IN THE FIELD. OVER 70 MEMBERS OF THE PUBLIC ATTENDED THE MEETING, WHICH WAS FACILITATED BY A SIX-PERSON PANEL THAT INCLUDED PHYSICIANS, A NUTRITIONIST, A DIETITIAN, A PHARMACIST, AND AN ATTORNEY. BUT THE EDUCATION THAT TOOK PLACE AT THIS MEETING WAS NOT JUST FROM THE EXPERTS TO THE AUDIENCE. THE MEETING WAS DESIGNED TO GIVE PARTICIPANTS A PLATFORM TO EDUCATE THE HEALTH CARE PROVIDERS. ONE AFTER ANOTHER, PARTICIPANTS SHARED PERSONAL STORIES OF THEIR INTERACTIONS WITH THE HEALTH CARE SYSTEM, TOLD HOW THE CIRCUMSTANCES OF THEIR LIVES AFFECT THEIR HEALTH AND HOW THEY LIVE WITH DIABETES, AND DESCRIBED THE BARRIERS THEY ENCOUNTER IN MANAGING THE DISEASE. THEY RAISED MANY ISSUES, INCLUDING - GETTING ACCESS TO HEALTHY FOOD IN THEIR NEIGHBORHOODS - FINDING PLACES WHERE THEY CAN EXERCISE AND ENHANCE PHYSICAL FITNESS - MAINTAINING A HEALTHY DIET - LEARNING TO USE INSULIN TO TREAT DIABETES. THE INFORMATION THAT EMERGED FROM THE MEETING WILL BE USED BY THE HOSPITAL AND OUR COMMUNITY PARTNERS TO DEVELOP STRATEGIES AND POLICIES TO PROMOTE HEALTHY LIFESTYLES. THIS DISCUSSION WAS BENEFICIAL FOR OUR HOSPITAL LEADERSHIP TEAM, AND GAVE INSIGHT ABOUT WHICH OUTREACH ORGANIZATIONS WE SHOULD ENGAGE TO CONFRONT THE ISSUE OF DIABETES MANAGEMENT IN THE COMMUNITY. [2] SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, 2016 CASE STUDIES BREASTFEEDING, HERITAGE AND PRIDE: A BREASTFEEDING SUPPORT PROJECT IN 2014, THE W.K. KELLOGG FOUNDATION AWARDED A THREE-YEAR \$498,980 GRANT TO SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND THE HARTFORD HISPANIC HEALTH COUNCIL (HHC) TO COLLABORATE ON A PROGRAM CALLED BREASTFEEDING HERITAGE AND PRIDE. THE IMMEDIATE GOAL OF THE GRANT IS TO INCREASE THE RATE OF BREASTFEEDING AMONG AFRICAN AMERICAN AND LATINA MOTHERS WHO ARE PATIENTS AT THE HOSPITAL'S WOMEN'S HEALTH CENTER, AN OBSTETRICS AND GYNECOLOGICAL CLINIC. THE LONG-TERM GOAL IS NORMALIZATION OF THE PRACTICE.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE HERITAGE AND PRIDE PROGRAM, WHICH THE HHC DEVELOPED FOR USE ELSEWHERE IN THE CITY , REL IES ON AN OPERATING MODEL THAT IS UNIQUE IN CONNECTICUT PEER COUNSELORS TEACH EXPECTANT A ND NEW MOTHERS ABOUT BREASTFEEDING, AND ONCE THE BABIES ARE BORN, FOLLOW UP IN THE HOSPITA L, IN COMMUNITY CLINICS, AND AT HOME, TO OFFER SUPPORT AND ASSISTANCE. PEER COUNSELORS MUS T BE FROM THE LOCAL COMMUNITY AND MUST HAVE BREASTFED THEIR OWN CHILDREN, THE PROGRAM IS B ASED ON MOTHER-TO-MOTHER SUPPORT AND RELIES ON THE DEVELOPMENT OF PERSONAL RELATIONSHIPS B ETWEEN COUNSELOR AND CLIENT. PEER COUNSELORS RECEIVE EXTENSIVE TRAINING BEFORE THEY BEGIN COUNSELING OTHERS. THE FACT THAT THEY MAKE FREE VISITS TO COMMUNITY CLINICS AND CLIENTS' H OMES IS UNIQUE AMONG LACTATION PROGRAMS. SINCE ITS INCEPTION, THE PROGRAM HAS MEASURED PEE R COUNSELORS' EFFORTS TO INCREASE BREASTFEEDING INITIATION RATES AT KEY POINTS BEFORE AND AFTER BIRTH-IN PRENATAL VISITS, IN THE HOSPITAL, AND AFTER SIX MONTHS. THE HOPE WAS TO INC REASE THE RATE OF BREASTFEEDING INITIATION, AS WELL AS THE RATE OF MOTHERS WHO BREASTFED FOR SIX MONTHS. THE RESULTS WERE IMPRESSIVE. IN THE FIRST YE AR OF THE PROGRAM, AUGUST 2015 -JULY 2016, DESPITE THE FACT THAT THE PROGRAM WAS NOT FULLY STAFFED, MORE THAN 1,400 SUCCE SSFUL CONTACTS WERE MADE. OF THE MOTHERS WHO ENTERED THE PROGRAM, 84.7% WERE BREASTFEEDING TWO WEEKS AFTER THEIR BABIES WERE BORN, 61% CONTINUED TO BREASTFEED AT SIX WEEKS, 41.9% WERE BREASTFEEDING AT THREE MONTHS, AND 12.8% WERE BREASTFEEDING AT SIX MONTHS. DURING THE CALENDAR YE AR 2016, OF THE MOTHERS ENROLLED IN THE PROGRAM, 99.4% INITIATED BREASTFEEDING, 40.6% BREASTFED EXCLUSIVELY WHILE IN THE HOSPITAL, 54.7% PRACTICED MIXED FEEDING IN THE H OSPITAL, AND JUST 4.7% FED THEIR BABIES ONLY FORMULA WHILE IN THE HOSPITAL. COMMUNITY BENEFIT SERVICES WHAT ARE THE ACTIVITIES? COMMUNITY BENEFIT REPORTING IS CATEGORIZED INTO TH REE BROAD AREAS, WHICH INCLUDE CHARITY CARE, GOVERNMENT-SPONSORED HEALTH CARE, AND COMMUNITY BENEFIT SERVICES. THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT S ERVICES PORTION. A COMMUNITY HEALTH IMPROVEMENT SERVICES THESE ACTIVITIES ARE CARRIED OUT TO IMPROVE COMMUNITY HEALTH AND ARE USUALLY SUBSIDIZED BY THE HEALTH CARE ORGANIZATION. T HERE ARE FOUR GROUPINGS WITHIN THIS C ATEGORY: COMMUNITY HEALTH EDUCATION, COMMUNITY -BASED CLINICAL SERVICES, HEALTH CARE SUPPORT SERVICES AND OTHER COMMUNITY HEALTH IMPROVEMENT SER VICES. THE FOLLOWING IS A SAMPLE OF PROGRAMS AND ACTIVITIES IN EACH OF THESE CATEGORIES: C OMMUNITY HEALTH EDUCATION - ACCESS TO RECOVERY FOR SUBSTANCE ABUSE CLIENTS - BREAST AND CE RVICAL CANCER EDUCATION AND OUTREACH - BREASTFEEDING SUPPORT - CHILD ABUSE PREVENTION EDUC ATION AND OUTREACH - CHILDBIRTH EDUCATION CLASSES - COLORECTAL SCREENING PROGRAM - CENTER FOR DIABETES & METABOLIC CARE PROGRAM EDUCATION AND OUTREACH - CURTIS D ROBINSON CENTER F OR HEALTH EQUITY - HEALTHY START AND PARENTING PROGRAMS - INTEGRATIVE HEALTH SERVICES CLAS SES - MEDICAL LEGAL PARTNERSHI</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>P PROGRAM - VIOLENCE AND INJURY PREVENTION PROGRAM - WOMEN'S HEART PROGRAM OUTREACH - PAST ORAL COUNSELING PROGRAM - SUPPORT GROUPS COMMUNITY-BASED CLINICAL SERVICES - PREVENTIVE HEALTH SCREENINGS - CARDIOVASCULAR RISK ASSESSMENT - DIABETES SCREENING - MAMMOGRAMS - PROSTATE CANCER - MALTA HOUSE OF CARE MOBILE MEDICAL CLINIC - CARDIAC REHAB AND WELLNESS - CASE MANAGEMENT SERVICES - PROCUREMENT OF PHARMACEUTICALS HEALTH CARE SUPPORT SERVICES - LANGUAGE SERVICES PROGRAM - FINANCIAL ASSISTANCE COUNSELING - TRANSPORTATION ASSISTANCE FOR CLINICAL APPOINTMENTS OTHER HEALTH IMPROVEMENT SERVICES - CAREGIVER SUPPORT SERVICES - LITERACY SUPPORT PROGRAMS - THE AUXILIARY AT SAINT FRANCIS - KEEP-THI-PWE-ON UTILITY CLINIC - LANGUAGE SERVICES PROGRAM B HEALTH PROFESSIONS EDUCATION THIS CATEGORY INCLUDES THE UNPAID COSTS OF UNDERGRADUATE TRAINING, INTERNSHIPS, CLERKSHIPS, RESIDENCIES, NURSING TRAINING, RESIDENCY EDUCATION, AND CONTINUING MEDICAL EDUCATION (CME) OFFERED TO PHYSICIANS OUTSIDE OF THE MEDICAL STAFF - CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION (CIPCI) - PRIMARY CARE TRAINING - CLINICAL PASTORAL EDUCATION MENTORSHIP - DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING - DIETITIAN TRAINING - MEDICAL STUDENT EDUCATION - NURSES AND NURSING STUDENT EDUCATION - OB/GYN RESIDENCY TRAINING - OTHER HEALTH PROFESSIONAL EDUCATION - PHARM-D TRAINING SITE C SUBSIDIZED HEALTH SERVICES 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 D RESEARCH THIS CATEGORY INCLUDES CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS SHARED WITH THE PUBLIC AND FUNDED BY THE GOVERNMENT OR A TAX-EXEMPT ENTITY (INCLUDING THE ORGANIZATION ITSELF) - COMMUNITY RESEARCH GRANTS - CLINICAL RESEARCH GRANTS - TRAINEE RESEARCH GRANTS E FINANCIAL AND IN-KIND DONATIONS THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED TO INDIVIDUALS NOT AFFILIATED WITH THE ORGANIZATION OR TO COMMUNITY GROUPS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS IN-KIND SERVICES INCLUDE HOURS CONTRIBUTED BY STAFF TO THE COMMUNITY WHILE ON WORK TIME, OVERHEAD EXPENSES OF SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS, AND THE DONATION OF FOOD, EQUIPMENT, AND SUPPLIES - DONATIONS TO CHARITABLE ORGANIZATIONS - IN-KIND USE OF FACILITIES - MEDICAL MISSION SUPPORT - SUPPORT FOR LOCAL COMMUNITY ORGANIZATIONS F COMMUNITY-BUILDING ACTIVITIES THIS CATEGORY INCLUDES PROGRAMS THAT ADDRESS UNDERLYING SOCIAL PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES THESE ACTIVITIES SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTH CARE ORGANIZATION - CREC MAGNET SCHOOL PARTNERSHIP - DISASTER PLANNING - HOUSING SUPPORT - NEIGHBORHOOD ASSOCIATION SUPPORT - BOARD INVOLVEMENT WITH LOCAL ORGANIZATIONS G COMMUNITY-BENEFIT OPERATIONS THIS CATEGORY INCLUDES THE COSTS ASSOCIATED W</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ITH ASSIGNED STAFF AND COMMUNITY HEALTH NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS. COMMUNITY BENEFIT THE NUMBERS AT A GLANCE DURING 2016, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PROVIDED COMMUNITY BENEFIT SERVICES TO 67,287 INDIVIDUALS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS. CHARITY CARE \$2,718,176. FREE OR DISCOUNTED HEALTH SERVICES ARE PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY CRITERIA. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES. CHARITY CARE DOES NOT INCLUDE BAD DEBT, WHICH MAY BE REPORTED ELSEWHERE BUT NOT AS A COMMUNITY BENEFIT. COMMUNITY BENEFIT SERVICES \$32,026,072. THESE ARE SERVICES PROVIDED TO MEET COMMUNITY NEEDS BECAUSE THE SERVICES WOULD OTHERWISE NOT BE AVAILABLE TO MEET PATIENT DEMAND. INCLUDED ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN, PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS TO MEET COMMUNITY NEEDS. GOVERNMENT-SPONSORED HEALTH CARE \$64,894,781. GOVERNMENT-SPONSORED HEALTH CARE. COMMUNITY BENEFITS INCLUDE UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS. THESE INCLUDE THE SHORTFALL CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE COST-OF-CARING FOR PROGRAM BENEFICIARIES. TOTAL COMMUNITY BENEFIT \$99,638,781. SUMMARY. COMMUNITY BENEFIT WAS PART OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S MISSION LONG BEFORE THAT TERM CAME INTO VOGUE AND IT WILL INFORM OUR WORK FOR A LONG TIME TO COME. BUT NOW WE ARE REACHING BEYOND THE HOSPITAL'S WALLS WITH GREATER URGENCY, TO LEVERAGE INCREASINGLY STRAINED COMMUNITY RESOURCES AND PROMOTE GOOD HEALTH WHERE PEOPLE LIVE AND WORK, BEFORE PROBLEMS ARISE. SOME OF THE WORK WE ARE DOING WILL RESULT IN IMMEDIATE CHANGES-FOR EXAMPLE, INCREASING ACCESS TO PROGRAMS THAT SUPPORT BEHAVIOR CHANGE. SOME WILL TAKE SHAPE OVER THE NEXT SIX MONTHS-THE DEVELOPMENT OF THE COLLABORATIVE, FOR EXAMPLE, AND OUR SUPPORT FOR LOCAL AGENCIES WITH CAPACITY-BUILDING TO IMPROVE ACCESS BY THE COMMUNITY. SOME OF OUR WORK WILL BE MUCH LONGER-TERM-SUCH AS CHANGING THE ENVIRONMENT, IMPLEMENTING NEW POLICIES THAT LEAD TO BETTER HEALTH OUTCOMES, AND WORKING WITH PARTNERS TO IMPROVE EMPLOYMENT OPPORTUNITIES. WE ARE NOT DETERRED BY THE TIME FRAME. WE KNOW THAT THERE ARE NO QUICK FIXES TO DEEPLY ENTRENCHED SOCIAL NORMS. BUT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS HERE TO STAY, WE HAVE BEEN HERE SINCE 1897, AND THIS IS OUR HOME. WE ARE INVESTED IN THIS COMMUNITY AND PLAN TO INCREASE THAT INVESTMENT OVER TIME. WE LOOK FORWARD TO COLLABORATING WITH RESIDENTS, BUSINESSES, LOCAL NONPROFITS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND FOUNDATIONS IN CREATING A HEALTHY COMMUNITY.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	P ANTHONY GIORGIO, PHD (DIRECTOR) IS A 50% PARTNER IN THE KEY STONE COMPANIES, 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 THE KEY STONE COMPANIES, LLC AND RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION TECHNOLOGY AND FINANCE CENTER LOCATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ON OCTOBER 1, 2015 THE ORGANIZATION WAS TRANSFERRED TO THE OWNERSHIP OF TRINITY HEALTH CORPORATION, A 501(C)(3) CHARITABLE CORPORATION AS THE SOLE MEMBER OF THE ORGANIZATION TRINITY HEALTH CORPORATION HAS RESERVED POWERS ESTABLISHED IN THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BY LAWS THAT ALLOW IT TO RETAIN CONTROL OVER ITS STATUTORY OBLIGATIONS IN CARRYING OUT THE PURPOSES OF THE ORGANIZATION AS THE PARENT OF A LARGE CATHOLIC HEALTH SYSTEM TRINITY HEALTH CORPORATION IS RESPONSIBLE FOR KEY STRATEGIC DECISIONS AND ISSUES THAT WILL SIGNIFICANTLY IMPACT THE TRINITY HEALTH SYSTEM

