Department of the Treasury Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

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

Open to Public Inspection

ΑI	For the	2012 calendar year, or tax year beginning O	CT 1, 2012 and	ending S	SEP 30, 2013	3
В	Check if	C Name of organization			D Employer identif	
- 6	applicable:					
	Address change	SAINT FRANCIS CARE, INC				
	Name change	Doing Business As	-		06-1	491191
	Initial return	Number and street (or P.O. box if mail is not delive	vered to street address)	Room/suite		
	Termin-		Tiooni, outlo		714-4000	
	—ated ☐Amende				G Gross receipts \$	0.
	⊒return □Applica				H(a) Is this a group r	
	⊥tion pending	F Name and address of principal officer:DAV	ID BITTNER		for affiliates?	Yes X No
		SAME AS C ABOVE			<b>H(b)</b> Are all affiliates in	
$\overline{}$	Tay aya		<b>■</b> (insert no.) 4947(a)(1)	or 527	1 ' '	a list. (see instructions)
		WWW.STFRANCISCARE.ORG	(III3611110.) 4347(a)(1)	01 321	H(c) Group exemption	
			ociation Other	I Vaar		M State of legal domicile: CT
		Summary	ociation otiloi p	L I Gai	or formation. ± J J J	VI State of legal dofficile. C 1
		Briefly describe the organization's mission or most	oignificant activities. HEAL	<u>тнсавт</u>	7	
Activities & Governance	1 1	Briefly describe the organization's mission or most	significant activities: 11141	THOAKE	1	
nan	2 -	Nearly their have a lifether assessment as allowed	tion and the empty attended to the		- than 050/ of its not a	
Ver	1	Check this box if the organization discon				32
Ĝ		Number of voting members of the governing body (				1
∞ დ		Number of independent voting members of the gov				0
ţie		otal number of individuals employed in calendar ye				0
Ξ		otal number of volunteers (estimate if necessary)				
Ą		otal unrelated business revenue from Part VIII, col				
_	b N	let unrelated business taxable income from Form 9	990-1, line 34	·····		
					Prior Year	Current Year 0 .
ne	1	Contributions and grants (Part VIII, line 1h)		0.		
Revenue		Program service revenue (Part VIII, line 2g)		0.		
Re	1	nvestment income (Part VIII, column (A), lines 3, 4,		0.	_	
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				
	-	otal revenue - add lines 8 through 11 (must equal l			0.	_
		Grants and similar amounts paid (Part IX, column (A			0.	_
		Benefits paid to or for members (Part IX, column (A)				_
Expenses		Salaries, other compensation, employee benefits (F			0.	_
eus	1	Professional fundraising fees (Part IX, column (A), li	_		0.	0.
꼾	1	otal fundraising expenses (Part IX, column (D), line		<u> </u>		250.000
_		Other expenses (Part IX, column (A), lines 11a-11d,			0.	
	1	otal expenses. Add lines 13-17 (must equal Part IX			0.	
- S	19 F	Revenue less expenses. Subtract line 18 from line	l2		0.	<u> </u>
Net Assets or Fund Balances				Ве	eginning of Current Year	End of Year
sset	<b>20</b> T				15,847,219.	15,497,219.
at A	21 T	otal liabilities (Part X, line 26)			0.	1
	22	Net assets or fund balances. Subtract line 21 from	line 20		15,847,219.	15,497,219.
		Signature Block				
	•	ties of perjury, I declare that I have examined this return, i			•	ny knowledge and belief, it is
true	, correct,	, and complete. Declaration of preparer (other than officer	) is based on all information of w	hich preparei	has any knowledge.	
		Signature of officer			 Date	
Sig	n					
Her	e		/ICE PRESIDENT	OF FIN	IANCE	
		Type or print name and title			Data I I	II DTIN
		• • • •	Preparer's signature		Date Check Check	PTIN
Paid	-	OUGLAS FARRINGTON			self-emplo	
		Firm's name MARCUM LLP	\F		Firm's EIN	11-1986323
Use	Only		35 ASYLUM STREE	'T'		
_		HARTFORD, CT 0610	13		Phone no. 8	860-549-8500
Ma	v the IR	S discuss this return with the preparer shown above	/e? (see instructions)			X Yes No

Pa	Statement of Program Service Accomplishments
_	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission: THE MISSION OF ST FRANCIS CARE, INC. SHALL BE TO BENEFIT, CARRY OUT
	THE PURPOSES OF, AND UPHOLD, PROMOTE AND FURTHER THE WELFARE, PROGRAMS AND ACTIVITIES OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND OTHER
	SUBSIDIARIES.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 350,000 • including grants of \$ ) (Revenue \$
	SUPPPORTS HEALTHCARE ORGANIZATIONS AFFILIATED WITH THE ROMAN CATHOLIC
	CHURCH WITHIN THE CONFINES OF THE AREA ADMINISTERED BY THE ARCHDIOCESE
	OF HARTFORD.
	<u></u>
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
Tu	(Expenses \$ including grants of \$ ) (Revenue \$ )
40	Total program service expenses ► 350,000.
<del>10</del>	Form 990 (2012)

#### 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)?	_	х	
0	If "Yes," complete Schedule A	2		Х
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			37
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40		Х
	Schedule D, Parts XI and XII	12a		
a	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 14		_ <del>-</del> -
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		
	ii 165 to iiile 20a, ulu tiile organization attaon a copy oi its addited iiilanolai statements to tiils retum?	ZUD		

#### Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, committed Septedule, Parts I and II   22				Yes	No		
column (A), line 22 II "Yes," complete Schedule I, Parts I and III 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, thustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I but the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 246 through 24d and complete Schedule I, I" 10%, 2 of the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24a	21		21		Х		
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 24d 25d 36d 36d 36d 36d 36d 36d 36d 36d 36d 36	22	(2) (1) 22 ((1)) (1) (1) (1) (1) (1) (1) (1) (1) (	22		Х		
Schedule J  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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?  d Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds?  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? "As organization aware that it engaged in an excess benefit transaction with a disqualified person out any of the organization is prior Forms 990 or 990 E27 If "Yes," complete Schedule L, Part I person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II person of any of these persons? If "Yes," organize Schedule L, Part IV instructions for applicable the end of the organization's tax year? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds; conditions, and exceptions;  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV and the proper outside the part II is a contribution of the organization receive ornor things. Coopider Schedule L, Part IV 28 A mainty of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A A current or former officer director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A A C An entity of which a current or former officer, d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current					
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," arrower lines 24b through 24d and complete Schedule K. If "No", go to line 25  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b 27b 27b 27b 27b 27b 27b 27b 27b 27b 27		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete					
schedule K. If "No", go to line 25  b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24c  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? If "Yes," complete Schedule L, Part I   25a   X  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outsianding as of the end of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I   25b   X  25 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? If "Yes," complete Schedule L, Part II   26b   X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grants election committee ember, or to a 5% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III   27		Schedule J					
Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? Did bid the organization water 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-E27 if "Yes," complete Schedule L, Part I is 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 part or a brising schedule L, Part I is 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 part or a brising schedule L, Part I is 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 part or a brising schedule L, Part I is 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 schedule again to an officer, director, trustee, or well and schedule L, Part I is a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I is a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part I is a Complete Schedule I is a part or the organization r	24a						
b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an ton behalf off issuer for bonds outstanding at any time during the year?  24c  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?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person outling the year?  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II  25b 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 xyear? If "Yes," complete Schedule L, Part II    25c 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? If "Yes," complete Schedule L, Part IV    28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV    28 A current or former officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member threot) was an officer, director, trustee, or key employee (or a family member threot) was an officer, director, trustee, or key employee (or a family member threot) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or director in organi		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete					
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  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?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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 species of the schedule L, Part I Is the organization as of the end of the organization's prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I Is 25b X  25b 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 prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I I Is 25b X  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization tax year? If "Yes," complete Schedule L, Part II Is 27b X Was the organization aparty 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 (or a family member of a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member of a current or former officer, director, trustee, or key employee (or a family member		Schedule K. If "No", go to line 25	24a		Х		
any tax-exempt bonds?	b		24b				
d bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? If "Yes," complete Schedule L, Part I 25a 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-E27 If "Yes," complete Schedule L, Part I 25b 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? If "Yes," complete Schedule L, Part II 26b 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? If "Yes," complete Schedule L, Part II 27 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? If "Yes," complete Schedule L, Part IV 28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 29b X  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 20b X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II 20b X	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease					
d bit the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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? If "Yes," complete Schedule L, Part I 25a 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-E27 If "Yes," complete Schedule L, Part I 25b 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? If "Yes," complete Schedule L, Part II 26b 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? If "Yes," complete Schedule L, Part II 27 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? If "Yes," complete Schedule L, Part IV 28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28b X  30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 29b X  31 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule II 20b X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule II 20b X		any tax-exempt bonds?	24c				
disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I 25b 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? If "Yes," complete Schedule L, Part II 26 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? If "Yes," complete Schedule L, Part II 27 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? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I, 32 X  33 Usid the organization own 100% of an entity disregarded as separate from the organization under Regulation	d		24d				
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-E27 if "Yes," complete Schedule L, Part I    25b	25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a					
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-E27 If "Yes," complete Schedule L, Part II  25b 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? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons?? If "Yes," complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization van 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3 If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did		disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х		
Schedule L, Part I 25b X  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? If "Yes," complete Schedule L, Part II 26 X  Told the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 at 35% the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  To An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 X  Did the organization injudate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 X  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  Sab Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(	b						
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? If "Yes," complete Schedule L, Part II 26 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? If "Yes," complete Schedule L, Part III 27 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? If "Yes," complete Schedule L, Part IV 28b X  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 31 X  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a X  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, li		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete					
person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II    26		Schedule L, Part I	25b		Х		
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization rake any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organization	26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified					
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  27 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? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 X  32 Id the organization oven 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V I  37 X  38		person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х		
of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 indirect or experiment of the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  31 X  32 If Was the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 If "Yes," to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  35 Did the organization conduct more than 5% of its activiti	27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial					
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28b X  28b X  28b X  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 X  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  Schedule N, Part II  31 X  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes,		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member					
instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  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 key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee? If "Yes," complete Schedule N, exclusive set or indirect owner? If "Yes," complete Schedule I. Part IV  28b		of any of these persons? If "Yes," complete Schedule L, Part III	27		Х		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 33 X 34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI In Yes, "complete Schedule R, Part VI In Yes,"	28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV					
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28b		instructions for applicable filing thresholds, conditions, and exceptions):					
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c	а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х		
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI ines 11b and 19?	b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х		
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  36 If "Yes," complete Schedule R, Part V, line 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  37 A X	С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,					
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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? If "Yes," complete Schedule R, Part VI, lines 11b and 19?		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c				
contributions? If "Yes," complete Schedule M  30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х		
Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI lines 11b and 19?	30	and the time of the Wood and the Cohodula M	30		х		
If "Yes," complete Schedule N, Part I  31	31						
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  To did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		If "Yes," complete Schedule N, Part I	31		Х		
Schedule N, Part II  32 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? If "Yes," complete Schedule R, Part I  33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI ines 11b and 19?	32						
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 X X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 5b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b X 5b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 X 5b Section 501(c)(3) organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI and the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Schedule N, Part II	32		Х		
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33						
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X		
Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and					
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Y  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Part V, line 1	34	X			
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35b X  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X			
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2  36  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? If "Yes," complete Schedule R, Part VI  37  38  Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity					
If "Yes," complete Schedule R, Part V, line 2  36 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? If "Yes," complete Schedule R, Part VI  38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х			
<ul> <li>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</i> "Yes," complete Schedule R, Part VI</li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>	36						
<ul> <li>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</i> "Yes," complete Schedule R, Part VI</li> <li>Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?</li> </ul>		If "Yes," complete Schedule R, Part V, line 2	36		Х		
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37						
		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х		
Note. All Form 990 filers are required to complete Schedule O	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?					
		Note. All Form 990 filers are required to complete Schedule O	38	X			

