

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

A For the **2012** calendar year, or tax year beginning **OCT 1, 2012** and ending **SEP 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST FRANCIS HOSPITAL AND MEDICAL CENTER		D Employer identification number 06-0646813
	Doing Business As		E Telephone number 860-714-4000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 758,194,802.
	114 WOODLAND STREET		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City, town, or post office, state, and ZIP code HARTFORD, CT 06105		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	H(c) Group exemption number ▶
F Name and address of principal officer: DAVID BITTNER SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.STFRANCISCARE.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1897 M State of legal domicile: CT	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	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	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	4805
	6 Total number of volunteers (estimate if necessary)	6	670
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,724,898.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	8,168,970.	11,536,765.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	666,212,249.	675,613,221.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,690,833.	5,068,306.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,898,909.	34,276,354.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	715,970,961.	726,494,646.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	20,900.	23,553.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	328,022,416.	341,516,147.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	374,904,918.	372,621,816.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	702,948,234.	714,161,516.
19 Revenue less expenses. Subtract line 18 from line 12	13,022,727.	12,333,130.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	788,480,298.	813,434,558.
	22 Net assets or fund balances. Subtract line 21 from line 20	669,366,643.	582,507,983.
		119,113,655.	230,926,575.

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	Date			
	DAVID BITTNER, SENIOR VICE PRESIDENT OF FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00370668
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
	Firm's address ▶ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	Phone no. 860-549-8500			

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

Part III Statement of Program Service Accomplishments

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

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 [X] No

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

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

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

SEE SCHEDULE O FOR CONTINUATION

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 586,952,575.

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Form 990 (2012)

06-0646813 Page 4

Part IV Checklist of Required Schedules (continued)

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

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 344		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	1c		
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 4805		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
	3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
	3b		
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)?		X
	4a		
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	4b		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	5b		
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?		X
	6a		
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?		X
	7a		
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?		X
	7c		
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?		X
	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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	X
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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	32		
b	Enter the number of voting members included in line 1a, above, who are independent		
	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	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?	X	
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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
DONNA GILBERT - 860-714-9632
114 WOODLAND STREET, MS 5-103-58, HARTFORD, CT 06105

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. THOMAS J. BARRY, J.C.L. CHAIRMAN	1.00 2.00	X		X				0.	0.	0.
(2) MOST REV. HENRY J. MANSELL, D.D. CHAIRMAN, EX OFFICIO	2.00 4.00	X		X				0.	0.	0.
(3) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	55.00 11.00	X		X			1,528,360.	0.	815,444.	
(4) BARBARA J. CALDERONE, B.S.N., J SECRETARY	1.00 1.00	X		X				0.	0.	0.
(5) L. JEFFREY BALDWIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) SURENDRA K. CHAWLA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) ROBERT M. ELLIS DIRECTOR	2.00 2.00	X						0.	0.	0.
(8) P. ANTHONY GIORGIO, PH.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(9) WALTER HARRISON, PH.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(10) JEFFREY S. HOFFMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) PETER G. KELLY, J.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(12) KARL J. KRAPEK DIRECTOR	1.00 1.00	X						0.	0.	0.
(13) SISTER DOLORES LAHR, CSJ DIRECTOR	1.00 1.00	X						0.	0.	0.
(14) DAVID A. LENTINI DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) JOYCE D. MANDELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) JOHN J. MARA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) REV. MSGR JOHN MCCARTHY, J.C.D. DIRECTOR	1.00 1.00	X						0.	0.	0.

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) PAUL F. MITCHELL, DMD DIRECTOR	1.00 58.00	X						65,625.	262,357.	41,305.
(19) DANIEL P. O'CONNELL DIRECTOR	2.00 3.00	X						0.	0.	0.
(20) KEVIN J. O'CONNOR, J.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(21) JOHN D. PAPANDREA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) CURTIS D. ROBINSON DIRECTOR	4.00 3.00	X						0.	0.	0.
(23) JOHN W. RODGERS, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) DR. GALO A. RODRIGUEZ, MPH DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) ANDREW A. SADANOWICZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) SUSAN J. SAPPINGTON DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Sub-total								1,593,985.	262,357.	856,749.
c Total from continuation sheets to Part VII, Section A								7,235,067.	0.	539,626.
d Total (add lines 1b and 1c)								8,829,052.	262,357.	1,396,375.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990

06-0646813

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HENRY S. SCHERER, JR. DIRECTOR	3.00 3.00	X					0.	0.	0.	
(28) PHILIP J. SCHULZ DIRECTOR	2.00 1.00	X					0.	0.	0.	
(29) ROSALIND E. SHENKMAN, L.C.S.W. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(30) JEAN-PIERRE VAN ROOY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(31) GEN. (R) JOHN M. WATKINS DIRECTOR	1.00 1.00	X					0.	0.	0.	
(32) ADRIENNE W. COCHRANE, J.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(33) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN DIRECTOR	55.00 2.00	X					591,542.	0.	13,086.	
(34) ANDREW J. PINKES DIRECTOR	1.00 1.00	X					0.	0.	0.	
(35) TIMOTHY L. PRETE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(36) SHERI A. LEMIEUX ASSISTANT SECRETARY	55.00 0.00			X			114,626.	0.	8,403.	
(37) TERESA M. BOLTON GENERAL COUNSEL	55.00 2.00				X		335,802.	0.	26,468.	
(38) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55.00 2.00				X		365,486.	0.	44,577.	
(39) GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	55.00 0.00				X		461,634.	0.	32,970.	
(40) KATHLEEN M. ROCHE EXECUTIVE VP & COO	55.00 6.00				X		671,879.	0.	37,828.	
(41) JENNIFER SCHNEIDER CHIEF COMPLIANCE OFFICER	55.00 0.00				X		214,880.	0.	33,124.	
(42) ARTHUR DETORE SVP, CHIEF PHYSICIAN EXECUTIVE	55.00 0.00				X		637,871.	0.	43,834.	
(43) REBECCA BURKE SVP, PATIENT CARE & CLINICAL SERVICE	55.00 0.00				X		368,787.	0.	24,437.	
(44) JOHN N. GIAMALIS EVP & CHIEF ADMIN OFFICER	55.00 9.00				X		751,809.	0.	46,607.	
(45) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55.00 0.00				X		299,872.	0.	12,904.	
(46) LINDA SHANLEY VP AND CIO	55.00 0.00				X		311,949.	0.	13,584.	
Total to Part VII, Section A, line 1c										

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990 (2012)

06-0646813 Page **9**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	3,066,604.			
	e Government grants (contributions)	1e	5,502,928.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,967,233.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		11,536,765.			
	Program Service Revenue	2 a PATIENT REVENUE	Business Code 624100	635,118,563.	635,118,563.	
b LABORATORY REVENUE		621500	38,743,997.	37,323,630.	1,420,367.	
c PARTNERSHIP REVENUE		541900	1,891,367.	1,836,259.	55,108.	
d PARTNERSHIP REVENUE		621110	96,045.	96,045.		
e PARTNERSHIP REVENUE		621300	-37,884.	-37,884.		
f All other program service revenue		812300	-198,867.		-198,867.	
g Total. Add lines 2a-2f			675,613,221.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		4,082,425.		4,082,425.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real	5,634,025.			
		(ii) Personal	0.			
		b Less: rental expenses				
		c Rental income or (loss)	5,634,025.			
	d Net rental income or (loss)		5,634,025.		5,634,025.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	32,685,932.			
		(ii) Other	105.			
		b Less: cost or other basis and sales expenses	31,662,670.	37,486.		
		c Gain or (loss)	1,023,262.	-37,381.		
	d Net gain or (loss)		985,881.		985,881.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a PREMIUM INCOME		524298	10,768,360.	10,325,792.	442,568.	
	b OTHER PATIENT SVCS	624100	9,199,098.		594,723.	
	c MISCELLANEOUS	900099	4,841,144.	4,430,145.	410,999.	
	d All other revenue	900099	3,833,727.	3,728,187.	105,540.	
	e Total. Add lines 11a-11d		28,642,329.			
12 Total revenue. See instructions.		726,494,646.	692,820,737.	2,724,898.	19,412,246.	

232009
12-10-12

Form **990** (2012)

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990 (2012)

06-0646813 Page 10

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	23,553.	23,553.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,091,417.		8,091,417.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	258,714,990.	213,935,064.	44,779,926.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,728,726.	14,535,914.	3,192,812.	
9 Other employee benefits	37,952,513.	30,804,724.	7,147,789.	
10 Payroll taxes	19,028,501.	15,305,751.	3,722,750.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,474,395.		2,474,395.	
c Accounting	655,312.		655,312.	
d Lobbying	102,133.		102,133.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	169,314.		169,314.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	83,623,663.	70,884,034.	12,739,629.	
12 Advertising and promotion	1,957,534.	9,401.	1,948,133.	
13 Office expenses	21,127,552.	20,133,075.	994,477.	
14 Information technology	10,862,686.	10,140,089.	722,597.	
15 Royalties				
16 Occupancy	37,641,417.	35,946,815.	1,694,602.	
17 Travel	2,815,125.	2,815,125.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,905,713.	11,600,890.	304,823.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,247,567.	35,247,567.		
23 Insurance	10,175,661.	284,908.	9,890,753.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	108,445,704.	108,445,704.		
b LAB EXPENSE	8,679,708.	8,679,708.		
c PROF LIAB INSURANCE	8,429,000.		8,429,000.	
d LAUNDRY EXPENSE	3,251,103.	3,251,103.		
e All other expenses	25,058,229.	4,909,150.	20,149,079.	
25 Total functional expenses. Add lines 1 through 24e	714,161,516.	586,952,575.	127,208,941.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990 (2012)

06-0646813 Page 11

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	61,293,114.	1	68,155,400.	
	2 Savings and temporary cash investments	56,003,680.	2	52,396,120.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	64,010,089.	4	64,514,294.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L				6
	7 Notes and loans receivable, net	830,773.	7	503,910.	
	8 Inventories for sale or use	7,079,572.	8	7,188,268.	
	9 Prepaid expenses and deferred charges	6,008,051.	9	5,784,296.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 817,442,238.			
	b Less: accumulated depreciation	10b 362,226,621.			
	11 Investments - publicly traded securities	58,072,717.	11	68,471,651.	
	12 Investments - other securities. See Part IV, line 11	17,412,422.	12	14,699,807.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	72,612,595.	15	76,505,195.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	788,480,298.	16	813,434,558.		
Liabilities	17 Accounts payable and accrued expenses	33,975,759.	17	33,941,565.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	258,580,000.	20	254,325,000.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	7,334,987.	23	13,131,144.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	369,475,897.	25	281,110,274.	
	26 Total liabilities. Add lines 17 through 25	669,366,643.	26	582,507,983.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	21,687,622.	27	149,862,575.	
	28 Temporarily restricted net assets	44,602,134.	28	25,614,000.	
	29 Permanently restricted net assets	52,823,899.	29	55,450,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	119,113,655.	33	230,926,575.		
34 Total liabilities and net assets/fund balances	788,480,298.	34	813,434,558.		

Form 990 (2012)

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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	X	
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.	X	
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?		X
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		

Form 990 (2012)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

Name of 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 file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2012

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
1 a 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.			
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of line 1f)			
h Subtract line 1g from line 1a. If zero or less, enter -0-			
i Subtract line 1f from line 1c. If zero or less, enter -0-			
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		161,114.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			161,114.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? 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	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,278,125.	60,257,184.	62,884,485.	59,910,100.	60,938,954.
b Contributions					18,366.
c Net investment earnings, gains, and losses	3,836,435.	4,020,941.	-2,627,301.	2,974,385.	-1,047,220.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	68,114,560.	64,278,125.	60,257,184.	62,884,485.	59,910,100.

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

- a Board designated or quasi-endowment 25.00 %
- b Permanent endowment 75.00 %
- c Temporarily restricted endowment _____ %

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

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

- (i) unrelated organizations
- (ii) related organizations

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

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

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

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

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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHEFA BOND SERIES	4,764,262.
(2) BOND ISSUANCE COST, LESS AMORTIZATION	2,053,897.
(3) ASSETS HELD IN TRUST	51,163,909.
(4) OTHER ASSETS	6,128,576.
(5) DUE FROM AFFILIATED ENTITIES	12,394,551.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	76,505,195.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES & WAGES	34,103,618.
(3) ACCRUED EXPENSES & INTEREST	6,286,540.
(4) PENSION AND OTHER ACCRUED EXPENSES	186,002,368.
(5) DUE TO AFFILIATED ENTITIES	5,426,526.
(6) DUE TO 3RD PARTY REIMBURSEMENT	12,474,356.
(7) PROFESSIONAL LIABILITY INS FUND	36,816,866.
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	281,110,274.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	715,928,260.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	2,330,215.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	41,738,357.
e	Add lines 2a through 2d	2e	44,068,572.
3	Subtract line 2e from line 1	3	671,859,688.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	54,634,958.
c	Add lines 4a and 4b	4c	54,634,958.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	726,494,646.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	703,480,130.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	37,302,613.
e	Add lines 2a through 2d	2e	37,302,613.
3	Subtract line 2e from line 1	3	666,177,517.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	47,983,999.
c	Add lines 4a and 4b	4c	47,983,999.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	714,161,516.