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC IS THE SOLE MEMBER

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC APPOINTS THE ST FRANCIS HOSPITAL AND MEDICAL CENTER BOARD MEMBERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC (FORMERLY KNOWN AS SAINT FRANCIS CARE, INC) HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990 INCLUDING ENSURING APPROPRIATE DIRECTORS AND/OR 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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THERE IS A LINK ON THE TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC 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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	PHYSICIANS FEES PROGRAM SERVICE EXPENSES 61,121,561 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 61,121,561 SECURITY EXPENSE PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 3,331,736 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,331,736 OUTSIDE LABORATORIES PROGRAM SERVICE EXPENSES 3,453,192 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 3,453,192 COLLECTION FEES PROGRAM SERVICE EXPENSES 140,956 MANAGEMENT AND GENERAL EXPENSES 1,899,837 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 2,040,793 DIALYSIS FEES PROGRAM SERVICE EXPENSES 1,414,346 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,414,346 CONSULTING FEES PROGRAM SERVICE EXPENSES 6,639 MANAGEMENT AND GENERAL EXPENSES 9,468,805 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 9,475,444 REGISTRY NURSES FEES PROGRAM SERVICE EXPENSES 1,297,560 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,297,560 PROFESSIONAL FEES PROGRAM SERVICE EXPENSES 1,938,482 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,938,482 TEMPORARY LABOR PROGRAM SERVICE EXPENSES 5,150,512 MANAGEMENT AND GENERAL EXPENSES 1,081,564 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 6,232,076 PURCHASED SERVICES PROGRAM SERVICE EXPENSES 14,084,379 MANAGEMENT AND GENERAL EXPENSES 199,556 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 14,283,935