## 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	1							
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eporta	ble gaming							
	(gambling) winnings to prize winners?									
<b>2</b> a	a 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									
b	<b>b</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	<b>(</b> )				х				
	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		• .			7.7				
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country:		<del> </del>							
_	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A			_		х				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a 5b		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5c	$\vdash$	<u> </u>				
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			50						
oa	any contributions that were not tax deductible as charitable contributions?			6a		х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut									
	were not tax deductible?		-	6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the consisting of the control of									
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			x				
	to file Form 8282?									
d	d If "Yes," indicate the number of Forms 8282 filed during the year									
е	3 , , , , , , , , , , , , , , , , , , ,									
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g	$\vdash$					
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di			7h						
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a			8						
9	Sponsoring organizations maintaining donor advised funds.	arry tiir	ic during the year:	-						
	Did the organization make any taxable distributions under section 4966?			9a						
	Did the organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	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:									
	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								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13										
а	a Is the organization licensed to issue qualified health plans in more than one state?									
h	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  • Enter the amount of resource the organization is required to maintain by the states in which the									
D	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								
	Did the consciention was in a second of the independent of the indepen			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b						
				Form	990	(2012)				

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			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32	2									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21	_									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?										
5											
6	Did the organization have members or stockholders?	6		Х							
7a											
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b									
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	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?										
а	The organization's CEO, Executive Director, or top management official	15a	X								
b	Other officers or key employees of the organization	15b	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?	16a		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?	16b									
Sec	tion 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)	availat	ole								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website X Another's website X 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, are	nd finai	ncial								
_	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation:									
	DONNA GILBERT - 860-714-9632										
	114 WOODLAND STREET, MS 5-103-58, HARTFORD, CT 06105										

12-10-12

# 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.

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

- 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 heither the organization i	1 1	T	II IIZc			npei	ısaı		,	
(A)	(B)			)) Doo				(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one box, unless person is both an				than		Reportable	Reportable	Estimated
	hours per					is bot or/trus		compensation	compensation	amount of
	week		T				T	from the	from related	other
	(list any hours for	trustee or directo				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	tee			satec		(W-2/1099-MISC)	(** 2/ 1033 1/1100)	organization
	organizations	truste	al trus		yee	ım per		(** =/ *********************************		and related
	below	Individual t	Institutional trustee	er	Key employee	Highest compensated employee	Je Je			organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) REV THOMAS J BARRY, JCL	1.00									
CHAIRMAN	2.00	Х		Х				0.	0.	0.
(2) CHRISTOPHER M DADLEZ	2.00									
PRESIDENT AND CEO	64.00	Х		Х				0.	1,528,360.	815,444.
(3) MOST REV HENRY J MANSELL, DD	1.00									
CHAIRMAN, EX OFFICIO	5.00	Х		Х				0.	0.	0.
(4) L JEFFREY BALDWIN	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(5) BARBARA J CALDERONE, BSN JD	1.00									
SECRETARY	1.00	X		Х				0.	0.	0.
(6) SURENDRA K CHAWLA, MD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(7) ROBERT M ELLIS	2.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) P ANTHONY GIORGIO, PHD	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) WALTER HARRISON, PHD	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(10) JEFFREY S HOFFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) PETER G KELLY, JD	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(12) KARL J KRAPEK	1.00									
DIRECTOR		Х						0.	0.	0.
(13) SISTER DOLORES LAHR, CSJ	1.00									
DIRECTOR	1.00	Х						0.	0.	0.
(14) DAVID A LENTINI	1.00									
DIRECTOR	1.00							0.	0.	0.
(15) JOYCE D MANDELL	1.00									_
DIRECTOR	1.00							0.	0.	0.
(16) JOHN J MARA, MD	1.00									_
DIRECTOR	1.00							0.	0.	0.
(17) REV MSGR JOHN J MCCARTHY	1.00							_	_	_
DIRECTOR	1.00	X						0.	0.	0.
										Carres 000 (0010)

232007 12-10-12

Form 990 (2012) SAINT F	RANCIS C	AR:	E,	I	NC				06-1491	<u> 191</u>	Pag	<sub>je</sub> 8
Part VII   Section A. Officers, Directors, Tr	ustees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Est	imated	J
	hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensation	am <sup>,</sup>	ount of	i
	week	$\vdash$	T a	iu a u	T	)/ ii us	lee)	from	from related		other	
	(list any hours for	or director						the	organizations		ensatio	on
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)		om the Inizatio	n
	organizations	ruste	ll trus		ee Ge	mpen		(₩-2/1099-111100)			related	
	below	Individual trustee	Institutional trustee	_	Key employee	st co	la e				nization	
	line)	Indivi	Instit	Officer	Key er	Highest compensated employee	Form					
(18) DANIEL P O'CONNELL	2.00											
DIRECTOR	3.00	Х						0.	0.			0.
(19) KEVIN J O'CONNOR	1.00											
DIRECTOR	1.00	X						0.	0.			0.
(20) CURTIS D ROBINSON	3.00	1						_				_
DIRECTOR	4.00	X						0.	0.	<u> </u>		0.
(21) JOHN W RODGERS, MD	1.00	ļ										_
DIRECTOR	1.00	X				_		0.	0.			0.
(22) DR GALO A RODRIGUEZ, MPH	1.00	١										_
DIRECTOR	1.00	X						0.	0.			0.
(23) JEAN-PIERRE VAN ROOY	1.00	١,,										^
DIRECTOR	1.00	A	_			_		0.	0.			0.
(24) ANDREW A SADANOWICZ DIRECTOR	1.00	Į.Ţ						0.	0.			0.
(25) SUSAN J SAPPINGTON	1.00	<u> </u>	$\vdash$			$\vdash$		0.	0.			<u>.</u>
DIRECTOR	1.00	$\frac{1}{x}$						0.	0.			0.
(26) HENRY S SCHERER, JR	1.00	┢▔										<u> </u>
DIRECTOR	5.00	$\mathbf{x}$						0.	0.			0.
1b Sub-total		<u> </u>				┢	<u> </u>	0.	1,528,360.	815		
c Total from continuation sheets to Part						•		0.	2,062,482.			
d Total (add lines 1b and 1c)						•		0.	3,590,842.	942	7,18	3.
2 Total number of individuals (including bu						e) wl	no re	eceived more than \$100	0,000 of reportable			
compensation from the organization									•			C
											Yes I	No
3 Did the organization list any former offic	er, director, or tr	uste	e, ke	ey er	mplo	yee	, or l	highest compensated e	employee on			
line 1a? If "Yes," complete Schedule J fo										3	X	
4 For any individual listed on line 1a, is the		le c	omp	ensa	atior	n and	d oth	ner compensation from	the organization			
and related organizations greater than \$										4	X	
5 Did any person listed on line 1a receive of												
rendered to the organization? If "Yes," co	omplete Schedul	e J	for s	uch	pers	son				5		X
Section B. Independent Contractors									*			
1 Complete this table for your five highest	-	-								ation fr	om	
the organization. Report compensation f	or the calendar y	ear	endi	ng v	vith	or w	ıthin	n the organization's tax	year.			