Part XIII Supplemental Information

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

PART V, LINE 4: ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE

SERVICES.

PART X, LINE 2: (AMOUNTS IN THOUSANDS)

THE HOSPITAL AND MEDICAL CENTER AND ITS PRINCIPAL SUBSIDIARIES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND EXEMPT FROM STATE AND LOCAL INCOME TAXES. TAX PROVISIONS AND RELATED LIABILITIES FOR CERTAIN TAXABLE SUBSIDIARIES ARE NOT MATERIAL TO

Part XIII Supplemental Information (continued)

THE CONSOLIDATED FINANCIAL STATEMENTS.

THE HOSPITAL AND MEDICAL CENTER HAS NET OPERATING LOSS CARRYFORWARDS RESULTING IN THE AMOUNT OF \$2,144. THESE NET OPERATING LOSS CARRYFORWARDS RESULT IN A DEFERRED TAX ASSET OF \$858, WHICH IS OFFSET BY A CORRESPONDING VALUATION ALLOWANCE OF THE SAME AMOUNT.

SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. HAS NET OPERATING LOSS CARRYFORWARDS IN THE AMOUNT OF \$4,328. THESE NET OPERATING LOSS CARRYFORWARDS RESULT IN A DEFERRED TAX ASSET OF \$1,731, WHICH IS OFFSET BY A CORRESPONDING VALUATION ALLOWANCE OF THE SAME AMOUNT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM SUBSIDIARIES	21,101,133.
BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER	20,253,386.
BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES	383,838.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	41,738,357.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PARTNERSHIP INVESTMENTS	345,083.
INCOME FROM ST. FRANCIS INDEMNITY CORPORATION, LLC	12,100,344.
INCOME FROM COLLABORATIVE LAB SERVICES	39,127,927.
NET TRANSFER FROM SAINT FRANCIS FOUNDATION	3,061,604.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	54,634,958.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SUBSIDIARIES	16,665,389.
BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER	20,253,386.

Part XIII Supplemental Information (continued)

BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES 383,838.
TOTAL TO SCHEDULE D, PART XII, LINE 2D 37,302,613.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM ST. FRANCIS INDEMNITY COMPANY, LLC 9,259,616.
EXPENSES FROM COLLABORATIVE LAB SERVICES 38,719,383.
EXPENSES FROM PARTNERSHIP INVESTMENTS 5,000.
TOTAL TO SCHEDULE D, PART XII, LINE 4B 47,983,999.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
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 free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		<input checked="" type="checkbox"/>
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
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?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

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)		14,904	6,255,153.		6,255,153.	.88%
b Medicaid (from Worksheet 3, column a)		38,087	38,240,198.		38,240,198.	5.35%
c Costs of other means-tested government programs (from Worksheet 3, column b)			6,872,043.		6,872,043.	.96%
d Total Financial Assistance and Means-Tested Government Programs		52,991	51,367,394.		51,367,394.	7.19%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		69,768	3,230,058.		3,230,058.	.45%
f Health professions education (from Worksheet 5)		1,565	25,709,672.	9,313,907.	16,395,765.	2.30%
g Subsidized health services (from Worksheet 6)		5,441	759,270.		759,270.	.11%
h Research (from Worksheet 7)			1,564,900.		1,564,900.	.22%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		3,352	535,770.		535,770.	.08%
j Total. Other Benefits		80,126	31,799,670.	9,313,907.	22,485,763.	3.16%
k Total. Add lines 7d and 7j		133,117	83,167,064.	9,313,907.	73,853,157.	10.35%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

Part V Facility Information (continued) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	X	
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %			
If "No," explain in Part VI the criteria the hospital facility used.			
12	Explained the basis for calculating amounts charged to patients?	X	
If "Yes," indicate the factors used in determining such amounts (check all that apply):			
a	<input type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

Part V Facility Information (continued) **SAINT FRANCIS HOSPITAL AND MEDICAL CENTER**

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19	X	

If "No," indicate why:

- a The hospital facility did not provide care for any emergency medical conditions
- b The hospital facility's policy was not in writing
- c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d Other (describe in Part VI)

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21		X
22		X

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

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

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.

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.

Part VI Supplemental Information

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

PART II: THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS. SOME ARE SPECIFIC TO THE COMMUNITY SERVED AND OTHERS ARE MORE GLOBAL IN APPROACH, SUCH AS ADVOCACY WORK AND BOARD MEMBERSHIP IN LOCAL ORGANIZATION THAT PROVIDE CRITICAL SERVICES TO THOSE IN NEED.

PHYSICAL IMPROVEMENTS AND HOUSING

THE SAINT FRANCIS FOUNDATION ALSO MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT FOCUS ON HOUSING IN THE HARTFORD COMMUNITY SUCH AS THE HOUSE OF BREAD (A HOMELESS SHELTER), HABITAT FOR HUMANITY, REBUILDING HARTFORD TOGETHER, AND HARTFORD COMMUNITIES THAT CARE. THE HOSPITAL IS ALSO INSTRUMENTAL IN A PROGRAM TO SUPPORT LEAD SAFE HOUSING FOR CHILDREN. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

ECONOMIC DEVELOPMENT

Part VI Supplemental Information

THE SAINT FRANCIS FOUNDATION MAKES CONTRIBUTIONS ON AN ANNUAL BASIS TO ENCOURAGE ECONOMIC DEVELOPMENT IN THE COMMUNITIES SERVED BY THE HOSPITAL. SOME EXAMPLES INCLUDE CONTRIBUTIONS TO CITY OF HARTFORD YOUTH SERVICES, THE CITY HEALTH AND HUMAN SERVICES DEPARTMENT, THE NORTHSIDE INSTITUTIONAL NEIGHBORHOOD ALLIANCE, THE HARTFORD BUSINESS JOURNAL, THE DRESS FOR SUCCESS FUNDRAISER, AND LEADERSHIP OF GREATER HARTFORD. ADDITIONALLY ADMINISTRATIVE STAFF AT SAINT FRANCIS SITS ON THE BOARDS OF A NUMBER OF ORGANIZATIONS THAT FOCUS ON THE ECONOMIC DEVELOPMENT OF OUR COMMUNITY, INCLUDING CREATING OPPORTUNITIES FOR YOUTH AND WORKING TO REDUCE VIOLENCE IN THE CITY. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

COMMUNITY SUPPORT

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES. THEY RANGE FROM DECREASING THE IMPACT OF VIOLENT CRIMES ON THE COMMUNITY TO ASSISTING WITH LITERACY TO FACILITATING AN UNDERSTANDING OF WHAT CAN BE DONE TO PREVENT DOMESTIC VIOLENCE OR CHILD ABUSE.

THE REACH OUT AND READ PROGRAM AT SAINT FRANCIS HOSPITAL IN HARTFORD CONNECTICUT IS DESIGNED TO IMPROVE EARLY LITERACY SKILLS OF YOUNG CHILDREN AND TO EDUCATE FAMILIES ABOUT THE IMPORTANCE OF READING TO THEIR CHILDREN. THE PROGRAM HAS THREE BASIC COMPONENTS: FIRST, TRAINED VOLUNTEERS READ TO CHILDREN IN THE WAITING ROOM TO MODEL TECHNIQUES FOR READING ALOUD; SECOND, EACH CHILD IS GIVEN A NEW BOOK AFTER EACH WELL CHILD VISIT AT 6 MONTHS, 12 MONTHS, 18 MONTHS, AND ANNUALLY AT 2-5 YEAR VISITS; AND THIRD, TRAINED PRIMARY CARE PROVIDERS PROMOTE EARLY LITERACY BY EXPLAINING THE IMPORTANCE OF READING ALOUD TO FAMILIES AND ENCOURAGING THEM TO DO IT

Part VI Supplemental Information

EVERY DAY. THE PROGRAM DISTRIBUTES OVER 1500 BOOKS PER YEAR TO CHILDREN. THE GOAL OF THE ROR PROGRAM AT ST. FRANCIS HOSPITAL AND MEDICAL CENTER IS TO INCREASE THE EXPOSURE OF YOUNG CHILDREN TO BOOKS AND TO READING AS AN ACTIVITY SO THAT THEY ARE READY FOR SCHOOL. ADDITIONALLY THE PROGRAM SEEKS TO EDUCATE PARENTS ABOUT THE IMPORTANCE OF READING AS AN ACTIVITY WHICH CAN IMPROVE LANGUAGE DEVELOPMENT AND ASSIST CHILDREN IN LEARNING THE SKILLS THEY NEED TO SUCCEED IN SCHOOL.

THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS: TO IMPROVE THE HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE RIGHT CHOICE IN RISKY SITUATIONS CALLED LET'S NOT MEET BY ACCIDENT. RESOURCES TO ADDRESS ELDERLY FALLS AND GENERAL INJURY PREVENTION AWARENESS ARE ALSO AVAILABLE.

LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE

Part VI Supplemental Information

LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED.

SAINT FRANCIS HOSPITAL & MEDICAL CENTER FURTHER DEMONSTRATES ITS COMMITMENT TO PREVENTION BY SUPPORTING THE CHILD ADVOCACY CENTER AND PARTICIPATING REGULARLY IN THE CHILD PROTECTION TEAM MEETINGS. THIS WORK FOCUSES ON ISSUES REGARDING CHILD ABUSE/NEGLECT & CHILD ABUSE PREVENTION. THESE, ALONG WITH OTHER SAINT FRANCIS PROGRAMS, INCREASE THE UNDERSTANDING OF THE PROBLEM OF CHILD ABUSE; SERVE AS A RESOURCE FOR PATIENTS, FAMILIES AND STAFF; AND FOSTER AN ENVIRONMENT THAT IS COMMITTED TO CHILD ABUSE PREVENTION. PREVENTION EFFORTS ARE THE KEY IN ENDING CHILD ABUSE. REACHING CHILDREN & FAMILIES BEFORE THEY ARE IN A CRISIS IS NEEDED. THE BEST WAY TO OFFER THIS IS THROUGH CREATIVE, CONCRETE PROGRAMS THAT OFFER SUPPORT AND SOLUTIONS TO THE COMPLEX PROBLEMS FACING TODAY'S CHILDREN AND FAMILIES.

THE HEALTHY START PROGRAM PROVIDES SUPPORT TO NEW MOMS BOTH DURING PREGNANCY AND DURING THE FIRST YEAR OF THEIR CHILD'S LIFE TO PREVENT INFANT MORTALITY. PARENTING SUPPORT, RESOURCE REFERRALS, AND HEALTH EDUCATION IS TAILORED TO EACH PATIENT'S NEEDS AND PROVIDED IN A ONE-TO-ONE SETTING. THE PROGRAM IS CO-LOCATED WITH THE OBGYN CLINIC AND STAFF WORK HAND IN HAND WITH OTHER PARENTING SUPPORT PROGRAMS SUCH AS MATERNAL AND INFANT OUTREACH PROGRAM, NURTURING FAMILIES AND FAMILY ENRICHMENT.

ENVIRONMENTAL 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

Part VI Supplemental Information

SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE.

LEADERSHIP DEVELOPMENT

IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN PASTORAL COUNSELING TRAINING. CLASSES ARE HELD ON A REGULAR BASIS TO ASSIST RELIGIOUS LEADERS OF ALL DENOMINATIONS TO PARTICIPATE IN PASTORAL WORK THROUGHOUT THE COMMUNITY. ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS.

CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY. IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY COMMUNITY HEALTH AND SAINT FRANCIS HOSPITAL & MEDICAL CENTER, TWO FAITH BASED ORGANIZATIONS. THE MISSION, CORE VALUES, AND VISION OF PARTNERS IN CPE INSTITUTIONS EMPHASIZE THE SPIRITUAL WELL-BEING OF PATIENTS, THEIR LOVED ONES, AND STAFF.