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PURCHASE ACCOUNTING ADJUSTMENT -29,708,932 LOSS FROM EARLY EXTINGUISHMENT OF DEBT -4,034,284 TRANSFERS TO TRINITY HEALTH AND AFFILIATES -4,626,177 TRANSFERS FROM TRINITY HEALTH 43,990,947 NET CHANGE IN RETIREMENT PLAN RELATED ITEMS -40,161,741 EQUITY TRANSFER FROM SAINT FRANCIS FOUNDATION 3,804,799 TRANSFERS TO TRINITY ASSURANCE, LTD -11,359,043 NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL ACQUISITIONS 283,889

990 Schedule O, Supplemental Information

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 FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC

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

2015

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	0	0	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
(2) COLLABORATIVE LABORATORY SERVICES 114 WOODLAND STREET HARTFORD, CT 06105 06-1520109	LAB SERVICES	CT	35,927,471	4,829,799	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
(3) TOTAL LAUNDRY COLLABORATIVE LLC 114 WOODLAND STREET HARTFORD, CT 06105 20-8335788	LAUNDRY SERVICES	CT	4,956,008	396,190	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) 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	
See Additional Data Table												

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
See Additional Data Table									

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

Yes

1b

No

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2

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

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

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

[illegible]

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
ADVANTAGE HEALTHSAINT MARY'S MEDICAL GROUP 245 STATE ST SE GRAND RAPIDS, MI 49503 27-2491974	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
ALBANY MEMORIAL HOSPITAL 600 NORTHERN BLVD ALBANY, NY 12204 14-1338457	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ALLEGANY FRANCISCAN MINISTRIES INC 33920 US HIGHWAY 19 NORTH SUITE 269 PALM HARBOR, FL 34684 58-1492325	GRANT MAKING	FL	501(C)(3)	LINE 11A,I	TRINITY HEALTH CORPORATION	Yes	
ASYLUM HILL FAMILY MEDICINE CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450170	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
BAUM HARMON MERCY HOSPITAL 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 42-1500277	HEALTHCARE AND HOSPITAL SERVICES	IA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245 26-2973307	FOUNDATION	IA	501(C)(3)	LINE 11A,I	BAUM HARMON MERCY HOSPITAL	Yes	
BEECHWOOD INC 2212 BURDETT AVE TROY, NY 12180 14-1651563	TITLE HOLDING COMPANY	NY	501(C)(2)	N/A	LTC (EDDY) INC	Yes	
BETHLEHEM HAVEN OF PITTSBURGH 905 WATSON STREET PITTSBURGH, PA 15219 25-1436685	HOMELESS SHELTER	PA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
BEVERWYCK INC 40 AUTUMN DRIVE SLINGERLANDS, NY 12159 14-1717028	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
BRIGHTSIDE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2182395	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 9	THE MERCY HOSPITAL INC	Yes	
CAPITAL REGION GERIATRIC CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1701597	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
CARING PARTNERS HOME HEALTH INC 1200 EARHART RD ANN ARBOR, MI 48105 20-1681131	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	GLACIER HILLS INC	Yes	
CATHERINE MCAULEY HEALTH SERVICES CORP PO BOX 995 ANN ARBOR, MI 48106 38-2507173	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VT	501(C)(3)	LINE 1	N/A		No
COLUMBUS ACQUISITION CORP 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616342	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND PO BOX 3998 SOUTH BEND, IN 46619 26-3051440	HEALTHCARE SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
CRANBROOK HOSPICE CARE 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320699	HOSPICE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
DILEY RIDGE MEDICAL CENTER 6150 EAST BROAD STREET COLUMBUS, OH 43213 34-2032340	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	Yes	
DUBUQUE MERCY HEALTH FOUNDATION 250 MERCY DRIVE DUBUQUE, IA 52001 26-2227941	FOUNDATION	IA	501(C)(3)	LINE 11A,I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
DYERSVILLE HEALTH FOUNDATION INC 1111 3RD STREET SW DYERSVILLE, IA 52040 20-5383271	FOUNDATION	IA	501(C)(3)	LINE 11A,I	MERCY HEALTH SERVICES-IOWA CORP	Yes	

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
EAST NORRITON PHYSICIANS SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2515999	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
EDDY LICENSED HOME CARE AGENCY 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1818568	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 3	LTC (EDDY) INC	Yes	
EMBRACING AGE INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 46-1051881	PACE PROGRAM	NY	501(C)(3)	LINE 9	ST JOSEPH'S HEALTH INC	Yes	
EMPIRE HOME INFUSION SERVICE INC 10 BLACKSMITH DRIVE MALTA, NY 12020 14-1795732	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
FARREN CARE CENTER INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-2501711	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
FRANCISCAN ELDERCARE CORPORATION PO BOX 2500 WILMINGTON, DE 19805 22-3008680	LONG TERM CARE (INACTIVE)	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	
GLACIER HILLS FOUNDATION 1200 EARHART RD ANN ARBOR, MI 48105 20-8072723	FOUNDATION	MI	501(C)(3)	LINE 11A, I	GLACIER HILLS INC	Yes	
GLACIER HILLS INC 1200 EARHART RD ANN ARBOR, MI 48105 38-1891500	SENIOR LIVING COMMUNITY	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
GLEN EDDY INC ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309 14-1794150	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
GLOBAL HEALTH MINISTRY 20555 VICTOR PARKWAY LIVONIA, MI 48152 42-1253527	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
GOOD SAMARITAN HOSPITAL INC 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642 26-1720984	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION 701 W NORTH AVE MELROSE PARK, IL 60160 36-3332852	COMMUNITY OUTREACH	IL	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	Yes	
GOTTLIEB MEMORIAL FOUNDATION 701 W NORTH AVE MELROSE PARK, IL 60160 74-3260011	FOUNDATION	IL	501(C)(3)	LINE 11C, III-FI	N/A		No
GOTTLIEB MEMORIAL HOSPITAL 701 W NORTH AVE MELROSE PARK, IL 60160 36-2379649	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS INC 945 OTTAWA AVE NW GRAND RAPIDS, MI 49503 23-7270669	MEDICAL EDUCATION TRAINING PROGRAMS	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST PO BOX 3302 MUSKEGON, MI 49443 38-2299878	SELF INSURANCE	MI	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	Yes	
HACKLEY LIFE COUNSELING 125 E SOUTHERN AVENUE MUSKEGON, MI 49442 38-1386362	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
HAWTHORNE RIDGE INC 30 COMMUNITY WAY EAST GREENBUSH, NY 12061 80-0102840	SENIOR LIVING COMMUNITY	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HEART CENTER OF GREATER WATERBURY INC PO BOX 2153 WATERBURY, CT 06722 83-0416893	MANAGEMENT	CT	501(C)(3)	LINE 11A, I	N/A		No
HERITAGE HOUSE NURSING CENTER INC 2920 TIBBITS AVE TROY, NY 12180 14-1725101	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	