(A) Name and business address NONE	<b>(B)</b> Description of services	(C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

	'RANCIS C	ARI	3,	II	NC.				06-149	1191
Part VII   Section A. Officers, Directors,	Trustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	rees (continued)	
(A)	(B)							(D)	(E)	(F)
Name and title	Average							Reportable	Estimated	
	hours	(c			that apply)		ly)	compensation	compensation	amount of
	per					Ė	Ė	from	from related	other
	week	L				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee			ated		(W-2/1099-MISC)		organization
	related organizations	nstee	trust		98	npens				and related organizations
	below	lual fr	tional		nploy	st con	_			Organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) PHILIP J SCHULZ	1.00	H	⊢		<u> </u>	_	_			
DIRECTOR	2.00	x						0.	0.	0.
(28) ROSALIND E SHENKMAN	1.00	<del> </del>							•	•
DIRECTOR	1.00	x						0.	0.	0.
(29) PAUL F. MITCHELL, D.M.D.	1.00	1								•
DIRECTOR	58.00	x						0.	327,982.	41,305.
(30) JOHN D PAPANDREA, M.D.	1.00	1							321,302.	41,303
DIRECTOR	1.00	x						0.	0.	0.
(31) GEN. (R) JOHN M WATKINS	1.00	<u> </u>						0.	0.	•
DIRECTOR	1.00	x						0.	0.	0.
(32) STEVEN RUBY	1.00	<del> </del>							•	
DIRECTOR	56.00	x						0.	591,542.	13,086.
(33) ADRIENNE W COCHRANE, J.D.	1.00	<del> </del>							072,022	
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(34) ANDREW J PINKES	1.00								-	
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(35) TIMOTHY L PRETE	1.00	<del> </del>						•	•	•
DIRECTOR	1.00	$\mathbf{x}$						0.	0.	0.
(36) JOHN N. GIAMALIS	0.00								-	-
FORMER DIRECTOR	64.00	1					х	0.	751,809.	46,607.
(37) E. MERRITT MCDONOUGH, JR.	0.00								102,000	
FORMER DIRECTOR	57.00	1					х	0.	391,149.	25,741.
									•	,
		1								
		1								
		1								
		1								
		4								
				_			_			
		-								
		$\vdash$					$\vdash$			
		1								
				<u> </u>	<u> </u>					
Total to Dout VIII. Continue A. Iiin and a									2,062,482.	126 730
Total to Part VII, Section A, line 1c								1	4,004,404.	140,133.

Part VIII	Statement of Revenue
Pari VIII	Statement of Revenue

		Check if Schedule O cont	ains a response	to any question	in this Part VIII			
			,	, 1	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
nts	1 a	Federated campaigns	1a					
iou Iou	b	Membership dues	1b					
Am (	С	Fundraising events	1c					
ᄩᆲ		Related organizations						
iz,		Government grants (contribut						
rigin	f	All other contributions, gifts, gran	ts, and					
[구 라		similar amounts not included above	ve   1f					
달의	g	Noncash contributions included in lines						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines 1a-1f	<del></del>	<b>&gt;</b>				
				Business Code				
e l	2 a							
اه چَ	b							
Program Service Revenue	С		·					
eve	d		·					
<u> </u>	е		·					
ᇫ	f	All other program service reve	enue					
		Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)						
	4	Income from investment of tax						
	5	Royalties		· ·				
		,	(i) Real	(ii) Personal				
	6 a	Gross rents	()	(-)				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)		<b></b>				
		Gross amount from sales of	(i) Securities	(ii) Other				
	, u	assets other than inventory	(i) eccurities	(ii) Strick				
	h	Less: cost or other basis						
		and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
_		Gross income from fundraising						
Jue	o a	including \$	of					
Other Reven		contributions reported on line						
ığ		Part IV, line 18	•					
<u> </u>	h	Less: direct expenses						
ō		Net income or (loss) from fund						
		Gross income from gaming ac						
	Ja	Part IV, line 19						
	h	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
	10 a	and allowances						
	h	Less: cost of goods sold						
ł	C	Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
H	11 0			Business Code				
	11 a							
	b							
	C							
	a -	All other revenue		<b></b>				
	12	<b>Total.</b> Add lines 11a-11d <b>Total revenue</b> . See instructions.			0.	0.	0.	0.
23200: 12-10-		Total Totoliuo. Odo ilibil uoliolis.		·····	<u> </u>	J • ]	<u> </u>	Form <b>990</b> (2012)
12-10-	14							(2012)

### Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a respon-	se to any question in the	is Part IX	(0)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
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				
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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 0.)				
а	BAD DEBT	350,000.	350,000.		
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	350,000.	350,000.	0.	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)				