THE WORK OF PASTORAL COUNSELING RELIES HEAVILY ON THE BRANCH OF PSYCHOLOGY THAT HONORS BLENDING SOUND CLINICAL INSIGHT WITH MEANINGFUL FORMS OF SPIRITUALITY IN EVERYDAY LIFE. CLASSES MOST OFTEN REFERENCE EXAMPLES OR "CASE STUDIES" (WITHOUT SPECIFIC REFERENCE TO ANY PARTICULAR NAME) TO GROUND THE COUNSELING SKILLS IN PRACTICAL MINISTRY. PARTICIPANTS ARE ENCOURAGED TO THOUGHTFULLY BRING THEIR SPIRITUAL AND RELIGIOUS ORIENTATION AND BELIEFS INTO THE CLASS TO CONSIDER HOW THEY CARE FOR THE SOUL WITH THEIR UNIQUE TRADITIONS. PARTICIPANTS ARE INTRODUCED TO IMPORTANT

Part VI Supplemental Information

CLINICIANS IN THEIR LOCAL COMMUNITY TO WHOM THEY CAN RELY UPON WHEN
NEEDED. THE CONTRIBUTIONS FOR THESE ACTIVITIES ARE INCLUDED IN THE
COMMUNITY HEALTH IMPROVEMENT SECTION OF OUR DATA.

COALITION BUILDING

IN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION IN LOCAL
COALITIONS SUCH AS THE NORTH END INSTITUTIONAL NEIGHBORHOOD ALLIANCE,
THE COMMUNITY YOUTH VIOLENCE COALITION AND OTHERS TAKE PLACE ON A
REGULAR BASIS. IN ADDITION, INFORMAL PARTNERSHIPS AND COLLABORATIVE
RELATIONSHIPS WITH NUMEROUS COMMUNITY ORGANIZATIONS FACILITATE THE
BUILDING OF STRONG PARTNERSHIPS AND COALITIONS THAT WORK TO ADDRESS A
MYRIAD OF PUBLIC HEALTH ISSUES FACING THE POPULATION SERVED BY SAINT
FRANCIS HOSPITAL.

SAINT FRANCIS IS A MEMBER OF THE CHA FALLS PROTECTION COLLABORATION
WHICH IS A MULTIFACETED, MULTIDISCIPLINARY FALL PREVENTION PROGRAM THAT
REACHES OLDER ADULTS VIA THE EXISTING HEALTH CARE SYSTEM AND COMMUNITY
ORGANIZATIONS. A PRIMARY CONSEQUENCE OF FALLING IS FRACTURE, WHICH MAY
LEAD TO SIGNIFICANT CHANGES ON AN OLDER PERSON'S QUALITY OF LIFE,
EVERYDAY FUNCTIONING & INDEPENDENCE. FALLS IN THE ELDERLY CAN ALSO HAVE
A LARGER IMPACT ON HEALTH CARE SERVICES AND OUR LARGER SOCIETY. IN AN
EFFORT TO HELP PREVENT FALLS & RAISE AN AWARENESS OF SAFETY IN EVERYDAY
ACTIVITIES, THE PROGRAM FOCUSES BOTH ON THE ACTIONS THAT CAN BE TAKEN
IN THE HOSPITAL SETTING AND AT HOME, AFTER DISCHARGE, SO THAT PATIENTS
LEARN THE BEHAVIORS THAT CAN HELP TO PREVENT FALLS.

EXECUTIVE STAFF AT SAINT FRANCIS IS EXPECTED TO PARTICIPATE IN
COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING

Part VI Supplemental Information

SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND
IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

IN THE AREA OF WORKFORCE DEVELOPMENT, SAINT FRANCIS PARTNERS WITH LOCAL
NURSING SCHOOLS TO TRAIN NURSING STAFF TO ADDRESS AREAS OF HIGH NEED
THROUGH OUT THE COUNTY. WORK IN THIS AREA ALSO INCLUDES PROVIDING
INTERNSHIP OPPORTUNITIES FOR COLLEGE STUDENTS AS WELL AS HIGH SCHOOL
STUDENTS DURING THE SUMMER MONTHS TO EXPOSE THEM TO THE TYPE OF WORK
THAT CAN TAKE PLACE IN A HOSPITAL SETTING. SAINT FRANCIS PARTNERS WITH
THE CAPITOL REGION EDUCATIONAL COUNCIL'S HEALTH EDUCATION PROFESSIONALS
ACADEMY FOR TRAINING HIGH SCHOOL STUDENTS ABOUT THE MANY OPPORTUNITIES
IN THE FIELD OF HEALTH. MASTERS AND PHD LEVEL STUDENTS ARE ALSO
RECRUITED FROM A VARIETY OF LOCAL UNIVERSITIES AND COLLEGES TO
PARTICIPATE IN A VARIETY OF PROJECTS SO THAT THEY BETTER UNDERSTAND THE
OPPORTUNITIES AVAILABLE IN THE WORKPLACE. FINALLY, CLASSES AND SUPPORT
ARE OFFERED TO SUPPORT STAFF'S PARTICIPATION IN EDUCATIONAL PROGRAMS
THAT ENABLE RNS TO BECOME BSNS IN ORDER TO IMPROVE THEIR EARNING POWER
AND KNOWLEDGE BASE, AND ABILITY TO CONTINUE THEIR EDUCATION. SAINT
FRANCIS OFFERS A WIDE ARRAY OF SUPPORT IN THE AREA OF WORKFORCE
DEVELOPMENT AND HAS A LONG HISTORY OF DOING SO.

ADVOCACY FOR HEALTH IMPROVEMENTS

ADVOCACY WORK AT SAINT FRANCIS IS DONE BY THOSE WITH HIGH LEVEL
EXPERTISE IN AN AREA OF HEALTH CARE TO WHICH THEY CAN SPEAK WITH BOTH
KNOWLEDGE AND CONVICTION. SOME EXAMPLES OF STAFF WHO HAVE BEEN ENGAGED
IN ADVOCACY WORK IN THE PAST INCLUDE:

DR. MARCUS MCKINNEY HAS DEVELOPED AN EXPERTISE IN HEALTH DISPARITIES

Part VI Supplemental Information

AND IS INVOLVED WITH COLLABORATIONS AT THE STATE AND NATIONAL LEVEL TO ADDRESS THIS ISSUE. ADDITIONALLY, CHRISTOPHER DADLEZ HAS IDENTIFIED HEALTH DISPARITIES AS AN AREA OF INTEREST AND IS ACTIVE IN ADVOCACY WORK ON THIS ISSUE.

DR. LUIS DIEZ-MORALES IS VERY INVOLVED IN THE MALTA HOUSE OF CARE, A NON-PROFIT ORGANIZATION THAT PROVIDES CLINICAL SERVICES FREE OF CHARGE TO IMMIGRANTS IN THE CITY OF HARTFORD. THE ORGANIZATION'S WORK INCLUDES ADVOCATING ON BEHALF OF THIS POPULATION AND IS WELL RESPECTED THROUGHOUT SAINT FRANCIS AND AT THE STATE LEVEL.

DR. GREGORY MAKOUL IS A NATIONALLY KNOWN EXPERT ON HEALTH COMMUNICATIONS. HE HAS PUBLISHED MANY ARTICLES ABOUT THIS ISSUE AND SERVES AS THE ACADEMIC OFFICER OF SAINT FRANCIS HOSPITAL. HIS WORK FOCUSES ON MAKING IMPROVEMENTS TO COMMUNICATION BETWEEN PROVIDERS AND PATIENTS SO AS TO IMPROVE CARE.

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.

Part VI Supplemental Information

PART III, LINE 8: NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY
BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST
REPORT.

PART III, LINE 9B: SEE PART III, LINE 4

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 1J: THE HOSPITAL AUGMENTED THE CHNA COMPLETED IN
MARCH 2012 IN PARTNERSHIP WITH THE OTHER HOSPITALS IN HARTFORD WITH
INFORMATION FROM QUESTIONNAIRES WITH PATIENTS; FOCUS GROUPS WITH COMMUNITY
MEMBERS AND INTERVIEWS WITH HEALTH CARE PROVIDERS SO AS TO GAIN A MORE
COMPREHENSIVE PICTURE OF THE NEEDS AS WELL AS THE PRIORITIES. IT WAS
APPROVED BY THE BOARD OF DIRECTORS AND SUBSEQUENTLY A COMMUNITY HEALTH
IMPLEMENTATION STRATEGY WAS ADOPTED IN FEBRUARY 2014.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 7: THE IMPLEMENTATION STRATEGY WHICH ADDRESSES
THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS
OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY
HEALTH NEEDS ASSESSMENT, THEY INCLUDE: COMMUNICATION; STRUCTURAL ISSUES
THAT IMPACT ACCESS TO CARE; CLINICAL AREAS OF NEED; AND SOCIAL
DETERMINANTS OF HEALTH. (A COPY OF THE COMMUNITY HEALTH IMPROVEMENT
STRATEGY IS INCLUDED IN THE APPENDIX).

INITIATIVES ARE ALREADY IN PLACE TO IMPROVE COMMUNICATION BETWEEN PATIENTS
AND PROVIDERS, THESE INCLUDE:

Part VI Supplemental Information

- RELATIONSHIP BASED CARE
- CENTER FOR HEALTH EQUITY
- LANGUAGE SERVICES PROGRAM
- DIVERSITY COLLABORATIVE

INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE

INCLUDE:

- CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION
- COMMUNITY AND POPULATION HEALTH MODEL
- NAVIGATION SERVICES
- EMERGENCY MEDICINE - PRIMARY CARE COORDINATION

FOR CLINICAL SERVICES THE HOSPITAL HAS IDENTIFIED EIGHT AREAS OF FOCUS,

THESE INCLUDE:

- ASTHMA AND COPD
- BEHAVIORAL HEALTH
- HEART DISEASE AND STROKE
- INFANT MORTALITY
- PREVENTION SCREENING
- OBESITY AND CO-MORBID METABOLIC SYNDROME
- ORAL HEALTH
- DIABETES

THE SOCIAL DETERMINANTS OF HEALTH THAT WILL BE TARGETED BY SAINT FRANCIS
IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS INCLUDE HOUSING, ACCESS TO
HEALTHY FOOD, SECURITY AND TRANSPORTATION. THESE SOCIAL DETERMINANTS WERE
IDENTIFIED AS HAVING THE MOST SIGNIFICANT IMPACT ON HEALTH OUTCOMES.

Part VI Supplemental Information

PART VI, LINE 2: SAINT FRANCIS HOSPITAL HAS PAIRED WITH THE THREE OTHER HOSPITALS LOCATED IN HARTFORD, MOUNT SINAI, CONNECTICUT CHILDREN'S MEDICAL CENTER, AND HARTFORD HOSPITAL, TO ENGAGE THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES DEPARTMENT TO CONDUCT A COMMUNITY NEEDS ASSESSMENT. THE ASSESSMENT METHODOLOGY INCLUDED A NUMBER OF DATA GATHERING PROCESSES: REVIEW OF THE AVAILABLE SECONDARY DATA, INCLUSION OF DATA FROM A LOCAL HEALTH EQUITY INDEX AND TELEPHONE INTERVIEWS OF LOCAL KEY INFORMANTS.

SECONDARY DATA PROFILE FINDINGS:

HARTFORD IS A VERY DIVERSE (42% HISPANIC AND 37% AFRICAN AMERICAN), YOUNG (49% BETWEEN THE AGES OF 15-45), POOR (32% OF ALL PEOPLE BELOW THE POVERTY LEVEL) AND UNDER EDUCATED (32% OF 25 YEAR OLDS DID NOT GRADUATE FROM HIGH SCHOOL) CITY. THE UNEMPLOYMENT RATE IS 18% AND SAFETY IS A MAJOR CONCERN FOR RESIDENTS WITH RATES OF LARCENY, DRUG ABUSE, ASSAULT AND MURDER ALL HIGHER THAN STATE LEVELS. HEALTH ISSUES OF THE CITIES RESIDENTS INCLUDE HIGH RATES OF DIABETES, OBESITY, ASTHMA, DRUG ABUSE AND MENTAL ILLNESS. RATES OF HEART DISEASE AND CANCER ARE ON AVERAGE LOWER THAN THE REST OF THE STATE WHICH IS LIKELY DUE TO THE AGE OF THE CITY'S RESIDENTS.

KEY INFORMANT INTERVIEW FINDINGS:

RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS. THE INFORMATION COLLECTED FROM THESE INTERVIEWS IDENTIFIED THE IMPORTANT HEALTH ISSUES AS DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL OF WHICH ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN.

ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR

Part VI Supplemental Information

CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES.

QUALITATIVE DATA

DATA WAS GATHERED FROM COMMUNITY MEMBERS VIA FOCUS GROUPS; INFORMAL INTERVIEWS AND INTERACTIONS DURING COMMUNITY EVENTS. AS WELL AS QUESTIONNAIRES WITH PATIENTS IN THE WAITING ROOMS OF THE PRIMARY CARE CLINICS WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAW AS PRIORITIES.

PART VI, LINE 3: PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE PROCESS. IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS.