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
HOLY CROSS CARENET INC PO BOX 9184 FARMINGTON HILLS, MI 48152 52-1945054	LONG TERM CARE	MD	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
HOLY CROSS HEALTH FOUNDATION INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 20-8428450	FOUNDATION	MD	501(C)(3)	LINE 7	HOLY CROSS HEALTH INC	Yes	
HOLY CROSS HEALTH INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-0738041	HEALTHCARE AND HOSPITAL SERVICES	MD	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791028	HEALTHCARE AND HOSPITAL SERVICES	FL	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
HOLY CROSS MEDICAL PROPERTIES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 65-0666283	BUILDING MANAGEMENT SERVICES	FL	501(C)(2)	N/A	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS OUTPATIENT SERVICES INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 46-5421068	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOLY CROSS PRIMARY CARE INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 81-2531495	HEALTHCARE SERVICES	FL	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL INC	Yes	
HOME & COMMUNITY HEALTH SERVICES INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0723591	HOME HEALTH SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
HOME AIDE SERVICE OF EASTERN NEW YORK INC 433 RIVER ST SUITE 3000 TROY, NY 12180 14-1514867	HOME HEALTH SERVICES	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
HOSPICE OF NORTH IOWA 232 SECOND STREET SE MASON CITY, IA 50401 42-1173708	HOSPICE SERVICES	IA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA CORP	Yes	
HOSPICE OF SIOUXLAND 4300 HAMILTON BLVD SIOUX CITY, IA 51104 38-3320710	HOSPICE SERVICES	IA	501(C)(3)	LINE 11A, I	N/A		No
HOSPICE OF WASHTENAW II 806 AIRPORT BLVD ANN ARBOR, MI 48108 38-3320707	HOSPICE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	Yes	
IHA HEALTH SERVICES CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3316559	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
JOHNSON HEALTH CARE INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0709903	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
JOHNSON MEMORIAL HOSPITAL INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 47-5676956	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
JOHNSON MEMORIAL MEDICAL CENTER INC 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076 81-0696923	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
LANGHORNE MRI INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2519529	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LANGHORNE PHYSICIAN SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2571699	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LIFE AT LOURDES INC 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109 26-1854750	PACE PROGRAM	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LIFE AT ST FRANCIS HEALTHCARE INC 7TH AND CLAYTON STREETS WILMINGTON, DE 19805 45-2569214	PACE PROGRAM	DE	501(C)(3)	LINE 9	ST FRANCIS HOSPITAL	Yes	

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						Yes	No
LIFE ST FRANCIS CORPORATION 1435 LIBERTY STREET HAMILTON, NJ 08629 22-2797282	PACE PROGRAM	NJ	501(C)(3)	LINE 9	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
LIFE ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 27-2159847	PACE PROGRAM	NC	501(C)(3)	LINE 3	ST JOSEPH OF THE PINES INC	Yes	
LIFE ST MARY 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 26-2976184	PACE PROGRAM	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
LOURDES ANCILLARY SERVICES 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568525	VOLUNTEER SERVICE AUXILIARY	NJ	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOURDES CARDIOLOGY SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 27-4357794	HEALTHCARE SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY 218 SUNSET ROAD WILLINGBORO, NJ 08046 22-3612265	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
LOYOLA MEDICINE TRANSPORT LLC 905 W NORTH AVE MELROSE PARK, IL 60160 47-4147171	TRANSPORATION SERVICES	IL	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	Yes	
LOYOLA UNIVERSITY HEALTH SYSTEM 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-3342448	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
LOYOLA UNIVERSITY MEDICAL CENTER 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153 36-4015560	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	Yes	
LTC (EDDY) INC 2212 BURDETT AVE TROY, NY 12180 22-2564710	MANAGEMENT SERVICES FOR LONG TERM CARE	NY	501(C)(3)	LINE 11B, II	ST PETER'S HEALTH PARTNERS	Yes	
MARIAN COMMUNITY HOSPITAL 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 24-0711230	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	Yes	
MARIAN HOME HEALTHCARE 801 5TH STREET SIOUX CITY, IA 51101 38-3320705	HOME HEALTH SERVICES (INACTIVE)	IA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MAXIS HEALTH SYSTEM 3805 WEST CHESTER PIKE STE 100 NEWTOWN SQUARE, PA 19073 91-1940902	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
MCAULEY CENTER INC 275 STEELE ROAD WEST HARTFORD, CT 06117 06-1058086	SENIOR LIVING COMMUNITY	CT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH INC	Yes	
MCAULEY CLINIC CORPORATION PO BOX 992 ANN ARBOR, MI 48106 38-2561013	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP	Yes	
MCAULEY MINISTRIES 3333 FIFTH AVENUE PITTSBURGH, PA 15213 94-3436142	GRANT MAKING	PA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	Yes	
MERCY AMICARE HOME HEALTHCARE OAKLAND 1111 W LONG LAKE RD STE 102 TROY, MI 48098 38-3320698	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY AMICARE HOME HEALTHCARE PORT HURON 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-3320701	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY CARE FOUNDATION 424 DECATUR STREET ATLANTA, GA 30312 58-1448522	FOUNDATION	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1352191	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	

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						Yes	No
MERCY COMMUNITY HEALTH INC 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-1492707	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY FAMILY SUPPORT 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325059	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY FOUNDATION INC 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227350	FOUNDATION	IL	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY GENERAL HEALTH PARTNERS AMICARE HOMECARE 888 TERRACE STREET MUSKEGON, MI 49440 38-3321856	HOSPICE & HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2829864	FOUNDATION	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH NETWORK INC 1111 6TH AVENUE DES MOINES, IA 50314 42-1478417	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DE	501(C)(3)	LINE 11B, II	N/A		No
MERCY HEALTH PARTNERS 1500 E SHERMAN BLVD MUSKEGON, MI 49444 38-2589966	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HEALTH PLAN ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 22-2483605	MEDICAID MANAGED CARE PLAN	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HEALTH SERVICES - IOWA CORP 1000 4TH STREET SW MASON CITY, IA 50401 31-1373080	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF CHICAGO 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3163327	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2212638	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
MERCY HEALTHCARE CENTER 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986 15-0532211	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
MERCY HEALTHCARE FOUNDATION - CLINTON 1410 N 4TH ST CLINTON, IA 52732 42-1316126	FOUNDATION	IA	501(C)(3)	LINE 7	N/A		No
MERCY HOME HEALTH 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-1352099	HOME HEALTH SERVICES	PA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	Yes	
MERCY HOME HEALTH SERVICES 1001 BALTIMORE PIKE SUITE 310 SPRINGFIELD, PA 19064 23-2325058	MANAGEMENT SERVICES FOR HOME HEALTH	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY HOSPITAL AND MEDICAL CENTER 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-2170152	HEALTHCARE AND HOSPITAL SERVICES	IL	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	Yes	
MERCY HOSPITAL CADILLAC FOUNDATION 1820 44TH ST SE KENTWOOD, MI 49508 20-3357131	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
MERCY HOSPITAL INC 4725 NORTH FEDERAL HIGHWAY FT LAUDERDALE, FL 33308 59-0791034	HEALTHCARE SERVICES (INACTIVE)	FL	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MERCY HOSPITAL INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398280	HEALTHCARE AND HOSPITAL SERVICES	MA	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
MERCY LIFE CENTER CORPORATION 1200 REEDSDALE STREET PITTSBURGH, PA 15233 25-1604115	COMMUNITY OUTREACH	PA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	Yes	

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						Yes	No
MERCY LIFE OF ALABAMA PO BOX 7957 MOBILE, AL 36670 27-3163002	PACE PROGRAM	AL	501(C)(3)	LINE 3	TRINITY HEALTH PACE	Yes	
MERCY LIFE INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-3086711	PACE PROGRAM	MA	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS INC	Yes	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2627944	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
MERCY MEDICAL CENTER - CLINTON INC 1410 NORTH 4TH ST CLINTON, IA 52732 42-1336618	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION 801 5TH STREET SIOUX CITY, IA 51102 14-1880022	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA 1000 4TH STREET SW MASON CITY, IA 50401 42-1229151	FOUNDATION	IA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA CORP	Yes	
MERCY MEDICAL CORPORATION PO BOX 7957 MOBILE, AL 36670 63-6002215	PACE PROGRAM	AL	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
MERCY MEDICAL GROUP INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4884805	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
MERCY PHYSICIAN NETWORK ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 46-1187365	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY SENIOR CARE INC 424 DECATUR STREET ATLANTA, GA 30312 58-1366508	COMMUNITY OUTREACH	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES DOWNTOWN INC 424 DECATUR STREET ATLANTA, GA 30312 27-2046353	TITLE HOLDING COMPANY	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2719605	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
MERCY SPECIALIST PHYSICIANS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 26-4033168	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
MERCY SUBURBAN HOSPITAL ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-1396763	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
MERCY UIHLEIN HEALTH CORPORATION 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, NY 19073 16-1535133	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
MISSION HEALTH CORPORATION 37595 SEVEN MILE ROAD LIVONIA, MI 48152 38-3181557	BUILDING MANAGEMENT SERVICES	DE	501(C)(3)	LINE 11A, I	N/A		No
MOUNT CARMEL COLLEGE OF NURSING 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1308555	COLLEGE OF NURSING	OH	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH INSURANCE COMPANY 6150 EAST BROAD STREET COLUMBUS, OH 43213 25-1912781	HEALTH INSURANCE	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH PLAN INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1471229	MEDICARE HMO	OH	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HEALTH SYSTEM 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1439334	HEALTHCARE AND HOSPITAL SERVICES	OH	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	

