

MARCUM

ACCOUNTANTS ▲ ADVISORS

AUGUST 15, 2016

KRISTINE THURSTON
ST FRANCIS HOSPITAL AND MEDICAL CENTER
114 WOODLAND STREET
HARTFORD, CT 06105

DEAR KRISTINE:

ENCLOSED ARE THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURNS. THE STATE EXEMPT ORGANIZATION RETURNS ARE ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY AUGUST 15, 2016.

FORM 990-T RETURN:

NO AMOUNT IS DUE ON FORM 990-T.

PLEASE SIGN AND MAIL ON OR BEFORE AUGUST 15, 2016.

MAIL TO - DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE CENTER
OGDEN, UT 84201-0027

CALIFORNIA FORM 199 RETURN:

THE FORM 199 RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN TRANSMIT THE RETURN ELECTRONICALLY TO THE FTB AND NO FURTHER ACTION IS REQUIRED.

YOUR PAYMENT SHOULD BE MADE AS INSTRUCTED BELOW ON OR BEFORE SEPTEMBER 15, 2016.



MARCUMGROUP
MEMBER

SEPARATELY MAIL CALIFORNIA FORM FTB 3586 WITH A CHECK OR MONEY ORDER FOR \$10, PAYABLE TO FRANCHISE TAX BOARD.

MAIL TO: FRANCHISE TAX BOARD
 PO BOX 942857
 SACRAMENTO CA 94257-0531

INCLUDE THE CORPORATION NUMBER OR FEIN AND "2014 FORM 3586" ON THE CHECK OR MONEY ORDER.

CALIFORNIA FORM 109 RETURN:

MAIL TO - FRANCHISE TAX BOARD
 P.O. BOX 942857
 SACRAMENTO, CA 94257-0500

PLEASE SIGN AND MAIL FORM 109 ON OR BEFORE SEPTEMBER 15, 2016.

NO PAYMENT IS REQUIRED.

CONNECTICUT FORM CT-990T RETURN:

MAIL TO - DEPARTMENT OF REVENUE SERVICES
 STATE OF CONNECTICUT
 PO BOX 5014
 HARTFORD, CT 06102-5014

PLEASE SIGN AND MAIL FORM CT-990T ON OR BEFORE AUGUST 15, 2016.

NO PAYMENT IS REQUIRED.

ILLINOIS FORM IL-990-T RETURN:

MAIL TO - ILLINOIS DEPARTMENT OF REVENUE
 P.O. BOX 19009
 SPRINGFIELD, IL 62794-9009

PLEASE SIGN AND MAIL FORM IL-990-T ON OR BEFORE SEPTEMBER 15, 2016.

NO PAYMENT IS REQUIRED.

NORTH CAROLINA FORM CD-405 RETURN:

MAIL TO - NCDOR
 P.O. BOX 25000
 RALEIGH, NC 27640-0640

PLEASE SIGN AND MAIL FORM CD-405 ON OR BEFORE AUGUST 15, 2016.

NO PAYMENT IS REQUIRED

WE RECOMMEND THAT YOU USE CERTIFIED MAIL WITH POST MARKED RECEIPT FOR PROOF OF TIMELY FILING.

TAX OR PROFESSIONAL ADVICE CONTAINED IN OR ACCOMPANYING THIS DOCUMENT, UNLESS OTHERWISE SPECIFICALLY STATED, IS NOT INTENDED OR WRITTEN TO BE USED, AND CANNOT BE USED, FOR THE PURPOSE OF (I) AVOIDING PENALTIES UNDER THE INTERNAL REVENUE CODE, OR (II) PROMOTING, MARKETING, OR RECOMMENDING TO ANOTHER PARTY ANY TRANSACTION OR MATTER THAT IS CONTAINED IN OR ACCOMPANYING THIS DOCUMENT. IN ADDITION, UNLESS OTHERWISE SPECIFICALLY STATED, ANY ADVICE PROVIDED SHALL NOT BE DEEMED A FORMAL TAX OPINION UPON WHICH THE ADDRESSEE CAN RELY.

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

VERY TRULY YOURS,

DOUGLAS J. FARRINGTON
MARCUM LLP

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**

▶ **Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.**

Name of exempt organization

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Employer identification number

06-0646813

Name and title of officer

**JENNIFER SCHNEIDER
VP FINANCE**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>737,649,622.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize MARCUM LLP to enter my PIN 46813
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2014 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

06411606103

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2014 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

**ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So**

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning OCT 1, 2014 and ending SEP 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST FRANCIS HOSPITAL AND MEDICAL CENTER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 114 WOODLAND STREET City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105 F Name and address of principal officer: JENNIFER SCHNEIDER SAME AS C ABOVE	D Employer identification number 06-0646813 E Telephone number 860-714-4000 G Gross receipts \$ 771,104,951. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.STFRANCISCARE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1897 M State of legal domicile: CT