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. A PATIENT PASSBOOK IS BEING DEVELOPED WHICH WILL BE GIVEN TO EACH PATIENT AND CONTAINS FURTHER INFORMATION ABOUT FINANCIAL ASSISTANCE. INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS. SAINT FRANCIS

Part VI Supplemental Information

DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

FINALLY, PATIENTS WHO HAVE NOT BEEN FORTHCOMING IN THEIR NEED FOR FINANCIAL ASSISTANCE PRIOR TO THE DELIVERY OF HEALTH CARE SERVICES ARE PROVIDED WITH INFORMATION ABOUT OUR CHARITY CARE POLICY WHEN THEY RECEIVE A BILL FOR THE SERVICES RENDERED. THEY ARE ENCOURAGED TO TALK TO A FINANCIAL COUNSELOR TO DISCUSS A PAYMENT PLAN AND TO DETERMINE IF THEY ARE ELIGIBLE FOR STATE ASSISTANCE OR IF A PORTION OF THEIR BILL CAN BE "WRITTEN OFF" TO CHARITY CARE.

SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE. ADDITIONALLY, A DSS WORKER IS AVAILABLE ON-SITE FOR DIRECT ENROLLMENT INTO STATE AID PROGRAMS FOR WHICH PATIENTS QUALIFY. THIS POSITION IS FULL TIME AND HOUSED IN AN AREA OF THE HOSPITAL CLOSE TO THE AMBULATORY CLINIC (WHERE MOST PATIENTS WITHOUT COVERAGE ENTER THE HOSPITAL SYSTEM).

SPECIAL FUNDING IS AVAILABLE FROM PRIVATE RESOURCES TO HELP CLIENTS PAY FOR SPECIFIC HEALTH CARE SERVICES INCLUDING: MAMMOGRAMS, CARDIOVASCULAR SCREENING, BREAST BIOPSIES, PROSTATE CANCER SCREENING AND TREATMENT AND OTHERS.

THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AS NEEDED. CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014.

PART VI, LINE 4: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SERVES

Part VI Supplemental Information

PATIENTS FROM ALL OVER CONNECTICUT, AND NATIONALLY. THE MAJORITY OF OUR PATIENTS COME FROM HARTFORD COUNTY, WHICH INCLUDES THE STATE CAPITAL, HARTFORD, AND THIRTY-FIVE SURROUNDING URBAN AND SUBURBAN COMMUNITIES.

HARTFORD IS THE CAPITAL OF THE STATE OF CONNECTICUT AND THE SEVENTH LARGEST CITY IN NEW ENGLAND. IT IS ONE OF THE OLDEST CITIES IN THE COUNTRY AND AT ONE POINT WAS ONE OF THE WEALTHIEST. THE POPULATION IN HARTFORD IS 125,000 WITH A PROPORTIONALLY YOUNGER AGE DISTRIBUTION THAN THE US OVERALL. THIS IMPACTS NUMEROUS ASPECTS OF HEALTH INCLUDING RATES OF SOME TYPES OF CANCER, VIOLENCE AND LEVELS OF UNINTENDED INJURY. OVER 70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE), 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH.

MEDICAL SERVICES ARE READILY AVAILABLE IN HARTFORD WITH THREE MAJOR HOSPITALS INCLUDING A CHILDREN'S HOSPITAL, BUT ACCESS TO THOSE SERVICES VARIES WIDELY AMONG CITY RESIDENTS.

THE CONNECTICUT HOSPITAL ASSOCIATION PROVIDED SAINT FRANCIS WITH A COMMUNITY HEALTH PROFILE BASED ON DATA COLLECTED BY THE HOSPITAL ABOUT PATIENT SERVICES PROVIDED. THIS PROFILE INCLUDES THE METRO HARTFORD AREA WHICH IS QUITE DISTINCT FROM THE CITY OF HARTFORD. THIS POPULATION OF THIS AREA IS OVER 750,000 PEOPLE WITH 64% WHITE; 14% AFRICAN AMERICAN; 15%

Part VI Supplemental Information

LATINO; 5% ASIAN. THE POVERTY RATE IS AT 11%. THE TOP FIVE HEALTH
CONDITIONS IDENTIFIED FROM INPATIENT DATA INCLUDE:

HIGH BLOOD PRESSURE

DEPRESSION

ALCOHOL AND SUBSTANCE ABUSE

HEART FAILURE

DIABETES

ADDITIONALLY, THE REPORT HIGHLIGHTS A NUMBER OF HEALTH ISSUES THAT IMPACT
BLACKS AND HISPANICS DISPROPORTIONATELY; THAT IS, THEY REPRESENT HEALTH
DISPARITIES FOR THESE GROUPS. INCLUDED ARE: TEEN PREGNANCY; HIGH RATES
OF LOW-BIRTH WEIGHT; HIGH INCIDENCE OF VIOLENCE, DIABETES, BREAST CANCER,
HIGH BLOOD PRESSURE AND SEXUAL TRANSMITTED DISEASES.

PART VI, LINE 5: THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES
THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL.

COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE
DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND
ADDICTION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT
ORGANIZATIONS ARE NUMEROUS.

SAINT FRANCIS HAS A LONG TRADITION OF PROVIDING FOR THE POOR AND THOSE
MOST IN NEED. THE WORK DONE BY THE FOUNDING SISTERS CONTINUES TO INFORM
AND INSPIRE THOSE WHO WORK AT SAINT FRANCIS. SOME SPECIFIC EXAMPLES OF
WORK BEING DONE IN THIS AREA INCLUDE:

THE MEN'S HEALTH INSTITUTE - WORKING TO DIAGNOSE AND TREAT PROSTATE CANCER
IN AFRICAN AMERICAN MEN

Part VI Supplemental Information

THE BREAST HEALTH CENTER - PROVIDING FREE MAMMOGRAM AND BREAST CANCER
TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE.

SAINT FRANCIS FOOD PANTRY AND EMERGENCY FOOD BANK - PROVIDING FOOD TO
FAMILIES IN NEED

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

KISS - CT KIDS IN SAFETY SEATS

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

EMERGENCY FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEED

MEDICAL LEGAL PARTNERSHIP - LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO
HAVE SPECIAL NEEDS

LEAD SAFE HOUSE - FREE HOUSING FOR FAMILIES IMPACTED BY LEAD POISONING

KEEP THE POWER ON - ASSISTANCE TO FAMILIES FOR PAYING UTILITY BILLS.

WOMEN'S HEART PROGRAM - FREE HEART HEALTH SCREENING AND ASSESSMENT

MEDICAL MISSIONS - SERVICES PROVIDED IN OTHER COUNTRIES FREE OF CHARGE

CHILDREN'S ADVOCACY CENTER - SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY
CHILD SEXUAL ABUSE

INTEGRATIVE MEDICINE - FREE MEDICAL SERVICES PROVIDED TO SUPPORT
TRADITIONAL APPROACHES OF CARE.

PEACE BUILDERS - PROGRAM TO DECREASE VIOLENCE IN THE CITY AND MONITOR THE
ED AFTER A SHOOTING

COMMUNITY ACCESS TO RECOVERY - SUPPORT FOR DRUG ADDICTED PARENTS AND
SPOUSES

DIABETES SUPPORT GROUP - SUPPORT FOR COMMUNITY MEMBERS WITH DIABETES

PART VI, LINE 6: THE ORGANIZATION IS NOT A PART OF AN AFFILIATED
HEALTH CARE SYSTEM.

Part VI Supplemental Information

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.

PART VI, LINE 7, LIST OF STATES RECEIVING COMMUNITY BENEFIT REPORT:

CT

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

**Employer identification number
06-0646813**

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (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

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

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

Schedule I (Form 990) (2012)

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p>b If any of the boxes on 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</p>	X									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	X									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	X									
	X									
		X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p>										
<p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2012

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

06-0646813

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	(i)	815,049.	713,311.	0.	784,731.	30,713.	2,343,804.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL F. MITCHELL, DMD DIRECTOR	(i)	65,625.	0.	0.	0.	0.	65,625.	0.
	(ii)	262,357.	0.	0.	23,261.	18,044.	303,662.	0.
(3) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN DIRECTOR	(i)	581,542.	10,000.	0.	0.	13,086.	604,628.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TERESA M. BOLTON GENERAL COUNSEL	(i)	277,802.	58,000.	0.	13,806.	12,662.	362,270.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	(i)	318,486.	47,000.	0.	24,037.	20,540.	410,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	(i)	369,784.	91,850.	0.	14,700.	18,270.	494,604.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KATHLEEN M. ROCHE EXECUTIVE VP & COO	(i)	499,329.	172,550.	0.	14,700.	23,128.	709,707.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER SCHNEIDER CHIEF COMPLIANCE OFFICER	(i)	185,780.	29,100.	0.	14,204.	18,920.	248,004.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ARTHUR DETORE SVP, CHIEF PHYSICIAN EXECUTIVE	(i)	456,071.	181,800.	0.	13,027.	30,807.	681,705.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) REBECCA BURKE SVP, PATIENT CARE & CLINICAL SERVICE	(i)	306,787.	62,000.	0.	14,700.	9,737.	393,224.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JOHN N. GIAMALIS EVP & CHIEF ADMIN OFFICER	(i)	557,559.	194,250.	0.	14,700.	31,907.	798,416.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	266,539.	33,333.	0.	0.	12,904.	312,776.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) LINDA SHANLEY VP AND CIO	(i)	286,949.	25,000.	0.	0.	13,584.	325,533.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) E. MERRITT MCDONOUGH, JR. SF FOUNDATION PRESIDENT	(i)	340,482.	50,667.	0.	0.	25,741.	416,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JAMES W. SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	(i)	248,472.	50,000.	0.	11,122.	19,564.	329,158.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROBERT FALAGUERRA VP FACILITIES & SUPPORT SERVICES	(i)	214,000.	31,700.	0.	18,860.	20,544.	285,104.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

06-0646813

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ERNESTO M. CANALIS, M.D. DIRECTOR OF RESEARCH	(i)	276,174.	10,000.	0.	24,030.	7,937.	318,141.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) ELLEN E. WILCOX, PH.D. CHIEF MEDICAL PHYSICIST	(i)	240,955.	0.	0.	15,197.	6,495.	262,647.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) HUNTER GIROUX ADMIN DIR OCC HEALTH	(i)	169,434.	64,314.	0.	14,501.	12,449.	260,698.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) DONALD STRACESKI FORMER INTERIM CFO	(i)	212,702.	36,740.	163,290.	23,753.	1,611.	438,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINES 4A-B: DONALD STRACESKI RECEIVED A SEVERANCE BENEFIT OF
\$163,290.

CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT
PLAN DURING THE YEAR.

Supplemental Information on Tax-Exempt Bonds

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

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

Part I Bond Issues SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT	06-0806186	20774UZC2	05/29/08	39,745,000.	REFUND EXISTING DEBT ISSUED 11/93		X		X		X
B	STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT	06-0806186	20774UZH1	06/30/08	175,000,000.	PARTIAL REPLACEMENT FACIL		X		X		X
C	STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT	06-0806186	20774USF9	09/30/10	29,870,000.	REFUND EXISTING DEBT ISSUED 4/93		X		X		X
D												

Part II Proceeds

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

Part III Private Business Use

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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

STATE OF CT HEALTH & EDUCATIONAL FACILITY AUTHORITY REV BONDS - SERIES E

(A) ISSUER NAME:

STATE OF CT HEALTH & EDUCATIONAL FACILITY AUTHORITY REV BONDS - SERIES F

(F) DESCRIPTION OF PURPOSE:

PARTIAL REPLACEMENT FACILITY AND RENOVATION OF EXISTING FACILITIES

(A) ISSUER NAME:

STATE OF CT HEALTH & EDUCATIONAL FACILITY AUTHORITY REV BONDS - SERIES G

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
JOHN N. GIAMALIS	EVP & CHIEF ADMIN O	147,213.	RENTAL OF O		X
JOHN N. GIAMALIS	EVP & CHIEF ADMIN O	2,789,493.	MANAGED CAR		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	147,213.	RENTAL OF O		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,789,493.	MANAGED CAR		X
REBECCA BURKE	KEY EMPLOYEE	2,500,000.	PURCHASE OF		X
REBECCA BURKE	KEY EMPLOYEE	699,667.	RENTAL OF O		X
REBECCA BURKE	KEY EMPLOYEE	18,793,011.	RENTAL OF O		X
REBECCA BURKE	KEY EMPLOYEE	25,363,904.	PURCHASE OF		X
DANIEL O'CONNELL	DIRECTOR	147,213.	RENTAL OF O		X
DANIEL O'CONNELL	DIRECTOR	2,789,493.	MANAGED CAR		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 147,213.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. JOHN N. GIAMALIS WAS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 2,789,493.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS. JOHN N. GIAMALIS WAS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 147,213.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 2,789,493.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS. CHRISTOPHER DADLEZ IS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 2,500,000.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C. REBECCA BURKE IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 699,667.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.