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						Yes	No
MOUNT CARMEL HEALTH SYSTEM FOUNDATION 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1113966	FOUNDATION	OH	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	Yes	
MOUNT CARMEL HOME CARE LLC 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081 26-2729300	HOME HEALTH SERVICES	OH	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
MOUNT SINAI HOSPITAL FOUNDATION INC 500 BLUE HILLS AVENUE HARTFORD, CT 06112 22-2584082	FOUNDATION	CT	501(C)(3)	LINE 11C, III-FI	N/A		No
MOUNT SINAI REHABILITATION HOSPITAL INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1422973	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
MOUNT ST JOSEPH 7 HIGHTOWER STREET WATERVILLE, ME 04901 01-0274998	HEALTHCARE SERVICES	ME	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
MRI MOBILE SERVICES OF WEST MICHIGAN 1820 44TH STREET KENTWOOD, MI 49508 38-3073745	HEALTHCARE SERVICES (INACTIVE)	MI	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	Yes	
MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVENUE MUSKEGON, MI 49440 91-1932918	COMMUNITY OUTREACH	MI	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	Yes	
NAZARETH HEALTH CARE FOUNDATION 2701 HOLME AVENUE PHILADELPHIA, PA 19152 23-2300951	FOUNDATION	PA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	Yes	
NAZARETH HOSPITAL 2601 HOLME AVENUE PHILADELPHIA, PA 19152 23-2794121	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
NAZARETH PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 20-3261266	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
NE PHYSICIAN SERVICES INC ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2497355	HEALTHCARE SERVICES (INACTIVE)	PA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	Yes	
OAKLAND MERCY HOSPITAL 601 EAST 2ND STREET OAKLAND, NE 68045 20-8072234	HEALTHCARE AND HOSPITAL SERVICES	NE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA CORP	Yes	
OAKLAND MERCY HOSPITAL FOUNDATION 601 E 2ND STREET OAKLAND, NE 68045 31-1678345	FOUNDATION	NE	501(C)(3)	LINE 11A, I	OAKLAND MERCY HOSPITAL	Yes	
ONE THOUSAND CORPORATION 1000 ASYLUM AVENUE HARTFORD, CT 06105 06-0922325	BUILDING MANAGEMENT SERVICES	CT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	
OSUMOUNT CARMEL HEALTH ALLIANCE 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1654603	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OH	501(C)(3)	LINE 11A, I	N/A		No
OUR LADY OF LOURDES HEALTH CARE SERVICES INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2568528	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NJ	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	Yes	
OUR LADY OF LOURDES HEALTH FOUNDATION INC 1600 HADDON AVENUE CAMDEN, NJ 08103 22-2351960	FOUNDATION	NJ	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF LOURDES MEDICAL CENTER 1600 HADDON AVENUE CAMDEN, NJ 08103 21-0635001	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	Yes	
OUR LADY OF MERCY LIFE CENTER 2 MERCYCARE LANE GUILDERLAND, NY 12084 14-1743506	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
PIONEER VALLEY CARDIOLOGY ASSOCIATES INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 45-4208896	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	

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						Yes	No
PITTSBURGH MERCY HEALTH SYSTEM 3333 5TH AVENUE PITTSBURGH, PA 15213 25-1464211	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
PROBILITY THERAPY SERVICES 2058 S STATE STREET ANN ARBOR, MI 48104 20-2020239	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	TRINITY HEALTH- MICHIGAN	Yes	
PROFESSIONAL MED TEAM 965 FORK STREET MUSKEGON, MI 49442 38-2638284	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	Yes	
RIVERBEND MEDICAL GROUP INC 271 CAREW ST SPRINGFIELD, MA 01104 81-1807730	HEALTHCARE SERVICES	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
SJ MANAGEMENT COMPANY OF SYRACUSE INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-1763712	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11C, III-FI	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
SAINT AGNES MEDICAL CENTER 1303 EAST HERNDON AVE FRESNO, CA 93720 94-1437713	HEALTHCARE AND HOSPITAL SERVICES	CA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) 1303 EAST HERNDON AVE FRESNO, CA 93720 94-2839324	HEALTHCARE SERVICES	CA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	Yes	
SAINT ALPHONSUS BUILDING COMPANY INC 1055 NORTH CURTIS RD BOISE, ID 83706 82-0401011	BUILDING MANAGEMENT SERVICES	ID	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS DIVERSIFIED CARE INC 1055 NORTH CURTIS RD BOISE, ID 83706 94-3028978	HEALTHCARE SYSTEM SUPPORT	ID	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	Yes	
SAINT ALPHONSUS FOUNDATION-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 94-3164869	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	Yes	
SAINT ALPHONSUS FOUNDATION-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 20-2683560	FOUNDATION	OR	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	
SAINT ALPHONSUS HEALTH SYSTEM INC 1055 N CURTIS ROAD BOISE, ID 83706 27-1929502	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ID	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS 351 SW 9TH STREET ONTARIO, OR 97914 94-3059469	VOLUNTEER SERVICE AUXILIARY	OR	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER- ONTARIO	Yes	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY INC 3325 POCAHONTAS ROAD BAKER CITY, OR 97814 27-1790052	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 26-1737256	FOUNDATION	ID	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER- NAMPA	Yes	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0200896	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO INC 351 SW 9TH STREET ONTARIO, OR 97914 27-1789847	HEALTHCARE AND HOSPITAL SERVICES	OR	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER 1055 NORTH CURTIS RD BOISE, ID 83706 82-0200895	HEALTHCARE AND HOSPITAL SERVICES	ID	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM INC	Yes	
SAINT FRANCIS EMERGENCY MEDICAL GROUP INC 114 WOODLAND STREET HARTFORD, CT 06105 45-1994612	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 11B, II	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION INC	Yes	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1008255	FOUNDATION	CT	501(C)(3)	LINE 11B, II	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	Yes	

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
TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATIONINC 114 WOODLAND STREET HARTFORD, CT 06105 06-1450168	HEALTHCARE SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
SAINT JAMES CARE INC 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616230	INACTIVE ENTITY	NJ	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	Yes	
SAINT JOSEPH PACE INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3129127	PACE PROGRAM	IN	501(C)(3)	LINE 7	TRINITY HEALTH PACE	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC PO BOX 670 PLYMOUTH, IN 46563 35-1142669	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-0868157	HEALTHCARE AND HOSPITAL SERVICES	IN	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-6033285	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY INC 1915 LAKE AVENUE PLYMOUTH, IN 46563 35-6043563	VOLUNTEER SERVICE AUXILIARY	IN	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS INC	Yes	
SAINT JOSEPH REGIONAL MEDICAL CENTER INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 35-1568821	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S HEALTH SYSTEM INC 424 DECATUR STREET ATLANTA, GA 30312 58-1744848	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	Yes	
SAINT JOSEPH'S MERCY CARE SERVICES INC 424 DECATUR STREET ATLANTA, GA 30312 58-1752700	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
SAINT JOSEPH'S TOWER INC PO BOX 9184 FARMINGTON HILLS, MI 48333 31-1040468	SENIOR LIVING COMMUNITY	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES - INDIANA INC	Yes	
SAINT MARY'S AMICARE HOME HEALTHCARE 1430 MONROE NW STE 120 GRAND RAPIDS, MI 49505 38-3320700	HOME HEALTH SERVICES	MI	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	Yes	
SAINT MARY'S FOUNDATION 200 JEFFERSON ST SE GRAND RAPIDS, MI 49503 38-1779602	FOUNDATION	MI	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	Yes	
SAINT MARY'S HOSPITAL FOUNDATION INC 56 FRANKLIN STREET WATERBURY, CT 06706 22-2528400	FOUNDATION	CT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL INC	Yes	
SAINT MARY'S HOSPITAL INC 56 FRANKLIN STREET WATERBURY, CT 06706 06-0646844	HEALTHCARE AND HOSPITAL SERVICES	CT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	Yes	
SAINT MICHAEL'S MEDICAL CENTER 111 CENTRAL AVENUE NEWARK, NJ 07102 26-2616046	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
SAMARITAN CHILD CARE CENTER INC 2213 BURDETT AVE TROY, NY 12180 14-1710225	CHILD CARE	NY	501(C)(3)	LINE 9	ST PETER'S HEALTH PARTNERS	Yes	
SAMARITAN HOSPITAL 2215 BURDETT AVE TROY, NY 12180 14-1338544	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SENIOR CARE CONNECTION INC 504 STATE ST SCHENECTADY, NY 12305 14-1708754	PACE PROGRAM	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
SETON AUXILIARY INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1505031	VOLUNTEER SERVICE AUXILIARY	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	