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	5196
	6	Total number of volunteers (estimate if necessary)	6	556
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,528,738.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-447,885.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,694,716.	Current Year 10,382,181.
	9	Program service revenue (Part VIII, line 2g)	697,685,089.	697,116,965.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,830,996.	7,918,182.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,751,459.	22,232,294.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	737,962,260.	737,649,622.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	836,934.	686,250.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	340,961,129.	343,255,144.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b		Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	371,279,397.	382,310,083.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	713,077,460.	726,251,477.
	19	Revenue less expenses. Subtract line 18 from line 12	24,884,800.	11,398,145.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 838,054,262.	End of Year 817,609,157.
	21	Total liabilities (Part X, line 26)	636,626,462.	663,859,903.
	22	Net assets or fund balances. Subtract line 21 from line 20	201,427,800.	153,749,254.

Part II Signature Block

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

Sign Here	Signature of officer JENNIFER SCHNEIDER, VP FINANCE Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS FARRINGTON	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00370668
	Firm's name ▶ MARCUM LLP	Firm's EIN ▶ 11-1986323			
	Firm's address ▶ CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	Phone no. 860-760-0600			

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE ARE COMMITTED TO HEALTH AND HEALING THROUGH EXCELLENCE, COMPASSIONATE CARE AND REVERENCE FOR THE SPIRITUALITY OF EACH PERSON.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 590,214,794. including grants of \$ 686,250.) (Revenue \$ 712,051,701.) AS THE LARGEST CATHOLIC HOSPITAL IN NEW ENGLAND WITH 118 YEARS OF SERVICE, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER SHARES WITH OUR CAPITAL REGION A WONDERFUL TRADITION OF CARING. THROUGH OUR UNIVERSITY OF CONNECTICUT MEDICAL SCHOOL AFFILIATION, OUR MANY PARTNERSHIPS WITH OTHER SCHOOLS AND COMMUNITY AGENCIES, THROUGH OUR CLINICS AND OUTREACH PROGRAMS, AND OUR EMPLOYEES WHO VALUE REACHING OUT TO THOSE IN NEED, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER HONORS THE IMPORTANCE OF CLINICAL EXPERTISE AS WELL AS BUILDING RELATIONSHIPS THAT WILL LAST FOR GENERATIONS.

SEE SCHEDULE O FOR CONTINUATION

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

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

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

4e Total program service expenses 590,214,794.

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990 (2014)

06-0646813 Page 4

Part IV Checklist of Required Schedules *(continued)*

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

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

Form **990** (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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 or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 34		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) REV. THOMAS J. BARRY, J.C.L. CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(2) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	55.00 10.00	X		X			2,894,865.	0.	1,021,627.	
(3) BARBARA J. CALDERONE, B.S.N., J.D. SECRETARY	1.00 1.00	X		X			0.	0.	0.	
(4) L. JEFFREY BALDWIN DIRECTOR	1.00 1.00	X					0.	0.	0.	
(5) SURENDRA K. CHAWLA, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(6) ROBERT M. ELLIS DIRECTOR	2.00 4.00	X					0.	0.	0.	
(7) P. ANTHONY GIORGIO, PH.D. DIRECTOR	1.00 2.00	X					0.	0.	0.	
(8) WALTER HARRISON, PH.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(9) JEFFREY S. HOFFMAN DIRECTOR	1.00 1.00	X					0.	0.	0.	
(10) PETER G. KELLY, J.D. DIRECTOR	1.00 2.00	X					0.	0.	0.	
(11) PATRICK J. KINNEY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(12) KARL J. KRAPEK DIRECTOR	2.00 1.00	X					0.	0.	0.	
(13) SISTER DOLORES LAHR, CSJ DIRECTOR	1.00 1.00	X					0.	0.	0.	
(14) JOYCE D. MANDELL DIRECTOR	1.00 1.00	X					0.	0.	0.	
(15) JOHN J. MARA, M.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(16) REV. MSGR JOHN MCCARTHY, J.C.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(17) DANIEL P. O'CONNELL DIRECTOR / CHAIRMAN	2.00 2.00	X		X			0.	0.	0.	

**ST FRANCIS HOSPITAL AND MEDICAL
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Form 990 (2014)

06-0646813 Page **8**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KEVIN J. O'CONNOR, J.D. DIRECTOR / VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(19) JOHN D. PAPANDREA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(20) CURTIS D. ROBINSON DIRECTOR	2.00 2.00	X						0.	0.	0.
(21) JOHN W. RODGERS, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) DR. GALO A. RODRIGUEZ, MPH DIRECTOR	1.00 1.00	X						0.	0.	0.
(23) ANDREW A. SADANOWICZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) SUSAN J. SAPPINGTON DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) HENRY S. SCHERER, JR. DIRECTOR	2.00 3.00	X						0.	0.	0.
(26) PHILIP J. SCHULZ DIRECTOR	2.00 2.00	X						0.	0.	0.
1b Sub-total								2,894,865.	0.	1,021,627.
c Total from continuation sheets to Part VII, Section A								7,655,295.	612,534.	802,957.
d Total (add lines 1b and 1c)								10,550,160.	612,534.	1,824,584.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **441**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **57**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