REBECCA BURKE IS A DIRECTOR OF SAINT FRANCIS BEHAVIORAL HEALTH GROUP,
P.C.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 18,793,011.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO COLLABORATIVE LABORATORY SERVICES. REBECCA BURKE
IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 25,363,904.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES AND SUPPLIES TO
COLLABORATIVE LABORATORY SERVICES. REBECCA BURKE IS A DIRECTOR OF
COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 147,213.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINSTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. DANIEL
O'CONNELL WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,789,493.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS
HEALTHCARE PARTNERS. DANIEL O'CONNELL WAS A DIRECTOR OF SAINT FRANCIS
HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: E. MERRITT MCDONOUGH, JR.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 3,100,271.

(D) DESCRIPTION OF TRANSACTION: EMPLOYEE OF PEOPLE'S UNITED INSURANCE -
PURCHASE OF INSURANCE SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 3,863,784.

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE
- LAUNDRY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

(C) AMOUNT OF TRANSACTION \$ 147,213.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. KATHLEEN ROCHE
WAS A BOARD MEMBER OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

(C) AMOUNT OF TRANSACTION \$ 2,789,493.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS
HEALTHCARE PARTNERS. KATHLEEN ROCHE WAS A BOARD MEMBER OF SAINT FRANCIS
HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN J. MARA, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: DIRECTOR JOHN MARA'S SPOUSE, JEANINE
MARA, IS A BOARD MEMBER FOR MT SINAI REHAB HOSPITAL.

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SURENDRA CHAWLA

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ -0-

(D) DESCRIPTION OF TRANSACTION: DIRECTOR SURENDRA CHAWLA'S SPOUSE,
RANJANA CHAWLA, IS A BOARD MEMBER FOR SAINT FRANCIS FOUNDATION.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN J. MARA, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 192,802.

(D) DESCRIPTION OF TRANSACTION: SAINT FRANCIS HOSPITAL & MEDICAL CENTER
RENTS OFFICE SPACE TO HARTFORD ORTHOPEDIC SURGEONS. JOHN J. MARA, MD IS
PRESIDENT OF HARTFORD ORTHOPEDIC SURGEONS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PETER G. KELLY, J.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 117,283.

(D) DESCRIPTION OF TRANSACTION: PETER KELLY'S DAUGHTER, BRIDGET KELLY,
IS A PHYSICIAN ASSISTANT FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILIP J. SCHULZ

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 257,270.

(D) DESCRIPTION OF TRANSACTION: PHILIP SCHULZ'S DAUGHTER-IN-LAW, NICOLE SCHULZ, IS THE VP OF REVENUE CYCLE FOR SAINT FRANCIS HOSPITAL AND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ARTHUR DETORE, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 147,213.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. ARTHUR DETORE, MD WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ARTHUR DETORE, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 2,789,493.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS HEALTHCARE PARTNERS. ARTHUR DETORE, MD WAS A DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 151,398.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. JOHN N. GIAMALIS WAS VICE PRESIDENT OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

(C) AMOUNT OF TRANSACTION \$ 151,398.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. KATHLEEN ROCHE WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 151,398.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. R. CHRISTOPHER HARTLEY WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TERESA BOLTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION \$ 151,398.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. TERESA BOLTON WAS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: P. ANTHONY GIORGIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 744,856.

(D) DESCRIPTION OF TRANSACTION: LEASE PAYMENTS AND LEASEHOLD IMPROVEMENTS FROM KEYSTONE COMPANIES, LLC, 103 WOODLAND STREET, LLC, DORSET CROSSING LLC. P. ANTHONY GIORGIO WAS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL GROUP, SAINT FRANCIS CARE, INC. AND MT. SINAI REHABILITATION CENTER, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KARL KRAPEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 744,856.

(D) DESCRIPTION OF TRANSACTION: LEASE PAYMENT AND LEASEHOLD IMPROVEMENTS FROM KEYSTONE COMPANIES, LLC, 103 WOODLAND STREET, LLC, DORSET CROSSING LLC. KARL KRAPEK WAS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL GROUP AND SAINT FRANCIS CARE, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JEAN-PIERRE VAN ROOY

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 205,312.

(D) DESCRIPTION OF TRANSACTION: SON - DR. ERIC VAN ROOY IS AFFILLIATED WITH CONNECTICUT RADIATION ONCOLOGY WHICH HAS A PSA TO RUN THE CYBERKNIFE PROGRAM AT SFH.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN D. PAPANDREA, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 67,100.

(D) DESCRIPTION OF TRANSACTION: DR. JOHN PAPANDREA'S SPOUSE, DR. KATHLEEN KENNEDY, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER. DR. JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER AND SAINT FRANCIS CARE, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN D. PAPANDREA, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 730,375.

(D) DESCRIPTION OF TRANSACTION: DR. JOHN PAPANDREA IS A SHAREHOLDER IN A PRIVATE MEDICAL GROUP PRACTICE THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE AND ASSOCIATED OCCUPANCY EXPENSES FOR MULTIPLE LOCATIONS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

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

(A) NAME OF PERSON: JOHN W. RODGERS, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 267,450.

(D) DESCRIPTION OF TRANSACTION: DR. JOHN RODGERS IS A SHAREHOLDER IN A PRIVATE MEDICAL GROUP PRACTICE THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE AND ASSOCIATED OCCUPANCY EXPENSES FOR MULTIPLE LOCATIONS.

(E) SHARING OF ORGANIZATION REVENUES? = 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.

OMB No. 1545-0047

2012

Open to Public
Inspection

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS (CONTINUED):

WE DO NOT TAKE THESE RELATIONSHIPS FOR GRANTED. BY LISTENING AND
RESPONDING TO COMMUNITY NEEDS, WE OFFER A PARTNERSHIP BUILT ON TRUST.
YOU CAN COUNT ON OUR EMERGENCY DEPARTMENT WHEN YOU NEED IMMEDIATE HELP,
OUR CLINICS AND REFERRAL SERVICES TO FIND A GOOD PHYSICIAN FOR YOUR
FAMILY, AND RESPECTFUL PROFESSIONALS THROUGHOUT OUR INSTITUTION WHO
WILL ENSURE YOUR DIGNITY REGARDLESS OF YOUR SITUATION IN LIFE.

THE FOLLOWING SAINT FRANCIS COMMUNITY BENEFIT REPORT HIGHLIGHTS JUST A
FEW OF THE WAYS WE FULFILL OUR MISSION TO SERVE. WE HOPE YOU HAVE
DIRECTLY BENEFITED FROM OUR OUTREACH. WE ALSO HOPE YOU CONTINUE TO
ENGAGE OUR GROWING COMMUNITY BENEFIT INITIATIVE BY SHARING YOUR
THOUGHTS, JOINING IN OUR MISSION, AND EXPERIENCING WITH US THE JOY OF
WORKING TO IMPROVE THE HEALTH OF EVERYONE IN OUR REGION.

OUR MISSION:

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

OUR CORE VALUES:

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

RESPECT:

WE HONOR THE WORTH AND DIGNITY OF THOSE WE SERVE AND WITH WHOM WE WORK.

INTEGRITY:

WE ARE FAITHFUL, TRUSTWORTHY AND JUST.

SERVICE:

WE REACH OUT TO THE COMMUNITY, ESPECIALLY THOSE MOST IN NEED.

LEADERSHIP:

WE ENCOURAGE INITIATIVE, CREATIVITY, LEARNING AND RESEARCH.

STEWARDSHIP:

WE CARE FOR AND STRENGTHEN RESOURCES ENTRUSTED TO US.

**SAINT FRANCIS CARE IS A HEALTHCARE MINISTRY OF THE CATHOLIC ARCHDIOCESE
OF HARTFORD.**

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS A STORY TO TELL. IT IS A
STORY OF OPPORTUNITIES TO REACH OUT TO NEIGHBORHOODS IN OUR CAPITAL
REGION. GIVING BACK TO OUR COMMUNITY IS BOTH OUR MISSION AND OUR
RESPONSIBILITY AS A CATHOLIC NOT-FOR-PROFIT HEALTHCARE PROVIDER. EVERY
DAY OUR COMMUNITY CONNECTS WITH OUR HEALING MISSION BY ACCESSING
QUALITY CARE, EDUCATION, RESEARCH, AND HEALTH PROMOTION ACTIVITIES.**

**"COMMUNITY BENEFIT" IS A PLANNED, MANAGED, AND MEASURED APPROACH TO
BOTH EVALUATING AND PROVIDING THOSE SERVICES IDENTIFIED AS HIGH
PRIORITIES BY THE COMMUNITY. THIS IS ONE WAY TO TELL THE STORY OF SAINT**

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

FRANCIS' CONTINUING SERVICE OF OUTREACH. AS LONG AS PEOPLE NEED FINANCIAL HELP TO ACCESS THE BEST CARE, AS LONG AS THERE IS A NEED FOR HEALTH EDUCATION RESPONSIVE TO THE UNDER-SERVED, AND AS LONG AS THERE IS A NEED FOR INSPIRED CAREGIVERS WHO APPRECIATE THE DIGNITY OF EVERY LIFE, THERE WILL BE ROOM FOR SAINT FRANCIS' MISSION TO GROW AND NEW WAYS TO BENEFIT OUR COMMUNITY.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS ESTABLISHED BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY IN 1897 IN A SMALL HOUSE ON WOODLAND STREET. THE MISSION WAS AMBITIOUS: WITH MODEST RESOURCES SAINT FRANCIS SOUGHT TO CARE FOR THE SICK IN OUR REGION REGARDLESS OF A PERSON'S ABILITY TO PAY. THE NECESSITY TO RESPOND TO SUCH NEEDS WAS NO LESS IN 2013.

EVEN AS STATE AND NATIONAL LEADERS DELIBERATE OVER THE FUTURE OF HEALTHCARE, WE ARE COMMITTED TO ONE CLEAR PURPOSE: WE REACH OUT TO ALL WHO NEED HEALTHCARE. THIS COMMUNITY BENEFIT REPORT WILL HIGHLIGHT STORIES OF OUTREACH THROUGH EDUCATION, PREVENTION, TRAINING, AND GREATER ACCESS TO CARE TARGETED ACTIVITIES THAT TOUCH LIVES AND INVEST OUR MISSION IN THE HOMES OF OUR COMMUNITY.

SAINT FRANCIS COMMUNITY BENEFIT ACTIVITY AT A GLANCE

IN FISCAL YEAR 2013, SAINT FRANCIS PROVIDED \$89,498,278 IN COMMUNITY BENEFIT, OF WHICH \$6,255,153 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$20,253,386 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS).

WE DO NOT COUNT THIS FIGURE AS COMMUNITY BENEFIT BECAUSE, WHILE IT DOES

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

ASSIST THOSE WHO NEED FINANCIAL ASSISTANCE, WE DID NOT INTENTIONALLY
INITIATE THIS BENEFIT. THIS IS IN LINE WITH THE CATHOLIC HEALTH
ASSOCIATION'S GUIDELINES. OUR MISSION PROUDLY SUPPORTS THE ROLE WE
SERVE IN TIMES OF ECONOMIC DISTRESS.

DURING 2013, SAINT FRANCIS PROVIDED COMMUNITY BENEFIT SERVICES TO
181,545 INDIVIDUALS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL
CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS.

CHARITY CARE - \$ 6,255,153

FREE OR DISCOUNTED HEALTH SERVICES ARE PROVIDED TO PERSONS WHO CANNOT
AFFORD TO PAY AND WHO MEET THE ORGANIZATION'S FINANCIAL ASSISTANCE
POLICY CRITERIA. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT
CHARGES. CHARITY CARE DOES NOT INCLUDE BAD DEBT, WHICH MAY BE REPORTED
ELSEWHERE BUT NOT AS A COMMUNITY BENEFIT.

GOVERNMENT-SPONSORED HEALTHCARE - \$ 48,108,475

GOVERNMENT-SPONSORED HEALTHCARE COMMUNITY BENEFITS INCLUDE UNPAID COSTS
OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS. THESE INCLUDE THE SHORTFALL
CREATED WHEN A FACILITY RECEIVES PAYMENTS THAT ARE LESS THAN THE
COST-OF-CARING FOR PROGRAM BENEFICIARIES.

COMMUNITY BENEFIT SERVICES - \$ 35,134,650

THESE ARE SERVICES PROVIDED TO MEET COMMUNITY NEEDS BECAUSE THE
SERVICES WOULD OTHERWISE NOT BE AVAILABLE TO MEET PATIENT DEMAND.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

INCLUDED ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN, PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS TO MEET COMMUNITY NEEDS.

TOTAL COMMUNITY BENEFIT - \$ 89,498,278

COMMUNITY BENEFIT SERVICES

WHAT ARE THE NUMBERS? COMMUNITY BENEFITS ARE CATEGORIZED INTO THREE BROAD AREAS WHICH INCLUDE: CHARITY CARE, GOVERNMENT-SPONSORED HEALTHCARE, AND COMMUNITY BENEFIT SERVICES. THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION, WHICH THIS PAST YEAR TOTALED \$35,134,650.

A. COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 3,368,853

THESE ACTIVITIES ARE CARRIED OUT TO IMPROVE COMMUNITY HEALTH AND ARE USUALLY SUBSIDIZED BY THE HEALTHCARE ORGANIZATION. THERE ARE FOUR GROUPINGS WITHIN THIS CATEGORY: COMMUNITY HEALTH EDUCATION, COMMUNITY-BASED CLINICAL SERVICES, HEALTHCARE SUPPORT SERVICES AND OTHER COMMUNITY HEALTH IMPROVEMENT SERVICES. THE FOLLOWING IS A SAMPLE OF PROGRAMS AND ACTIVITIES IN EACH OF THESE CATEGORIES.

COMMUNITY HEALTH EDUCATION

- ACCESS TO RECOVERY FOR SUBSTANCE ABUSE CLIENTS
- BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH
- BREASTFEEDING SUPPORT
- CHILD ABUSE PREVENTION EDUCATION AND OUTREACH

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

- CHILDBIRTH EDUCATION CLASSES
- COLORECTAL SCREENING PROGRAM
- CENTER FOR DIABETES & METABOLIC CARE PROGRAM EDUCATION AND OUTREACH
- CURTIS D. ROBINSON MEN'S HEALTH INSTITUTE
- DOMESTIC VIOLENCE PREVENTION TRAINING
- HEALTH PROMOTION EDUCATION
- HEALTHY START AND PARENTING PROGRAMS
- INTEGRATIVE HEALTH SERVICES CLASSES
- LEAD POISONING PREVENTION EDUCATION AND OUTREACH
- MEDICAL LEGAL PARTNERSHIP PROGRAM
- SAINT FRANCIS CENTER FOR HEALTH EQUITY
- VIOLENCE AND INJURY PREVENTION PROGRAM
- WOMEN'S HEART PROGRAM OUTREACH

COMMUNITY-BASED CLINICAL SERVICES

- PREVENTIVE HEALTH SCREENINGS:
 - CARDIOVASCULAR RISK ASSESSMENT
 - CHILD SEAT SAFETY
 - DIABETES SCREENING
 - MAMMOGRAMS
 - PROSTATE CANCER
- SERVICES FOR CHILDREN AND FAMILIES IMPACTED BY CHILD ABUSE
- SUPPORT FOR MALTA VAN SERVICES

HEALTHCARE SUPPORT SERVICES

- ADAPTIVE ROWING PROGRAM
- CANCER SUPPORT GROUPS
- CARDIAC REHAB AND WELLNESS

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

- CARE MANAGEMENT SUPPORT SERVICES
- DIABETES SUPPORT SERVICES
- GOLFERS IN MOTION
- MENTAL HEALTH ALLIANCE AND SUPPORT
- MULTIDISCIPLINARY CASE MANAGEMENT TEAM FOR CHILD ABUSE
- NURTURING FAMILIES NETWORK CASE MANAGEMENT SERVICES
- PASTORAL COUNSELING PROGRAM
- PROCUREMENT OF PHARMACEUTICALS FOR INDIGENT CLIENTS

OTHER HEALTH IMPROVEMENT SERVICES

- CAREGIVER SUPPORT SERVICES
- HEALTH EQUITY FELLOWSHIP
- LITERACY SUPPORT PROGRAMS
- STUDENT EDUCATION
- THE AUXILIARY REPETITIONS THRIFT STORE
- JOAN C. DAUBER EMERGENCY FOOD BANK
- KEEP-THE-POWER-ON UTILITY CLINIC

B. HEALTH PROFESSIONAL EDUCATION - \$ 28,163,281

THIS CATEGORY INCLUDES THE UNPAID COSTS OF UNDERGRADUATE TRAINING, INTERNSHIPS, CLERKSHIPS, RESIDENCIES, NURSING TRAINING, RESIDENCY EDUCATION, AND CONTINUING MEDICAL EDUCATION (CME) OFFERED TO PHYSICIANS OUTSIDE OF THE MEDICAL STAFF.

- CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION (CIPCI) - PRIMARY CARE TRAINING
- CLINICAL PASTORAL EDUCATION MENTORSHIP
- DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

- DIETICIAN TRAINING
- MEDICAL STUDENT EDUCATION
- NURSES AND NURSING STUDENT EDUCATION
- OB/GYN RESIDENCY TRAINING
- OTHER HEALTH PROFESSIONAL EDUCATION
- PHARM-D TRAINING SITE

C. SUBSIDIZED HEALTH SERVICES - \$ 759,270

THIS CATEGORY INCLUDES HEALTH SERVICES AND CLINICAL PROGRAMS THAT ARE PROVIDED DESPITE A FINANCIAL LOSS. THESE SERVICES ARE PROVIDED BECAUSE THEY MEET AN IDENTIFIED COMMUNITY NEED THAT IS NOT BEING FULFILLED BY THE GOVERNMENT OR ANOTHER NOT-FOR-PROFIT ORGANIZATION.

- UNCOMPENSATED CARE - DENTAL CLINIC
- UNCOMPENSATED CARE - FAMILY MEDICINE

D. RESEARCH - \$ 1,564,900

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
- FEDERAL RESEARCH GRANTS
- STATE AND LOCAL RESEARCH GRANTS
- TRAINEE RESEARCH GRANTS

E. FINANCIAL AND IN-KIND DONATIONS - \$ 535,770

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

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 - \$ 646,076

THIS CATEGORY INCLUDES PROGRAMS THAT ADDRESS THE UNDERLYING SOCIAL PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES. THESE ACTIVITIES SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTHCARE ORGANIZATION.

- CREC MAGNET SCHOOL PARTNERSHIP
- DISASTER PLANNING
- HOUSING SUPPORT
- NEIGHBORHOOD ASSOCIATIONS

G. COMMUNITY-BENEFIT OPERATIONS - \$ 96,500

THIS CATEGORY INCLUDES THE COSTS ASSOCIATED WITH ASSIGNED STAFF AND COMMUNITY HEALTH NEEDS AND/OR ASSETS ASSESSMENT, AS WELL AS OTHER COSTS ASSOCIATED WITH COMMUNITY BENEFIT STRATEGY AND OPERATIONS.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

INSPIRING HEALTHCARE FOR OUR COMMUNITIES

**SAINT FRANCIS CARE BELIEVES EVERYONE SHOULD RECEIVE THE SAME LEVEL OF
CARE REGARDLESS OF CIRCUMSTANCES IN LIFE. IN 2013, WE PROUDLY OPENED
THE SAINT FRANCIS CENTER FOR HEALTH EQUITY AT THE URBAN LEAGUE OF
GREATER HARTFORD WITH THIS IN MIND. DESPITE THE COMPLEX NATURE OF OUR
CURRENT HEALTHCARE DELIVERY SYSTEMS, WE BELIEVE THERE ARE SIMPLE,
DIGNIFIED HEALTH SOLUTIONS RIGHT HERE, RIGHT NOW.**

**FOR SAINT FRANCIS, MISSION AND SKILLED TEAMS COME TOGETHER FOR
OUTREACH, EDUCATION, PREVENTION AND CARE. THIS 2013 COMMUNITY BENEFIT
REPORT REFLECTS OVER \$89,498,278 IN COMMUNITY BENEFITS, SERVING 181,545
MEMBERS OF OUR COMMUNITY. WHERE DO THOSE RESOURCES GO? THEY ARE
DELIVERED TO THOSE WHO CANNOT AFFORD CARE, THROUGH OUTREACH PROGRAMS TO
IDENTIFY AND RESPOND TO THE NEEDS OF MEMBERS OF OUR COMMUNITY WHERE
SOCIAL CHALLENGES MAKE ACCESS TO CARE HARDER.**

**AS YOU WILL SEE IN THIS REPORT, OUR COMMUNITY BENEFIT ACTIVITIES ARE
DESIGNED TO ENGAGE AND INSPIRE THOSE WHO ARE CALLED INTO THE MISSION OF
HEALTHCARE AS WELL AS THE COMMUNITIES THEY SERVE.**

**THERE IS A GREAT DEAL AT STAKE TODAY. QUESTIONS NEED TO BE ANSWERED
RELATED TO INSURANCE, COORDINATED CARE AND FINDING A MEDICAL HOME.
EVERYONE DESERVES TO BE TREATED WITH RESPECT, COMPASSION, AND NEVER BE
FORGOTTEN. EVERYONE HAS A SACRED STORY.**

**FOR SAINT FRANCIS, PATIENT STORIES ARE WOVEN INTO LESSONS THAT SHAPE
BEST CARE. HEALTH PROFESSIONALS ARE CALLED TO A LIFE OF SERVICE AND**

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

LIFELONG LEARNING AT SAINT FRANCIS. STUDENTS, FELLOWS, RESIDENTS,
NURSES, CHAPLAINS, ENVIRONMENTAL SERVICES STAFF...THE LIST GOES ON. AND
IN EVERY CORNER THERE ARE LESSONS IN WHAT HEALS, IN WHAT INSPIRES
PEOPLE TO LEARN ABOUT THEIR OWN HEALTH AND WHAT TRULY HELPS OTHERS.

WE ARE PLEASED TO SHARE JUST A FEW OF THESE STORIES. AND WE WELCOME
YOURS - BECAUSE WE NEVER STOP AIMING TO PROVIDE THE BESTCARE FOR A
LIFETIME FOR THE COMMUNITIES WE SERVE.

ENGAGING MINDS, INSPIRING CHANGE

"THE SPIRIT OF LOVE, LOYALTY AND LEARNING," THE TITLE OF THE SCULPTURE
IN THE ROTUNDA OF THE PATIENT CARE TOWER, SUMS UP SAINT FRANCIS'
LONGSTANDING COMMITMENT TO EDUCATION AND CREATING LEARNING
OPPORTUNITIES. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS OFFICIALLY
RECOGNIZED AS A TEACHING HOSPITAL THROUGH ITS AFFILIATION WITH THE
UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE IN THE 1960S, BUT THE
TRUTH IS THAT EDUCATION HAS BEEN A CENTRAL FEATURE OF THE HOSPITAL
SINCE ITS FOUNDING.

ENGAGING MINDS AND INSPIRING CHANGE ARE INGRAINED IN THE MISSION OF
SAINT FRANCIS. AS AN ANSWER TO THE DEMAND FOR MORE PRACTICALLY TRAINED
NURSES, THE SAINT FRANCIS SCHOOL OF NURSING WAS CREATED IN 1899 AND
WENT ON TO BECOME ONE OF THE MOST ELITE SCHOOLS IN CONNECTICUT,
GRADUATING NEARLY 6,000 NURSES WHO HAVE TOUCHED MANY LIVES. ALTHOUGH
THE NURSING PROGRAM CLOSED IN THE MID 1990S, SAINT FRANCIS HAS REMAINED
COMMITTED TO EDUCATION THROUGH ITS CONTINUED WORK WITH RESIDENTS,
STUDENTS, INTERNS, VOLUNTEERS, FELLOWS AND STAFF.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

AS A MODERN HOSPITAL DEVOTED TO EDUCATION, RESEARCH AND PATIENT CARE, SAINT FRANCIS IS EXCITED TO FIND NEW WAYS TO ENGAGE THE MINDS OF TODAY'S LEARNERS TO PREPARE THEM FOR FUTURE CHALLENGES WITHIN THE MEDICAL PROFESSION. THROUGH A UNIQUE PARTNERSHIP WITH A CAPITOL REGION EDUCATION COUNCIL (CREC) MAGNET SCHOOL, A HEALTH EQUITY FELLOWSHIP PROGRAM TO EXPLORE PUBLIC HEALTH CONCERNS AND A STATE-OF-THE-ART OB/GYN RESIDENCY PROGRAM, THE HOSPITAL IS REDEFINING WHAT IT MEANS TO BE A TEACHING HOSPITAL AND RE-CREATING THE LEARNING ENVIRONMENT TO INSPIRE CHANGE.

FROM ITS HUMBLE BEGINNINGS, SAINT FRANCIS HAS CONTINUOUSLY RESPONDED TO THE COMMUNITY'S EVOLVING HEALTHCARE NEEDS THROUGH A COMBINATION OF THE BEST CLINICAL CARE, THE BEST TRAINING OF HEALTHCARE PROFESSIONALS, TOP-LEVEL RESEARCH, AND COMMUNITY SUPPORT. THESE PRINCIPLES ARE THE FOUNDATION OF OUR 117-YEAR HISTORY AS WE CONTINUE TO ENGAGE MINDS, INSPIRE CHANGE AND PROVIDE THE BESTCARE FOR A LIFETIME.

MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY

WHAT DO A THEME-BASED MAGNET SCHOOL, DESIGNED WITH A SPECIFIC CAREER FOCUS, AND SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAVE IN COMMON? A COMMITMENT TO EDUCATION THAT ENGAGES THE MINDS OF TODAY'S LEARNERS WHILE INSPIRING THEM TO BE FUTURE LEADERS...

THIS SHARED BELIEF HAS LED TO A PARTNERSHIP BETWEEN CAPITOL REGION EDUCATION COUNCIL (CREC) MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY AND SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. SAINT FRANCIS

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

HAS BEEN AN ACTIVE SPONSOR FOR THE SCHOOL AND HAS OPENED ITS DOORS TO HUNDREDS OF STUDENTS EAGER TO LEARN MORE ABOUT MEDICAL CAREERS. THE HOSPITAL HAS WORKED WITH THE SCHOOL'S ADMINISTRATION TO DEVELOP A CURRICULUM THAT GIVES STUDENTS EXPOSURE TO VARIOUS MEDICAL PROFESSIONS THROUGH FIELD STUDIES, CAREER SHADOWING AND INTERNSHIPS.

CREC MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY OPENED IN 2010 WITH A SPECIFIC FOCUS TO EQUIP STUDENTS WITH THE KNOWLEDGE AND SKILLS NECESSARY FOR SUCCESS IN VARIOUS MEDICAL PROFESSIONS AND EDUCATION. BY OFFERING THE OPPORTUNITY TO WORK WITH AND LEARN FROM PROFESSIONALS IN THEIR FIELDS, STUDENTS GAIN FIRSTHAND EXPERIENCE IN REAL-WORLD SETTINGS. THE SCHOOL SERVES A DIVERSE POPULATION FROM HARTFORD AND SURROUNDING TOWNS WITH AFRICAN-AMERICANS, HISPANICS AND LATINOS MAKING UP OVER 60% OF THE STUDENT BODY. THIS IS AN EXCITING YEAR FOR CREC MEDICAL PROFESSIONS & TEACHER PREPARATION ACADEMY AS THEY PREPARE TO GRADUATE THEIR FIRST CLASS AND MOVE TO A PERMANENT STATE-OF-THE-ART FACILITY.

IN KEEPING WITH OUR MISSION AND CORE VALUES AS A TEACHING HOSPITAL, OPENING OUR DOORS TO STUDENTS IS A SERVICE THAT IS VERY MUCH IN HARMONY WITH WHO WE ARE. WE ARE PROUD TO GIVE STUDENTS THE OPPORTUNITY TO EXPLORE DIFFERENT MEDICAL PROFESSIONS SO THEY CAN MAKE INFORMED CAREER CHOICES BASED ON FIRSTHAND EXPERIENCE. PROVIDING EDUCATIONAL OPPORTUNITIES IS A PART OF THE SAINT FRANCIS CULTURE EVIDENCED BY THE THOUSANDS OF STUDENTS WHO COME THROUGH OUR DOORS EACH YEAR AS VOLUNTEERS, INTERNS, RESIDENTS, FELLOWS AND TRAINEES. THE ULTIMATE GOAL OF THE PARTNERSHIP WITH CREC MEDICAL PROFESSIONS AND TEACHER PREPARATION ACADEMY IS TO EXPOSE STUDENTS TO ALL FUNCTIONS WITHIN A

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

HOSPITAL, WHICH WILL PUT THEM ON A PATH TOWARD PURSUING CAREERS IN THE MEDICAL PROFESSION.

PROGRAM FEATURES:

8TH GRADE

STUDENTS ARE INTRODUCED TO DIFFERENT MEDICAL PROFESSIONS THROUGH A FUN "SPEED DATING" ACTIVITY WHERE THEY INTERVIEW REPRESENTATIVES FROM DIFFERENT SERVICE LINES WITHIN THE HOSPITAL.

9TH & 10TH GRADES

STUDENTS ARE EXPOSED TO FOUR DIFFERENT AREAS OF SPECIALTIES WITHIN THE HEALTHCARE INDUSTRY. A SAINT FRANCIS EMPLOYEE FROM EACH OF THE FOUR SPECIALTIES VISITS THE SCHOOL TO SPEAK WITH THE STUDENTS ABOUT THAT SUBJECT AREA. STUDENTS GAIN HANDS-ON EXPERIENCE IN EACH OF THE FOUR AREAS BY SPENDING A FEW HOURS AT SAINT FRANCIS WORKING WITH PRECEPTORS.

11TH GRADE

BASED ON THEIR INTERESTS, STUDENTS ARE GIVEN THE OPPORTUNITY TO SHADOW IN THREE DIFFERENT AREAS. THE STUDENTS VISIT THE HOSPITAL THREE TIMES WHERE THEY RECEIVE REAL-WORLD EXPERIENCE IN EACH AREA.

12TH GRADE

A NUMBER OF STUDENTS ARE CHOSEN FOR AN INTERNSHIP IN ONE SPECIFIC MEDICAL PROFESSION BASED ON THEIR INTEREST. DURING THE INTERNSHIP, THE STUDENTS ARE REQUIRED TO WORK ONE 3.5-HOUR SHIFT EACH WEEK FOR A TOTAL OF 50 HOURS.

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

THE ROLE WE PLAY:

- HELP WITH THE PLANNING AND DEVELOPMENT OF THE SCHOOL'S CURRICULUM
- OFFER EXPOSURE TO STUDENTS IN DIFFERENT AREAS SUCH AS RADIOLOGY, PHARMACY, REHAB THERAPY, MEDICINE, NURSING, ETC.
- PROVIDE SHADOWING, FIELD STUDY AND VOLUNTEER OPPORTUNITIES TO STUDENTS
- SUPPLY PRECEPTORS AND MENTORS WHO WORK WITH STUDENTS
- ASSIST IN THE DESIGN OF THE NEW SCHOOL
- SCHEDULE CAREER LECTURES, SEMINARS AND SUMMER ACTIVITIES FOR STUDENTS

WHAT THE STUDENTS ARE SAYING:

DZENANA BECIROVIC - WANTS TO BE A FAMILY PRACTICE PHYSICIAN

"SHADOWING IN NICHE (NURSES IMPROVING CARE FOR HEALTHSYSTEM ELDERS) PROGRAM IN THE SUMMER OF 2013 EXPOSED ME TO DELIVERING CARE TO OLDER ADULTS, WHICH OPENED MY EYES TO CARING FOR DIFFERENT AGES. THAT EXPERIENCE STRENGTHENED MY GOAL TO BECOME A FAMILY PRACTITIONER CARING FOR THE WHOLE FAMILY."

PARIS PRUIT - WANTS TO BE A BIOMEDICAL ENGINEER FOCUSING ON CARDIOLOGY

"I NEVER REALLY SAW MYSELF IN THIS SETTING, BUT AFTER SPEAKING WITH DR. ANITA KELSEY I BECAME INTERESTED IN CARDIOLOGY AND I WANT TO BE A BIOMEDICAL ENGINEER SPECIALIZING IN CARDIOLOGY RESEARCH.

IF YOU ARE FROM A BACKGROUND WHERE YOUR PARENTS ARE UNEMPLOYED OR POOR, YOU MAY NEVER GET THE OPPORTUNITY TO GET EXPOSED TO A HOSPITAL SETTING FROM THAT PERSPECTIVE. USUALLY, WHEN WE GO TO THE HOSPITAL IT'S

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

NEGATIVE, SOMEONE IS SICK. IF IT WASN'T FOR THIS PROGRAM I WOULD HAVE NEVER SEEN MYSELF IN THIS LIGHT. SAINT FRANCIS HAS BEEN VERY INVITING TO US."

MAYOR PATEL - WANTS TO BE A NEUROSURGEON

"I ALWAYS HAD A SPECIFIC GOAL TO BE A NEUROSURGEON. SHADOWING AND VOLUNTEERING AT SAINT FRANCIS HAS GIVEN ME THE OPPORTUNITY TO SEE WHAT'S INVOLVED IN THE DIFFERENT AREAS OF THE HOSPITAL.

EXPOSURE BRINGS OUT HIDDEN TALENTS. IF YOU ARE NOT EXPOSED TO SOMETHING YOU WILL NEVER KNOW IF YOU ARE GOOD AT IT. WE HAVE ALL BEEN EXPOSED AND THIS HAS AWAKENED OUR HIDDEN TALENTS AND WE WILL GO ON THE DO GREAT THINGS. WHO KNOWS, ONE OF US MAY WIN A NOBEL PRIZE ONE DAY."

HEALTH EQUITY FELLOWSHIP

IN THE BROCHURE FOR THE SAINT FRANCIS CENTER FOR HEALTH EQUITY WE DESCRIBE OUR WORK AS "DEVELOPING AND DELIVERING INNOVATIVE HEALTH EQUITY PROGRAMS WITH AND FOR COMMUNITIES SERVED BY SAINT FRANCIS CARE." EDUCATION IS FUNDAMENTAL TO OUR WORK AT THE CENTER FOR HEALTH EQUITY. BUT WHEN WE TALK ABOUT EDUCATION WE ARE TALKING ABOUT AN EXCHANGE - THAT IS, WE EXPECT TO GAIN AS MUCH KNOWLEDGE AS WE IMPART.

EARLY IN THE DEVELOPMENT OF THE PLANS FOR THE CENTER FOR HEALTH EQUITY WE TALKED WITH THE CT HEALTH FOUNDATION ABOUT SUPPORTING A HEALTH EQUITY FELLOWSHIP TO "DEVELOP A HEALTHCARE LEADER KNOWLEDGEABLE ABOUT AFRICAN-AMERICAN MEN, AND TO PROVIDE A PLATFORM FOR UNDERSTANDING AND IMPACTING THE HEALTH OF THIS GROUP THROUGH SYSTEMS CHANGE." IT IS WITH

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

THIS IN MIND THAT WE HIGHLIGHT THE HEALTH EQUITY FELLOW AS A PART OF OUR COMMUNITY BENEFIT REPORT. BY ENGAGING OTHERS TO THINK ABOUT HEALTH EQUITY, WE ARE POSITIVE THAT PEOPLE WILL BE INSPIRED TO MAKE A DIFFERENCE IN THEIR COMMUNITIES THROUGH ACTIVE PARTICIPATION.

WE HAD IN MIND SOMEONE WHO WOULD ENGAGE HEALTH PROVIDERS, PUBLIC HEALTH LEADERS, AND COMMUNITY MEMBERS TO BETTER UNDERSTAND THE DISPARITIES IN HEALTH AMONG AFRICAN-AMERICAN MEN IN HARTFORD. THE APPLICATION INCLUDED A SIGNIFICANT AMOUNT OF FLEXIBILITY TO HIRE SOMEONE PASSIONATE ABOUT PUBLIC HEALTH. WE FOUND THAT PERSON IN LAWRENCE YOUNG, WHO COMES TO US FROM ATLANTA, GA. HIS PREVIOUS WORK WAS IN HIV PREVENTION RESEARCH AT EMORY UNIVERSITY. HE HAS A MASTERS IN PUBLIC HEALTH AND A PASSION FOR THE WORK. AS A BONUS, HE'S ALSO FUN TO WORK WITH, SMART AND COMMITTED TO HEALTH EQUITY.

ALREADY LAWRENCE HAS ENGAGED HIMSELF IN A VARIETY OF PROJECTS:

- RESEARCH ON DISPARITIES IN HEALTHCARE FOR AFRICAN-AMERICAN MEN
- DEVELOPMENT OF A HEALTH EQUITY SCORECARD USING HOSPITAL DATA
- COMMUNITY ENGAGEMENT WITH LOCAL AGENCIES INCLUDING THE YMCA, CT HEALTH JUSTICE, URBAN LEAGUE OF GREATER HARTFORD, PEACE BUILDERS AND OTHERS

THE WORK COMPLETED BY THE HEALTH EQUITY FELLOW FOCUSES ON THE DISPARITIES WE SEE IN HEALTHCARE. IT IS OUR HOPE THAT THIS WILL INSPIRE CONCRETE CHANGES IN THE COMMUNITY AND RESULT IN BETTER HEALTH OUTCOMES FOR ALL.

OB/GYN RESIDENCY PROGRAM

232212
01-04-13

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

THE OBSTETRICS AND GYNECOLOGY RESIDENCY PROGRAM AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HAS BEEN ENGAGING MINDS FOR OVER 60 YEARS BY OFFERING SPECIALIZED TRAINING TO WELL-RESPECTED PRACTITIONERS WHO ARE COMMITTED TO WOMEN'S HEALTH.