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

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						Yes	No
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE 1 ABELE BLVD CLIFTON PARK, NY 12065 14-1756230	LONG TERM CARE	NY	501(C)(3)	LINE 9	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH FOUNDATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 22-2345416	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM INC	Yes	
SETON HEALTH SYSTEM INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1776186	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SISTERS OF PROVIDENCE CARE CENTERS INC C/O SPHS 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 22-2541103	LONG TERM CARE	MA	501(C)(3)	LINE 3	THE MERCY HOSPITAL INC	Yes	
SISTERS OF PROVIDENCE HEALTH SYSTEM INC 1221 MAIN STREET SUITE 213 HOLYOKE, MA 01040 04-3398374	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
SJHSJOC HOLDINGS INC 424 DECATUR STREET ATLANTA, GA 30312 47-2299757	HEALTHCARE SYSTEM SUPPORT	GA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM INC	Yes	
ST AGNES CONTINUING CARE CENTER ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2840137	PACE PROGRAM	PA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA	Yes	
ST AGNES CONTINUING CARE CENTER FOUNDATION ONE WEST ELM STREET SUITE 100 CONSHOHOCKEN, PA 19428 23-2415137	FOUNDATION	PA	501(C)(3)	LINE 11A, I	ST AGNES CONTINUING CARE CENTER	Yes	
ST FRANCIS FOUNDATION PO BOX 2500 WILMINGTON, DE 19805 51-0374158	FOUNDATION	DE	501(C)(3)	LINE 11A, I	ST FRANCIS HOSPITAL	Yes	
ST FRANCIS HOSPITAL INC PO BOX 2500 WILMINGTON, DE 19805 51-0064326	HEALTHCARE AND HOSPITAL SERVICES	DE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST FRANCIS MEDICAL CENTER FOUNDATION INC 601 HAMILTON AVENUE TRENTON, NJ 08629 52-1025476	FOUNDATION	NJ	501(C)(3)	LINE 7	ST FRANCIS MEDICAL CENTER TRENTON NJ	Yes	
ST FRANCIS MEDICAL CENTER TRENTON NJ 601 HAMILTON AVENUE TRENTON, NJ 08629 22-3431049	HEALTHCARE AND HOSPITAL SERVICES	NJ	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	Yes	
ST JAMES MERCY HEALTH SYSTEM INC 411 CANISTEO STREET HORNELL, NY 14843 22-3127184	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH MERCY OAKLAND FOUNDATION 44405 WOODWARD AVE PONTIAC, MI 48341 35-2356789	FOUNDATION	MI	501(C)(3)	LINE 11A, I	TRINITY HEALTH- MICHIGAN	Yes	
ST JOSEPH OF THE PINES INC 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387 56-0694200	LONG TERM CARE	NC	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	Yes	
ST JOSEPH'S COLLEGE OF NURSING AT ST JOSEPH'S HOSPITAL HEALTH CENTER 206 PROSPECT AVENUE SYRACUSE, NY 13203 20-2497520	COLLEGE OF NURSING	NY	501(C)(3)	LINE 2	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S HEALTH CENTER PROPERTIES INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 23-7219294	BUILDING MANAGEMENT SERVICES	NY	501(C)(3)	LINE 11B, II	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HEALTH INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 47-4754987	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER 301 PROSPECT AVENUE SYRACUSE, NY 13203 15-0532254	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST JOSEPH'S HEALTH INC	Yes	
ST JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION INC 301 PROSPECT AVENUE SYRACUSE, NY 13203 22-2149775	FOUNDATION	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HEALTH INC	Yes	

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

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						Yes	No
ST JOSEPH'S MEDICAL PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 27-3899821	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST JOSEPH'S PHYSICIAN HEALTH PC 301 PROSPECT AVENUE SYRACUSE, NY 13203 16-1516863	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 11A, I	ST JOSEPH'S HOSPITAL HEALTH CENTER	Yes	
ST MARY BUILDING AND DEVELOPMENT 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-1827502	TITLE HOLDING COMPANY	PA	501(C)(2)	N/A	ST MARY MEDICAL CENTER	Yes	
ST MARY EMERGENCY MEDICAL SERVICES 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 46-5354512	HEALTHCARE SERVICES	PA	501(C)(3)	LINE 9	ST MARY MEDICAL CENTER	Yes	
ST MARY HOME INCORPORATED 2021 ALBANY AVENUE WEST HARTFORD, CT 06117 06-0646843	LONG TERM CARE	CT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH INC	Yes	
ST MARY MEDICAL CENTER 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-1913910	HEALTHCARE AND HOSPITAL SERVICES	PA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY MEDICAL CENTER FOUNDATION INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2567468	FOUNDATION	PA	501(C)(3)	LINE 7	ST MARY MEDICAL CENTER	Yes	
ST MARY'S FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 58-2544232	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S GOOD SAMARITAN FOUNDATION INC 1230 BAXTER STREET ATHENS, GA 30606 81-1660088	FOUNDATION	GA	501(C)(3)	LINE 11A, I	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S HEALTH CARE SYSTEM INC 1230 BAXTER STREET ATHENS, GA 30606 58-0566223	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
ST MARY'S HIGHLAND HILLS INC 1230 BAXTER STREET ATHENS, GA 30606 02-0576648	SENIOR LIVING COMMUNITY	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S MEDICAL GROUP INC 1230 BAXTER STREET ATHENS, GA 30606 26-1858563	HEALTHCARE SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MARY'S SACRED HEART HOSPITAL INC 367 CLEAR CREEK PARKWAY LAVONIA, GA 30553 47-3752176	HEALTHCARE AND HOSPITAL SERVICES	GA	501(C)(3)	LINE 3	ST MARY'S HEALTH CARE SYSTEM INC	Yes	
ST MICHAEL'S FOUNDATION INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3311976	FOUNDATION	NJ	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	Yes	
ST PETER'S HEALTH PARTNERS 315 SOUTH MANNING BLVD ALBANY, NY 12208 45-3570715	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NY	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
ST PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES PC 315 SOUTH MANNING BLVD ALBANY, NY 12208 46-1177336	HEALTHCARE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL 315 SOUTH MANNING BLVD ALBANY, NY 12208 14-1348692	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
ST PETER'S HOSPITAL FOUNDATION INC 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2262982	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER 1270 BELMONT AVE SCHENECTADY, NY 12308 14-1338386	HEALTHCARE AND HOSPITAL SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION INC 1270 BELMONT AVE SCHENECTADY, NY 12308 22-2505127	FOUNDATION	NY	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION CENTER	Yes	