Form 990 (2012)
Part X Balance Sheet

Organizations that follow SFAS 117 (ASC 958), check here   Unrestricted net assets  Temporarily restricted net assets  Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here   and complete lines 30 through 34.			<u> </u>			
1   Cash - non-interest-bearing   1   2   2   2   2   2   2   2   2   2			Check if Schedule O contains a response to any question in this Part X			
2   Savings and temporary cash investments   2   3     3   Pledges and grants receivable, net   3   3     4   Accounts receivable, net   4     5   Loans and other receivable 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/[10]), persons described in section 4958/[10], persons described in section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L   6     7   Notes and loans receivable, net   7     8   Inventories for sale or use   9   9     9   Prepald expenses and deferred charges   9   9     10a   Lond, buildings, and equipment cost or other basis. Complete Part IV of Schedule D   10a   10b   10c				<b>(A)</b> Beginning of year		
2   Savings and temporary cash investments   2   3     3   Pledges and grants receivable, net   3   3     4   Accounts receivable, net   4     5   Loans and other receivable 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/[10]), persons described in section 4958/[10], persons described in section 501(c)(9) voluntary employees beneficiary organizations (see instr). Complete Part II of Sch L   6     7   Notes and loans receivable, net   7     8   Inventories for sale or use   9   9     9   Prepald expenses and deferred charges   9   9     10a   Lond, buildings, and equipment cost or other basis. Complete Part IV of Schedule D   10a   10b   10c		1	Cash - non-interest-bearing		1	
3   Pledges and grants receivable, net   3   4   4   4   4   4   4   4   4   4		2			2	
4 Accounts receivable, net 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 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 6  7 Notes and loans receivable, net 7 7 8 10 10 10 10 10 10 10 10 10 10 10 10 10		3			3	
S 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(n)(1)), persons described in section 4958(n)(8)(8), and contributing employees 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 7  8 Inventories for sale or use 8  9 Prepaid expenses and deferred charges 9  10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 10b 10c		4			4	
Part II of Schedule L 6		5				
Form			trustees, key employees, and highest compensated employees. Complete			
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			Part II of Schedule L		5	
employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		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			
7   Notes and loans receivable, net   7   8   Inventories for sale or use   8   8   9			employers and sponsoring organizations of section 501(c)(9) voluntary			
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities, Add lines 17 through 25 26 Total liabilities, Add lines 17 through 25 27 Total liabilities, Add lines 17 through 25 28 Organizations that follow SFAS 117 (ASC 958), check here   X and			employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 11 Investments - publicity traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 D 22 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 25 Total liabilities, Add lines 17 through 25 26 Total liabilities, Add lines 17 through 25 27 Total liabilities, Add lines 17 through 25 28 Organizations that follow SFAS 117 (ASC 958), check here   X and	sets	7	Notes and loans receivable, net		7	
9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b Less: accumulated depreciation 10b 10c 11 Investments · publicly traded securities 12 Investments · other securities. See Part IV, line 11 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 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 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities, Add lines 17 through 25  10 Toganizations that follow SFAS 117 (ASC 958), check here X and	Ass	8	Inventories for sale or use		8	
basis. Complete Part VI of Schedule D  b Less: accumulated depreciation  10b  10c  11 Investments - publicly traded securities  12 Investments - other securities. See Part IV, line 11  13 Investments - program-related. See Part IV, line 11  14 Intangible assets  15 Other assets. See Part IV, line 11  16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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 Secured mortgages and notes payable to unrelated third parties  23 Secured mortgages and loans payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities. Complete Part X of Schedule D  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		9			9	
b Less: accumulated depreciation   10b   10c     11		10a	Land, buildings, and equipment: cost or other			
11   Investments - publicly traded securities   11   12   Investments - other securities. See Part IV, line 11   15 ,847 ,219 . 12   14 ,847 ,219   13   Investments - program-related. See Part IV, line 11   13   14   Intangible assets   14   15   Other assets. See Part IV, line 11   0 . 15   650 ,000   15   650 ,0			basis. Complete Part VI of Schedule D 10a			
12   Investments - other securities. See Part IV, line 11   15 , 847 , 219		b	Less: accumulated depreciation 10b		10c	
13   Investments - program-related. See Part IV, line 11   14   Intangible assets   14   15   Other assets. See Part IV, line 11   0 • 15   650 , 000   16   Total assets. Add lines 1 through 15 (must equal line 34)   15 , 847 , 219 • 16   15 , 497 , 219   17   Accounts payable and accrued expenses   17   18   18   19   Deferred revenue   19   19   20   Tax-exempt bond liabilities   20   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   24   Unsecured nortes and loans payable to unrelated third parties   23   24   Unsecured nortes 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   25   Organizations that follow SFAS 117 (ASC 958), check here		11	Investments - publicly traded securities		11	
14   Intangible assets   14		12		15,847,219.	12	14,847,219.
15 Other assets. See Part IV, line 11  Total assets. Add lines 1 through 15 (must equal line 34)  15 , 847, 219 • 16  15 , 497, 219  17 Accounts payable and accrued expenses  17  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and		13	Investments - program-related. See Part IV, line 11		13	
16 Total assets. Add lines 1 through 15 (must equal line 34)  17 Accounts payable and accrued expenses  18 Grants payable  19 Deferred revenue  20 Tax-exempt bond liabilities  21 Escrow or custodial account liability. Complete Part IV of Schedule D  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  23 Secured mortgages and notes payable to unrelated third parties  24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		14				(50.000
17		15	Other assets. See Part IV, line 11			
18 Grants payable		16		15,847,219.	16	15,497,219.
19 Deferred revenue 19   20 Tax-exempt bond liabilities 20   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 23   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 25   26 Total liabilities. Add lines 17 through 25  0 • 26  0		17			17	
Tax-exempt bond liabilities 20  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 23  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 25  26 Total liabilities. Add lines 17 through 25 0 26  Organizations that follow SFAS 117 (ASC 958), check here   X and		18			18	
Escrow or custodial account liability. Complete Part IV of Schedule D  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  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		l			19	
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  Secured mortgages and notes payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties  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  Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here X and		l				
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	ies	l			21	
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	jj	22				
23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 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 26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	Liat					
24 Unsecured notes and loans payable to unrelated third parties  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  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and	_					
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  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here   X and		l				
parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here ► X and					24	
Schedule D  25  26 Total liabilities. Add lines 17 through 25  Organizations that follow SFAS 117 (ASC 958), check here  X and		25	, , ,			
26 Total liabilities. Add lines 17 through 25					0E	
Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		26		0.		0.
		20		•	20	<u> </u>
Temporarily restricted net assets  27 Unrestricted net assets  28 Temporarily restricted net assets  29 Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	s					
28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	č	27	- · · · · · · · · · · · · · · · · · · ·	15.847.219.	27	15.497.219.
29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	alar	l				
Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.	B	l				
and complete lines 30 through 34.	Ē				20	
9 Continued to the standard of	Jr F		•			
TELLISU GADITAL STOCK OF TRUST DEIDCIDAL OF CUFFENT TUNGS	ts (	30	Capital stock or trust principal, or current funds		30	
31 Paid-in or capital surplus, or land, building, or equipment fund 31	SSe	l				
32 Retained earnings, endowment, accumulated income, or other funds 32	¥ A					
33 Total net assets or fund balances 15,847,219. 33 15,497,219	Š	l		15,847,219.		15,497,219.
						15,497,219.