THE OB/GYN RESIDENCY PROGRAM IS UNIQUE BECAUSE IT COMBINES THE HIGH CLINICAL VOLUME OF A COMMUNITY-BASED RESIDENCY WITH THE HIGH ACADEMIC STANDARDS OF A UNIVERSITY-BASED PROGRAM. THIS PROGRAM HAS BEEN INSPIRING ADVANCES IN MEDICINE BY INCORPORATING THE LATEST IN TECHNOLOGY, PATIENT CARE, RESIDENT EDUCATION, AND QUALITY AND SAFETY MEASURES. THE GOAL OF THE PROGRAM IS TO EQUIP PHYSICIANS WITH THE SKILLS NEEDED TO PROVIDE THE BEST POSSIBLE CARE TO WOMEN ACROSS THE SPECTRUM OF LIFE.

OB/GYN FACULTY:

- 8 FULL-TIME GENERALISTS
- 1 AMBULATORY CLINIC ATTENDING
- 4 MATERNAL FETAL MEDICINE PHYSICIANS
- 3 GYNECOLOGIC ONCOLOGISTS
- 1 UROGYNECOLOGIST
- OVER 45 PRIVATE ATTENDING PHYSICIANS

THE OB/GYN RESIDENCY PROGRAM IS VERY COMPETITIVE AND ACCEPTS ONLY FOUR RESIDENTS EACH YEAR WITH A TOTAL OF 16 RESIDENTS IN ROTATION. THE PROGRAM OFFERS RESIDENTS THE OPPORTUNITY TO TRAIN IN SPECIALIZED AREAS INCLUDING HIGH-RISK OBSTETRICS, GYNECOLOGY, GYNECOLOGIC ONCOLOGY, PRE-OP AND COLPOSCOPY.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

PREPARING PHYSICIANS FOR FUTURE OPPORTUNITIES AND CHALLENGES WITHIN THE HEALTHCARE INDUSTRY IS AN ESSENTIAL COMPONENT OF A TEACHING HOSPITAL. MOST IMPORTANTLY, MANY OF THE RESIDENTS WHO RECEIVE TRAINING AT SAINT FRANCIS HAVE REMAINED IN THE OUR COMMUNITY TO PROVIDE QUALITY OB/GYN CARE TO WOMEN IN HARTFORD AND THE SURROUNDING AREAS. AS PART OF THEIR TRAINING, RESIDENTS GET FIRSTHAND EXPERIENCE IN COMMUNITY HEALTH BY WORKING IN THE WOMEN'S HEALTH CENTER PROVIDING CONTINUITY OF CARE FOR THEIR PATIENTS DURING THEIR FOUR YEARS.

MICHAEL BOURQUE, M.D.

DR. BOURQUE GRADUATED FROM THE RESIDENCY PROGRAM IN 1981 AND HAS BEEN AT SAINT FRANCIS EVER SINCE. DR. BOURQUE APPLIED TO THE RESIDENCY PROGRAM BECAUSE IT WAS A RECOGNIZED FREESTANDING PROGRAM WITH SUPERB STATURE AND ACADEMIC LEADERSHIP THAT WAS UNMATCHED BY ANY OTHER OB/GYN RESIDENCY PROGRAM IN THE HARTFORD AREA. TODAY DR. BOURQUE PRACTICES IN A FAMILY ATMOSPHERE WITH 11 OTHER PARTNERS WHO ARE ALL GRADUATES OF THE SAINT FRANCIS OB/GYN RESIDENCY PROGRAM.

DR. BOURQUE IS HAPPY TO SEE THAT THE FAMILY ATMOSPHERE OF THE RESIDENCY PROGRAM IS STILL MAINTAINED TODAY WHILE HONORING THE SCOPE OF WHAT TODAY'S RESIDENTS HAVE TO LEARN COMPARED TO THE LATE 1970S.

WHEN ASKED HOW HIS EXPERIENCE IN THE RESIDENCY PROGRAM HAS IMPACTED HIS SENSE OF COMMUNITY, DR. BOURQUE REFERENCED HIS FAITH AND THE BELIEF THAT EVERY PERSON IS IMPORTANT. HE HAS HAD GREAT LEADERS AND MENTORS WHO HAVE TAUGHT HIM A SENSE OF THE GREATER GOOD AND SOCIAL RESPONSIBILITY, ESPECIALLY IN THIS SPECIALTY WHERE HE IS SOMETIMES SEEN

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number
06-0646813

AS A GUARDIAN FOR MOTHERS AND THEIR BABIES.

"SAINT FRANCIS IS AN AMAZING INSTITUTION FILLED WITH EVEN MORE AMAZING PEOPLE. OUR HOSPITAL IS ALWAYS LOOKING TO ENGAGE ITS PEOPLE IN SERVICE TO OTHERS, WHETHER THAT BE IN LOCAL NEIGHBORHOODS, OR ON DISTANT SHORES. SIMPLY PUT, SERVICE ABOVE SELF IS WHAT DRIVES THE HEARTS AND MINDS OF THE SAINT FRANCIS COMMUNITY."

HEALTH PROFESSIONS EDUCATION

ADVANCING CAREERS IN HEALTHCARE

IN 2013 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PROVIDED OVER \$28 MILLION TO A VARIETY OF HEALTHCARE EDUCATION PROGRAMS FOR PHYSICIANS, NURSES AND OTHER HEALTHCARE PROFESSIONALS. THE HOSPITAL'S GOAL IS TO ENSURE THAT THERE WILL BE ENOUGH QUALIFIED HEALTH PROFESSIONALS WITH THE SKILLS NEEDED TO MEET THE DEMANDS OF OUR GROWING COMMUNITY.

WHY IS THIS IMPORTANT?

WITH THE U.S. FACING A CRITICAL SHORTAGE OF HEALTHCARE PROFESSIONALS, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS CONTRIBUTING TO THE LONG-TERM HEALTH OF OUR COMMUNITY BY EDUCATING THOSE WHO REPRESENT THE FUTURE OF MEDICINE.

THE CONTRIBUTION TO HEALTH PROFESSIONS' EDUCATION CONTINUES TO INCREASE ANNUALLY WHICH HIGHLIGHTS THE HOSPITAL'S COMMITMENT TO ENSURING A WELL-TRAINED HEALTHCARE WORKFORCE FOR YEARS TO COME.

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number
06-0646813

FORM 990, PART VI, SECTION A, LINE 2: P. ANTHONY GIORGIO, PHD (DIRECTOR) AND KARL KRAPEK (DIRECTOR) ARE BOTH 50% PARTNERS IN KEYSTONE CONSULTING, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER AND DORSET CROSSING LLC AND 103 WOODLAND ST LLC (COMMERCIAL RENTAL REAL ESTATE). SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PAID FOR LEASEHOLD IMPROVEMENTS AT OUR ACCESS CENTER IN SIMSBURY THAT IS OWNED BY KEYSTONE CONSULTING, LLC. AND RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION TECHNOLOGY AND FINANCE CENTER LOCATION.

PHILIP SCHULZ (DIRECTOR) RECEIVES A FIXED PENSION PAYMENT FROM PRICewaterhouse COOPERS, A PORTION OF WHICH IS UNFUNDED. PWC PERFORMS CONSULTING SERVICES FOR SAINT FRANCIS HOSPITAL & MEDICAL CENTER. ALL TRANSACTIONS ARE PERFORMED AT ARM'S LENGTH AND FAIR MARKET TERMS.

FORM 990, PART VI, SECTION B, LINE 11: THE AUDIT AND CORPORATE COMPLIANCE COMMITTEE HAS RESPONSIBILITY FOR REVIEWING THE FORM 990 AND WILL REPORT BACK TO THE FULL BOARD REGARDING THEIR REVIEW OF THE FORM 990. THE FORM 990 IS AVAILABLE ON THE BOARD'S INTERNAL SECURE WEB PORTAL.

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.

FORM 990, PART VI, SECTION B, LINE 15: AN EXTERNAL MARKET ANALYSIS IS PERFORMED & REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT

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

COMMITTEE.

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

FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIANS FEES:

PROGRAM SERVICE EXPENSES	52,758,770.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	52,758,770.

SECURITY EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,237,728.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,237,728.

OUTSIDE LABORATORIES:

PROGRAM SERVICE EXPENSES	3,235,288.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,235,288.

COLLECTION FEES:

232212
01-04-13

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

PROGRAM SERVICE EXPENSES	30,703.
MANAGEMENT AND GENERAL EXPENSES	1,960,233.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,990,936.

DIALYSIS FEES:

PROGRAM SERVICE EXPENSES	1,363,719.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,363,719.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES	4,600.
MANAGEMENT AND GENERAL EXPENSES	5,837,461.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,842,061.

REGISTRY NURSES FEES:

PROGRAM SERVICE EXPENSES	3,542,565.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,542,565.

OUTSIDE SERVICES:

PROGRAM SERVICE EXPENSES	5,037,597.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	5,037,597.

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

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,108,232.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,108,232.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	65,492.
MANAGEMENT AND GENERAL EXPENSES	1,270,207.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,335,699.

OTHER FEES FOR SERVICES:

PROGRAM SERVICE EXPENSES	3,737,068.
MANAGEMENT AND GENERAL EXPENSES	434,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	4,171,068.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	83,623,663.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN ASSETS HELD IN TRUST BY OTHERS	2,625,524.
CHANGE IN PENSION FUNDING AND POSTRETIREMENT OBLIGATIONS	84,066,037.
DECREASE IN INTEREST IN ST FRANCIS FOUNDATION	-1,836,403.
NET PARTNERSHIP INCOME	-340,083.
CHANGE IN FAIR MARKET VALUE OF SWAP	22,522,765.
GRANTS RELEASED FROM RESTRICTIONS FOR RENOVATIONS	-3,447,265.
EQUITY TRANSFER TO AFFILIATED ENTITY	-6,000,000.

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

TOTAL TO FORM 990, PART XI, LINE 9 97,590,575.

FORM 990, PART XII, LINE 2C:

THE BOARD OF DIRECTORS HAS DELEGATED ITS OVERSIGHT RESPONSIBILITY OF
 THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS TO THE AUDIT AND
 CORPORATE COMPLIANCE COMMITTEE.

Related Organizations and Unrelated Partnerships

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASYLUM HILL FAMILY MEDICAL CENTER - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		X
ONE THOUSAND CORPORATION - 06-0922325 1000 ASYLUM STREET HARTFORD, CT 06105	PROPERTY MANAGEMENT	CONNECTICUT	501(C)(2)		SAINT FRANCIS HOSPITAL & MEDICAL CENTER		X
SAINT FRANCIS CARE, INC. - 06-1491191 114 WOODLAND STREET HARTFORD, CT 06105	SUPPORTS HEALTH CARE ORGANIZATIONS	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		X
SAINT FRANCIS FOUNDATION, INC. - 06-1008255 114 WOODLAND STREET HARTFORD, CT 06105	FUNDRAISING	CONNECTICUT	501(C)(3)	LINE 11A, I	SAINT FRANCIS CARE		X

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

Schedule R (Form 990) 2012

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Schedule R (Form 990)

06-0646813

Part II Continuation of 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 organization?	
						Yes	No
THE CAMILLUS CORPORATION - 06-1051261 1000 ASYLUM STREET HARTFORD, CT 06105	SUPPORT HEALTH CARE ORGANIZATIONS	CONNECTICUT	501(C)(3)	LINE 11A, I	SAINT FRANCIS CARE		X
MT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HOSPITAL	CONNECTICUT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		X
SAINT FRANCIS MEDICAL GROUP, INC. - 06-1450168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 3	SAINT FRANCIS CARE		X
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	SUPPORTS HOSPITAL	CONNECTICUT	501(C)(3)	LINE 11A, I	SAINT FRANCIS HOSPITAL & MEDICAL CENTER		X
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 3	SAINT FRANCIS MEDICAL GROUP, INC.		X

ST FRANCIS HOSPITAL AND MEDICAL

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
TOTAL LAUNDRY COLLABORATIVE - 20-8335788, 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-198,867.	-90,333.		X	N/A		X	86.00%
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-38,246.	1,904.		X	N/A		X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CT	SAINT FRANCIS CARE	C CORP	0.	938,014.	100.00%		X
SAINT FRANCIS BEHAVIORAL HEALTH GROUP - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	BEHAVIOR HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-671,792.	1,017,457.	100.00%		X
SAINT FRANCIS HEALTH CARE PARTNERS - 06-1391257, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-136,127.	1,231,773.	50.00%		X
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC. - 46-1315402, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HEALTH CARE PARTNERS	C CORP	0.	0.	50.00%		X

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

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

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

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Dividends from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g Sale of assets to related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h Purchase of assets from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i Exchange of assets with related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k Lease of facilities, equipment, or other assets from related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l Performance of services or membership or fundraising solicitations for related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Performance of services or membership or fundraising solicitations by related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
o Sharing of paid employees with related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
p Reimbursement paid to related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
q Reimbursement paid by related organization(s) for expenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
r Other transfer of cash or property to related organization(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
s Other transfer of cash or property from related organization(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

ST FRANCIS HOSPITAL AND MEDICAL

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

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

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

Part VII Supplemental Information

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

Lined area for supplemental information input.