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						Yes	No
THE COMMUNITY HOSPICE FOUNDATION INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 22-2692940	FOUNDATION	NY	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE INC	Yes	
THE COMMUNITY HOSPICE INC 295 VALLEY VIEW BLVD RENSSELAER, NY 12144 14-1608921	HOSPICE SERVICES	NY	501(C)(3)	LINE 3	ST PETER'S HEALTH PARTNERS	Yes	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SOUTH BEND, IN 46617 35-1654543	FOUNDATION	IN	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER INC	Yes	
THE JAMES A EDDY MEMORIAL GERIATRIC CENTER INC 2256 BURDETT AVE TROY, NY 12180 22-2570478	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE MARJORIE DOYLE ROCKWELL CENTER INC 421 WEST COLUMBIA ST COHOES, NY 12047 14-1793885	LONG TERM CARE	NY	501(C)(3)	LINE 9	LTC (EDDY) INC	Yes	
THE NORTHEAST HEALTH FOUNDATION INC 310 SOUTH MANNING BLVD ALBANY, NY 12208 22-2743478	FOUNDATION	NY	501(C)(3)	LINE 7	ST PETER'S HEALTH PARTNERS	Yes	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC 114 WOODLAND STREET HARTFORD, CT 06105 06-0660403	VOLUNTEER SERVICE AUXILIARY	CT	501(C)(3)	LINE 11B, II	N/A		No
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES 309 GRAND RIVER PORT HURON, MI 48060 38-2485700	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 11A, I	N/A		No
TRI-HOSPITAL MRI CENTER 4190 24TH AVENUE FORT GRATIOT, MI 48054 38-2884297	HEALTHCARE SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	Yes	
TRINITY CONTINUING CARE SERVICES PO BOX 9184 FARMINGTON HILLS, MI 48333 38-2559656	LONG TERM CARE	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
TRINITY CONTINUING CARE SERVICES - INDIANA INC PO BOX 9184 FARMINGTON HILLS, MI 48333 93-0907047	LONG TERM CARE	IN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	Yes	
TRINITY HEALTH - MICHIGAN 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-2113393	HEALTHCARE AND HOSPITAL SERVICES	MI	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH OF NEW ENGLAND CORPORATION INC 114 WOODLAND STREET HARTFORD, CT 06105 06-1491191	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH CORPORATION 20555 VICTOR PARKWAY LIVONIA, MI 48152 35-1443425	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IN	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	Yes	
TRINITY HEALTH LIFE PENNSYLVANIA INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-5244984	PACE PROGRAM	PA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	Yes	
TRINITY HEALTH PACE 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3073124	PACE PROGRAM	MI	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	Yes	
TRINITY HEALTH WELFARE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 20-8151733	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MI	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	Yes	
TRINITY HOME HEALTH SERVICES 17410 COLLEGE PARKWAY STE 150 LIVONIA, MI 48152 38-2621935	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MI	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	Yes	
UIHLEIN MERCY CENTER 3805 WEST CHESTER PIKE SUITE 100 NEWTOWN SQUARE, PA 19073 15-0532190	HEALTHCARE SERVICES (INACTIVE)	NY	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	Yes	
UNIVERSITY HEIGHTS PROPERTY COMPANY INC 111 CENTRAL AVENUE NEWARK, NJ 07102 22-3100162	TITLE HOLDING COMPANY	NJ	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	Yes	

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						Yes	No
VILLA MARY IMMACULATE 301 HACKETT BLVD ALBANY, NY 12208 14-1438749	LONG TERM CARE	NY	501(C)(3)	LINE 3	ST PETER'S HOSPITAL	Yes	
WESTSHORE HEALTH NETWORK 1820 44TH STREET KENTWOOD, MI 49508 38-3280200	HEALTH NETWORK	MI	501(C)(4)	N/A	MERCY HEALTH PARTNERS	Yes	

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership[illegible]

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

[illegible]