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAINT FRANCIS CARE, INC

Employer identification number 06-1491191

Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III - Non-functionally integrated a X Type I **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (vi) Is the (iv) Is the organization (v) Did you notify the (ii) EIN (iii) Type of organization (vii) Amount of monetary (i) Name of supported organization in col. in col. (i) listed in your organization in col. (described on lines 1-9 organization support (i) organized in the aovernina document? (i) of your support? above or IRC section U.S.? (see instructions)) Yes No Yes No Yes No SAINT FRANCIS HOSP|06-0646813|3 Х Х X

Total 5 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

ASYLUM HILL

MOUNT SINAI

SAINT

SATNT

FAMILY MEDIC 06-14501703

REHABILITATI 06-1422973 3

FRANCIS MEDI|06-1450168|3

FRANCIS EMER 45-19946123

Х

Х

Х

Х

Х

Х

Х

Х

Х

X

Х

X

0.

0.

0.

#### 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.)

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</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 organ-							
	ization'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.							
	ction B. Total Support		•	•		•		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</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	<b>Total support.</b> Add lines 7 through 10							
	Gross receipts from related activities,	etc. (see instructi	ons)			12		
	First five years. If the Form 990 is for					L		
	organization, check this box and stor	-			•			
Sec	ction C. Computation of Publ							
14	Public support percentage for 2012 (	ine 6, column (f) d	ivided by line 11,	column (f))		14	%	
	Public support percentage from 2011					15	%	
	33 1/3% support test - 2012. If the o					nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization	1				
b	stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
	and <b>stop here.</b> The organization qual							
17a	10% -facts-and-circumstances tes							
	and if the organization meets the "fac							
	meets the "facts-and-circumstances"							
b	10% -facts-and-circumstances tes							
_	more, and if the organization meets the	-						
	organization meets the "facts-and-circ		•					
18	Private foundation. If the organization							
_				, ,,	,			

Schedule A (Form 990 or 990-EZ) 2012

#### 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>(b)</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 organ- ization'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						
<b>7a</b> 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>(b)</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>b</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.)						
<ul><li>13 Total support. (Add lines 9, 10c, 11, and 12.)</li><li>14 First five years. If the Form 990 is for</li></ul>	the organization's	L s first second thir	L d fourth or fifth to	ax vear as a section	1 nn 501(c)(3) organia	zation
•	ū	•		•		· . 🗀
Section C. Computation of Publi						
15 Public support percentage for 2012 (li			column (f))		15	<u>%</u>
<b>16</b> Public support percentage from 2011					16	%
Section D. Computation of Inves					• •	
17 Investment income percentage for 20	12 (line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						
more than 33 1/3%, check this box ar	-					
<b>b 33 1/3% support tests - 2011.</b> If the						
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b> f	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	<b>&gt;</b>

#### **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

SAINT FRANCIS CARE, INC

Employer identification number 0.6 – 1.4.9.1.1.9.1

Pai	t I Organizations Maintaining Donor Advised F		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	, ,	(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	ng that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's excl	-	
6	Did the organization inform all grantees, donors, and donor advise		
-	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization (or		<u> </u>
	Preservation of land for public use (e.g., recreation or education of land for public use)		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified of	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
а	Total number of conservation easements		2a
b			1 - 1
С	Number of conservation easements on a certified historic structu	re included in (a)	2c
d	Number of conservation easements included in (c) acquired after	8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation easeme	ent 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 hole	ds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, and	enforcing conservation easements d	uring the year
7	Amount of expenses incurred in monitoring, inspecting, and enfo	rcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above sa	tisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation e	asements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization's	s financial statements that describes	the organization's accounting for
Da	conservation easements.	t Historical Traceurs	they Cimiley Accets
Pai	t III Organizations Maintaining Collections of Ar	•	ther Similar Assets.
4-	Complete if the organization answered "Yes" to Form 990,		and and below as the attended of aut
ıa	If the organization elected, as permitted under SFAS 116 (ASC 9)		
	historical treasures, or other similar assets held for public exhibiting the text of the features to the financial attemperate that describes		ince of public service, provide, in Part XIII,
<b>L</b>	the text of the footnote to its financial statements that describes		t and balance about warks of out biotoxical
D	If the organization elected, as permitted under SFAS 116 (ASC 95)		
	treasures, or other similar assets held for public exhibition, educarelating to these items:	tion, or research in furtherance of pu	blic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical treasur	es or other similar assets for financia	•
2	the following amounts required to be reported under SFAS 116 (A		ı ganı, provide
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$
	, locate meladod in riomi ood, ridit A		