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
AFFILIATED MANAGEMENT SERVICES (1) CORPORATION INC 1300 MASSACHUSETTS AVENUE TROY, NY 12180 14-1668024	REAL ESTATE	NY	N/A	C				Yes	
(1) CARBONDALE PHYSICIANS' SERVICES INC 100 LINCOLN AVE CARBONDALE, PA 18407 23-2365077	PHARMACY	PA	N/A	C				Yes	
(2) CATHERINE HORAN BUILDING CORP 1233 MAIN STREET HOLYOKE, MA 01040 04-2938160	BUILDING MANAGEMENT	MA	N/A	C				Yes	
(3) CHESTNUT RISK SERVICES LTD 11 VICTORIA STREET HAMILTON BD	INSURANCE	BD	N/A	C				Yes	
DIVERSIFIED COMMUNITY SERVICES (4) INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3128890	MEDICAL SERVICES	MA	N/A	C				Yes	
(5) FHS SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 27-2995699	MEDICAL SERVICES	NY	N/A	C				Yes	
(6) FRANCISCAN ASSOCIATES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 20-2991688	MEDICAL SERVICES	NY	N/A	C				Yes	
(7) FRANCISCAN HEALTH SUPPORT INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1236354	MEDICAL SERVICES	NY	N/A	C				Yes	
(8) FRANCISCAN MANAGEMENT SERVICES INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1351193	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(9) FRANKLIN MEDICAL GROUP PC 56 FRANKLIN ST WATERBURY, CT 06706 06-1470493	PHYSICIAN OFFICE	CT	N/A	C				Yes	
(10) GOTTLIEB MANAGEMENT SERVICES INC 701 W NORTH AVE MELROSE PARK, IL 60160 36-3330529	MANAGEMENT SERVICES	IL	N/A	C				Yes	
(11) HEF INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3086401	OFFICE STAFFING	MI	N/A	C				Yes	
(12) HACKLEY HEALTH MANAGEMENT INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2961814	WEIGHT MANAGEMENT	MI	N/A	C				Yes	
(13) HACKLEY HEALTH VENTURES INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2589959	OTHER MEDICAL SERVICES	MI	N/A	C				Yes	
HACKLEY HEALTHCARE EQUIPMENT (14) CORP 1820 44TH STREET SE KENTWOOD, MI 49508 38-2578569	HOME MEDICAL EQUIPMENT	MI	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(16) HACKLEY PROFESSIONAL PHARMACY INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-2447870	PHARMACY	MI	N/A	C				Yes	
(1) HEALTH CARE MANAGEMENT ADMINISTRATORS INC 333 BUTTERNUT DRIVE SUITE 100 DEWITT, NY 13214 16-1450960	HEALTHCARE MANAGEMENT	NY	N/A	C				Yes	
(2) HEALTH MANAGEMENT SERVICES ORG INC 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3366580	MEDICAL ADMINISTRATION	NJ	N/A	C				Yes	
(3) HOLY CROSS PRIVATE HOME SERVICES CORP 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1986562	HOME CARE SERVICES	MD	N/A	C				Yes	
(4) HPC CO-OWNERS ASSOCIATION 1700 CLINTON MUSKEGON, MI 49442 27-0734448	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
(5) HURON ARBOR CORPORATION 5301 EAST HURON RIVER DR ANN ARBOR, MI 48106 38-2475644	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C				Yes	
(6) IHA AFFILIATION CORPORATION 24 FRANK LLOYD WRIGHT DR LOBBY J ANN ARBOR, MI 48106 38-3188895	MEDICAL MANAGEMENT	MI	N/A	C				Yes	
(7) LANGHORNE SERVICES II INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 25-3795549	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C				Yes	
(8) LANGHORNE SERVICES INC 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047 23-2625981	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C				Yes	
(9) LIFECARE PHYSICIANS PC 601 HAMILTON AVENUE TRENTON, NJ 08629 26-1649038	HEALTH CARE SERVICES	NJ	N/A	C				Yes	
(10) LOURDES MEDICAL ASSOCIATES PA 500 GROVE STREET SUITE 100 HADDON HEIGHTS, NJ 08035 22-3361862	MEDICAL SERVICES	NJ	N/A	C				Yes	
(11) LOURDES URGENT CARE SERVICES PC 1600 HADDON AVENUE CAMDEN, NJ 08103 46-4188202	URGENT CARE CENTER	NJ	N/A	C				Yes	
(12) MARYLAND CARE GROUP INC 1500 FOREST GLEN RD SILVER SPRING, MD 20910 52-1815313	HEALTHCARE HOLDING	MD	N/A	C				Yes	
(13) MCMC EASTWICK INC C/O MHS ONE WEST ELM STREET STE 100 CONSHOHOCKEN, PA 19428 23-2184261	MEDICAL OFFICE BUILDINGS	PA	N/A	C				Yes	
(14) MEDNOW INC 1512 12TH AVENUE ROAD NAMPA, ID 83686 82-0389927	MEDICAL SERVICES	ID	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
(31) MERCY HOME CARE INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3317426	HEALTH CARE SERVICES	MA	N/A	C				Yes	
MERCY INPATIENT MEDICAL (1) ASSOCIATES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-3029929	MEDICAL SERVICES	MA	N/A	C				Yes	
(2) MERCY MEDICAL SERVICES 801 5TH STREET SIOUX CITY, IA 51101 42-1283849	PRIMARY CARE PHYSICIANS	IA	N/A	C				Yes	
(3) MERCY SERVICES CORPORATION 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616 36-3227348	DORMANT	IL	N/A	C				Yes	
(4) MOUNT CARMEL HEALTH PROVIDERS INC 6150 EAST BROAD STREET COLUMBUS, OH 43213 31-1382442	MEDICAL SERVICES	OH	N/A	C				Yes	
(5) NURSING NETWORK INC 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308 59-1145192	MEDICAL SERVICES	FL	N/A	C				Yes	
PHYSICIANS MEDICAL OFFICE (6) BUILDING CONDOMINIUM TRUST 1221 MAIN STREET SUITE 108 HOLYOKE, MA 01040 04-6608649	PROPERTY MANAGEMENT	MA	N/A	C				Yes	
SAINT ALPHONSUS HEALTH (7) ALLIANCE INC 1055 NORTH CURTIS ROAD BOISE, ID 83706 82-0524649	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C				Yes	
(8) SAINT ALPHONSUS PHYSICIANS PA 1055 NORTH CURTIS ROAD BOISE, ID 83706 33-1078261	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C				Yes	
(9) SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC 114 WOODLAND STREET STE 4312 HARTFORD, CT 06105 06-1384686	MEDICAL SERVICES	CT	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC	C	-1,535,398	1,023,533	100 000 %	Yes	
SAINT FRANCIS CARE MEDICAL (10) GROUP PC 114 WOODLAND STREET HARTFORD, CT 06105 06-1432373	MEDICAL SERVICES	CT	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER INC	C	-749,049	1,245,451	100 000 %	Yes	
SAMARITAN MEDICAL OFFICE (11) BUILDING INC 2212 BURDETT AVENUE TROY, NY 12180 14-1607244	REAL ESTATE	NY	N/A	C				Yes	
(12) SJM PROPERTIES INC 411 CANISTEO STREET HORNELL, NY 14843 16-1294991	PROPERTY HOLDINGS	NY	N/A	C				Yes	
SJPE PRACTICE MANAGEMENT (13) SERVICES INC 301 PROSPECT AVE SYRACUSE, NY 13203 45-4164964	MANAGEMENT SERVICES	NY	N/A	C				Yes	
(14) SJRMC HOLDINGS INC 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545 47-4763735	PROPERTY HOLDINGS	IN	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(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
ST ELIZABETH HEALTH SUPPORT (46) SERVICES INC 2209 GENESEE STREET UTICA, NY 13501 16-1540486	MEDICAL SERVICES	NY	N/A	C				Yes	
(1) ST MARY'S HIGHLAND HILLS VILLAGE INC 1230 BAXTER STREET ATHENS, GA 30606 58-2276801	ASSISTED LIVING	GA	N/A	C				Yes	
(2) SYSTEM COORDINATED SERVICES INC 1233 MAIN STREET HOLYOKE, MA 01040 04-2938161	LAB SERVICES	MA	N/A	C				Yes	
(3)THRE SERVICES LLC 20555 VICTOR PARKWAY LIVONIA, MI 48152 45-2603654	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C				Yes	
(4)TRINITY ASSURANCE LTD PO BOX 1051 GRAND CAYMAN GRAND CAYMAN CJ 98-0453602	PROVISION OF INSURANCE COVERAGE	CJ	N/A	C				Yes	
(5)TRINITY HEALTH ACO INC 20555 VICTOR PARKWAY LIVONIA, MI 48152 47-3794666	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C				Yes	
(6) TRINITY HEALTH EMPLOYEE BENEFIT TRUST 20555 VICTOR PARKWAY LIVONIA, MI 48152 38-3410377	GRANTOR TRUST	MI	N/A	T				Yes	
TRINITY SENIOR SERVICES (7) MANAGEMENT INC PO BOX 9184 FARMINGTON HILLS, MI 48333 37-1572595	SENIOR SERVICES	PA	N/A	C				Yes	
WEST SHORE PROFESSIONAL (8) BUILDING CONDOMINIUM 1820 44TH STREET SE KENTWOOD, MI 49508 38-2700166	CONDOMINIUM ASSOCIATION	MI	N/A	C				Yes	
WORKPLACE HEALTH OF GRAND (9) HAVEN INC 1820 44TH STREET SE KENTWOOD, MI 49508 38-3112035	OCCUPATIONAL HEALTH	MI	N/A	C				Yes	
SAINT FRANCIS HEALTH CARE (10) PARTNERS 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 06-1391257	MGMT AND ADMIN SERVICES	CT	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	C	3,488		50 000 %	Yes	
SAINT FRANCIS HEALTHCARE (11) PARTNERS ACO INC 95 WOODLAND ST FOURTH FLOOR HARTFORD, CT 06105 46-1315402	MGMT AND ADMIN SERVICES	CT	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	C			50 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	A	58,990	PER BOOKS
(1)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	O	3,360,985	PER BOOKS
(2)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	P	2,698,534	PER BOOKS
(3)	TRINITY HEALTH OF NEW ENGLAND CORPORATION INC	R	5,000,000	PER BOOKS
(4)	ASYLUM HILL FAMILY MEDICINE CENTER INC	A	194,180	PER BOOKS
(5)	ASYLUM HILL FAMILY MEDICINE CENTER INC	P	1,187,608	PER BOOKS
(6)	COLLABORATIVE LABORATORY SERVICES LLC	A	725,276	PER BOOKS
(7)	COLLABORATIVE LABORATORY SERVICES LLC	P	9,926,549	PER BOOKS
(8)	COLLABORATIVE LABORATORY SERVICES LLC	Q	3,671,444	PER BOOKS
(9)	JOHNSON MEMORIAL HOSPITAL INC	D	5,748,110	PER BOOKS
(10)	JOHNSON MEMORIAL HOSPITAL INC	R	9,823,164	PER BOOKS
(11)	MOUNT SINAI HOSPITAL FOUNDATION	Q	300,000	PER BOOKS
(12)	MOUNT SINAI REHABILITATION HOSPITAL INC	A	94,507	PER BOOKS
(13)	MOUNT SINAI REHABILITATION HOSPITAL INC	O	2,234,887	PER BOOKS
(14)	MOUNT SINAI REHABILITATION HOSPITAL INC	Q	12,582,287	
(15)	ONE THOUSAND CORPORATION	O	147,703	PER BOOKS
(16)	ONE THOUSAND CORPORATION	Q	105,255	PER BOOKS
(17)	ONE THOUSAND CORPORATION	P	1,579,056	PER BOOKS
(18)	ONE THOUSAND CORPORATION	S	8,110,552	PER BOOKS
(19)	SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC	A	105,532	PER BOOKS
(20)	SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC	O	50,285	PER BOOKS
(21)	SAINT FRANCIS BEHAVIORAL HEALTH GROUP PC	Q	2,876,349	PER BOOKS
(22)	SAINT FRANCIS CARE MEDICAL GROUP PC	A	52,696	PER BOOKS
(23)	SAINT FRANCIS CARE MEDICAL GROUP PC	Q	1,703,852	PER BOOKS
(24)	SAINT FRANCIS EMERGENCY MEDICAL GROUP INC	O	215,671	PER BOOKS

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SAINT FRANCIS EMERGENCY MEDICAL GROUP INC	Q	5,250,000	PER BOOKS
(1)	SAINT FRANCIS EMERGENCY MEDICAL GROUP INC	P	3,016,807	PER BOOKS
(2)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION INC	C	2,700,683	PER BOOKS
(3)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION INC	O	1,223,542	PER BOOKS
(4)	SAINT FRANCIS INDEMNITY COMPANY LLC	S	4,033,544	PER BOOKS
(5)	TOTAL LAUNDRY COLLABORATIVE LLC	O	1,594,639	PER BOOKS
(6)	TOTAL LAUNDRY COLLABORATIVE LLC	Q	650,000	PER BOOKS
(7)	TOTAL LAUNDRY COLLABORATIVE LLC	P	3,156,998	PER BOOKS
(8)	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION INC	Q	36,289,703	PER BOOKS
(9)	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION INC	A	1,866,873	PER BOOKS
(10)	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION INC	P	4,276,306	PER BOOKS
(11)	TRINITY HEALTH CORPORATION	E	248,000,000	PER BOOKS
(12)	THE WOMEN'S AUXILIARY OF ST FRANCIS HOSP & MED CTR	C	442,988	PER BOOKS
(13)	TRINITY HEALTH CORPORATION	C	100,000	PER BOOKS
(14)	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION INC	Q	2,114,439	PER BOOKS