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

Schedule D (Form 990) 2012

	t III Organizations Maintaining C	Collections of A	rt, Historical	Treasures, o	r Other	Simila	r Asse	<b>ts</b> (contin	ued)
3	Using the organization's acquisition, accessi	ion, and other record	ds, check any of the	he following that	are a sigi	nificant u	se of its	collection	items
	(check all that apply):								
а	Public exhibition	d	I Dan or e	xchange prograr	ns				
b	Scholarly research	е		0.0					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they furthe	r the organizatio	n's exem	pt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tr	easures, or othe	r similar a	ssets			
	to be sold to raise funds rather than to be m	aintained as part of	the organization's	collection?				Yes	☐ No
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organiza	tion answered "\	es" to Fo	orm 990,	Part IV, I	ine 9, or	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribut	ions or other ass	ets not in	cluded			
	on Form 990, Part X?							Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII								
								Amount	
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				L	Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	xplanation has be	en provided in P	art XIII .				
Pai	t V Endowment Funds. Complete i	f the organization ar	swered "Yes" to	Form 990, Part I	V, line 10.				
		(a) Current year	(b) Prior year	(c) Two years	back (d	<b>)</b> Three ye	ears back	(e) Four	years back
	Beginning of year balance								
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, columr	n (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment >	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	d and administer	ed for the	organiza	ation	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the								
Pai	t VI   Land, Buildings, and Equipm	1	<del>' i</del>						
	Description of property	(a) Cost or o	1 ' '	ost or other		umulated	d	(d) Book	value
		basis (investr	nent) bas	is (other)	depre	eciation			
	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	Other (Octoor (d) contact		V/ - (2) "	- 10(-))			$\leftarrow$		0.
Lota	Add lines 1a through 1e (Column (d) must e	edual Form 990. Part	x collimn (B) lini	e iucii					U.

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 SAINT FRANC	IS CARE, INC	(	06-1491191 Page
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) INVESTMENT IN MOUNT SINAI			
(B) REHABILITATION HOSPITAL	13,252,138.	COST	
(C) INVESTMENT IN SAINT			
(D) FRANCIS MEDICAL GROUP,			
(E) INC.	1,595,081.	COST	
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	14,847,219.		
Part VIII Investments - Program Related. Se		3.	
(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.		
, ,	Description		(b) Book value
(1)	i		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		<b>&gt;</b>
Part X Other Liabilities. See Form 990, Part X, I			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

Schedule D (Form 990) 2012

(10) (11)

Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Reve	nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	2a		
b				
С				
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	5	2a		
b				
С	0.11			
d				
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b				
С	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	rt XIII Supplemental Information		<u> </u>	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to			, Part

Schedule D (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

Open to Public Inspection

Name of the organization

SAINT FRANCIS CARE, INC

Employer identification number 06-1491191

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

 $\label{eq:LHA} \textbf{LHA} \ \ \textbf{For Paperwork Reduction Act Notice, see the Instructions for Form 990.}$ 

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.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990
(1) CHRISTOPHER M DADLEZ	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT AND CEO	(ii)	815,049.	713,311.	0.	784,731.	30,713.	2,343,804.	0.
(2) PAUL F. MITCHELL, D.M.D.	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	327,982.	0.	0.	23,261.	18,044.	369,287.	0.
(3) STEVEN RUBY	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	581,542.	10,000.	0.	0.	13,086.	604,628.	0.
(4) JOHN N. GIAMALIS	(i)	0.	0.	0.	0.	0.		0.
FORMER DIRECTOR	(ii)	557,559.	194,250.	0.	14,700.	31,907.	798,416.	0.
(5) E. MERRITT MCDONOUGH, JR.	(i)	0.	0.	0.	0.	0.		0.
FORMER DIRECTOR	(ii)	340,482.	50,667.	0.	0.	25,741.	416,890.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III	Suppl	emental	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 Pa	rt II. Also complete this part for any
additional information	

#### PART I, LINE 4B: CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL

NONQUALIFIED RETIREMENT PLAN DURING THE YEAR.

#### PART I, LINE 3: SAINT FRANCIS CARE, INC. RELIED ON SAINT FRANCIS HOSPITAL

TO ESTABLISH THE COMPENSATION OF ITS CEO USING THE FOLLOWING:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- WRITTEN EMPLOYMENT CONTRACT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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

SAINT FRANCIS CARE, INC

Employer identification number 06-1491191

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, LLC (COMMERCIAL RENTAL REAL ESTATE). SAINT

FRANCIS CARE HAS NO TRANSACTIONS WITH THIS LLC. SAINT FRANCIS HOSPITAL &

MEDICAL CENTER, INC. PAID FOR LEASEHOLD IMPROVEMENTS AT THE 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.

FORM 990, PART VI, SECTION A, LINE 2: 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 SAINT FRANCIS HOSPITAL &

MEDICAL CENTER AUDIT AND CORPORATE COMPLIANCE COMMITTEE HAS RESPONSIBILITY

FOR REVIEWING THE FORM 990 AND REPORTS 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

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

Schedule O (Form 990 or 990-EZ) (2012)

232211 01-04-13

SAINT FRANCIS CARE, INC	06-1491191
RESULTS OF THESE SUBMISSIONS ANNUALLY FOR COMPLIANCE WITH	
POLICIES.	
FORM 990, PART VI, SECTION B, LINE 15: REFER TO PART III	OF SCHEDULE J FOR
THE PROCESS.	
FORM 990, PART VI, SECTION C, LINE 19: A LINK ON THE SAIN	T FRANCIS WEBSITE
HAS BEEN ESTABLISHED FOR INDIVIDUALS TO REQUEST GOVERNING	DOCUMENTS,
CONFLICT OF INTEREST POLICY, FORM 990 AND FINANCIAL STATE	EMENTS.
FORM 990, PART XI, LINE 2C	
THE BOARD OF DIRECTORS HAS DELEGATED ITS OVERSIGHT RESPON	
THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS TO T	HE SAINT
FRANCIS HOSPITAL AND MEDICAL CENTER AUDIT & CORPORATE COM	IPLIANCE
COMMITTEE.	

#### SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

### **Related Organizations and Unrelated Partnerships**

(c)

(d)

501(C)(2)

501(C)(3)

501(C)(3)

11 TYPE 1

11 TYPE 1

(e)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

(a)

SAINT FRANCIS CARE, INC

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

PROPERTY MANAGEMENT

SUPPORT HEALTH CARE

FUNDRAISING

ORGANIZATIONS

(b)

Employer identification number 06-1491191

(f)

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	or Total inco	me End-of-year		controlling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	cations (Complete if the organization	answered "Yes" to Form 990	, Part IV, line 34 b	ecause it had one	or more related tax-exe	mpt	
(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	cont	g) 512(b)(13) rolled city?
ASYLUM HILL FAMILY MEDICAL CENTER - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)		SAINT FRANCIS CARE		х
ONE THOUSAND CORPORATION - 06-0922325 1000 ASYLUM STREET					SAINT FRANCIS HOSPITAL &		

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

06105

06105

THE CAMILLUS CORPORATION - 06-1051261

SAINT FRANCIS FOUNDATION, INC - 06-1008255

Schedule R (Form 990) 2012

MEDICAL CENTER

SAINT FRANCIS

SAINT FRANCIS

CARE

CARE

Х

X

Х

HARTFORD CT

HARTFORD, CT

114 WOODLAND STREET

1000 ASYLUM STREET

HARTFORD, CT 06105

CONNECTICUT

CONNECTICUT

CONNECTICUT

Part II Continuation of Identification of Related Tax-Exempt Organizations

of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
MT SINAI REHABILITATION HOSPITAL, INC -	_						
06-1422973, 114 WOODLAND STREET, HARTFORD,	_				SAINT FRANCIS		
CT 06105	HOSPITAL	CONNECTICUT	501(C)(3)	3	CARE		Х
SAINT FRANCIS MEDICAL GROUP, INC -							
06-1450168, 114 WOODLAND STREET, HARTFORD,					SAINT FRANCIS		
CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)	3	CARE		X
SAINT FRANCIS HOSPITAL & MEDICAL CENTER,							
INC 06-0646813, 114 WOODLAND STREET,	7				SAINT FRANCIS		
HARTFORD, CT 06105	HOSPITAL	CONNECTICUT	501(C)(3)	3	CARE	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.					SAINT FRANCIS		
- 45-1994612, 114 WOODLAND STREET, HARTFORD,	7				MEDICAL GROUP,		
CT 06105	HEALTH SERVICES	CONNECTICUT	501(C)(3)	3	INC		Х
	7						
-	7						
	+						
	┪						
	┨						
	+						$\vdash$
<del></del>	4						
	4						
	_					-	├──
	4						
	4						
							<u> </u>
	_						
	_						
	7						
	7						
	7						
	7						

91 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	(I	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropate alloc	cations?			or Percentage ownership
TOTAL LAUNDRY COLLABORATIVE,		country)		Sections 5 12-5 14)			Yes	No	K-1 (Form 1065)	Yes	0
LLC 20-8335788, 114											
WOODLAND STREET, HARTFORD, CT	LAUNDRY										
06105	SERVICES	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A
MEDWORKS, LLC 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	СТ	N/A	N/A	N/A	N/A	N/A		N/A	N/A	N/A

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>(b)</b> Primary activity	Legal domicile (state or foreign	(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	512(b contr	tion b)(13) rolled tity?
		country)		,				Yes	No
SAINT FRANCIS CARE MEDICAL GROUP, PC -									
06-1432373, 114 WOODLAND STREET, HARTFORD,									
CT 06105	HEALTH SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
SAINT FRANCIS HEALTH CARE PARTNERS -									
06-1391257, 95 WOODLAND STREET, HARTFORD, CT	MGMT AND ADMIN								
06105	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
SAINT FRANCIS BEHAVIORAL HEALTH GROUP -									
06-1384686, 114 WOODLAND STREET, HARTFORD,	BEHAVIOR HEALTH								
CT 06105	SERVICES	CT	N/A	C CORP	N/A	N/A	N/A		X
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC.									
- 46-1315402, 95 WOODLAND STREET, HARTFORD,	MGMT AND ADMIN								
CT 06105	SERVICES	СТ	N/A	C CORP	N/A	N/A	N/A		X

Page 3

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

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X	
b	Gift, grant, or capital contribution to related organization(s)				1b		X	
С	Gift, grant, or capital contribution from related organization(s)				1c		X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)				1e		X	
f	Dividends from related organization(s)				1f		X	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		X	
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
•					•			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х	
	Performance of services or membership or fundraising solicitations for related organ				11		Х	
	m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
o Sharing of paid employees with related organization(s)								
Containing of paid officeroscope manifolded organization(b)								
p Reimbursement paid to related organization(s) for expenses								
	p Reimbursement paid to related organization(s) for expenses q Reimbursement paid by related organization(s) for expenses 1c							
٩	Trombardonient paid by related enganization (6) for expenses				.,		X	
r	Other transfer of cash or property to related organization(s)				1r	Х		
	Other transfer of cash or property from related organization(s)				1s	X		
	If the answer to any of the above is "Yes," see the instructions for information on wh				1 10			
	(a) Name of other organization	<b>(b)</b> Transaction	(c) Amount involved	(d) Method of determining amount in	volved			
	ŭ	type (a-s)	7 11110 21111 1111 111 111 111	I meaned or determining annealing in				
1) I	OUNT SINAI REHABILITATION HOSPITAL	S	10,000,000.	FMV - EQUITY TRANSFER				
•,								
2) (	SAINT FRANCIS MEDICAL GROUP	R	16.000.000.	FMV - EQUITY TRANSFER				
<u>-, .</u>								
3) ;	SAINT FRANCIS HOSPITAL	S	6.000.000.	FMV - EQUITY TRANSFER				
<u>., .</u>			0,000,000					
۵۱								
<del>-1</del> )	<del></del>							
5)								
5)								
<u>(۵)</u>								
6)								

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)	(b)	(c)	(d)	(e	<del>-</del>	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under section 512-514)	Are partner	all 's sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General	or Percentage
of entity		(state or foreign	(related, unrelated,	501(c oras	c)(3) s.?	total	end-of-year	alloca	nate tions?	amount in box 20 of Schedule K-1	managi	ownership
		country)	under section 512-514)	Yes	No	income	assets	Yes	No	(Form 1065)	Yes N	_
				1.00				1			1	
				Ш							$\sqcup \bot$	
				$\vdash$				$\vdash$				
				$\vdash$				$\vdash$	$\vdash$		$\vdash$	