432008
11-07-14

**ST FRANCIS HOSPITAL AND MEDICAL
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Form 990

06-0646813

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JOSEPH J. SPALLUTO DIRECTOR	1.00 1.00	X					0.	0.	0.	
(28) JEAN-PIERRE VAN ROOY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(29) GEN. (R) JOHN M. WATKINS DIRECTOR	1.00 1.00	X					0.	0.	0.	
(30) ADRIENNE W. COCHRANE, J.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(31) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN	55.00 4.00	X					683,168.	0.	45,003.	
(32) ANDREW J. PINKES DIRECTOR	1.00 1.00	X					0.	0.	0.	
(33) TIMOTHY L. PRETE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(34) MURTHAPPA N. PRAKASH, M.D. DIRECTOR	1.00 2.00	X					21,833.	0.	0.	
(35) SHERI A. LEMIEUX ASSISTANT SECRETARY	55.00 1.00			X			133,537.	0.	19,122.	
(36) JOHN RODIS, MD EXECUTIVE VP & COO	55.00 3.00				X		914,647.	0.	59,160.	
(37) DAVID BITTNER SR VP FINANCE	55.00 8.00				X		395,908.	0.	39,261.	
(38) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55.00 2.00				X		362,587.	0.	59,239.	
(39) GREG MAKOUL SVP, CAO	55.00 0.00				X		498,154.	0.	34,771.	
(40) JENNIFER SCHNEIDER VP FINANCE/CHIEF COMPLIANCE OFFICER	55.00 6.00				X		278,987.	0.	46,358.	
(41) JOHN N. GIAMALIS EVP & CAO	55.00 8.00				X		724,755.	0.	54,761.	
(42) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55.00 0.00				X		321,685.	0.	27,947.	
(43) LINDA SHANLEY VP AND CIO	55.00 0.00				X		326,856.	0.	38,770.	
(44) E. MERRITT MCDONOUGH, JR. SF FDTN PRESIDENT	55.00 2.00				X		521,116.	0.	56,879.	
(45) DENISE PETERSON VP PROF NRSNG PRACTICE & QUAL/CNO	55.00 0.00				X		182,407.	0.	10,445.	
(46) ADAM SILVERMAN VP AMBULATORY STRATEGY	1.00 58.00				X		0.	346,050.	24,011.	
Total to Part VII, Section A, line 1c										

**ST FRANCIS HOSPITAL AND MEDICAL
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Form 990 (2014)

06-0646813 Page **9**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	4,607,924.				
	e Government grants (contributions)	1e	2,974,954.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,799,303.				
	g Noncash contributions included in lines 1a-1f: \$		1,950,000.				
	h Total. Add lines 1a-1f		10,382,181.				
	Program Service Revenue	2 a PATIENT REVENUE	Business Code 622110	649,231,568.	649,231,568.		
b LABORATORY REVENUE		621511	34,433,962.	33,164,769.	1,269,193.		
c PREMIUM INCOME		524298	12,498,534.	12,374,000.	124,534.		
d PARTNERSHIP REVENUE		541990	952,901.	931,041.	21,860.		
e							
f All other program service revenue							
g Total. Add lines 2a-2f			697,116,965.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		5,614,181.			5,614,181.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	6,074,397.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	6,074,397.				
	d Net rental income or (loss)		6,074,397.			6,074,397.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	34,236,918.				
		(ii) Other	1,522,412.				
		b Less: cost or other basis and sales expenses	33,455,329.	0.			
		c Gain or (loss)	781,589.	1,522,412.			
	d Net gain or (loss)		2,304,001.			2,304,001.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER PATIENT SVCS	624190	8,556,521.	7,885,453.	671,068.			
	b PHARMACY	900099	2,458,081.		2,458,081.		
	c MISCELLANEOUS	900099	2,305,826.	1,863,743.	442,083.		
	d All other revenue	900099	2,837,469.	921,711.	1,915,758.		
	e Total. Add lines 11a-11d		16,157,897.				
12 Total revenue. See instructions.		737,649,622.	706,372,285.	2,528,738.	18,366,418.		

432009
11-07-14

Form **990** (2014)

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Form 990 (2014)

06-0646813 Page **10**

Part IX Statement of Functional Expenses

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

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

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

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

**ST FRANCIS HOSPITAL AND MEDICAL
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Form 990 (2014)

06-0646813 Page 11

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1 Cash - non-interest-bearing	58,225,346.	1	48,119,752.		
	2 Savings and temporary cash investments	46,781,519.	2	52,046,968.		
	3 Pledges and grants receivable, net		3			
	4 Accounts receivable, net	75,441,792.	4	70,386,496.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5			
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6			
	7 Notes and loans receivable, net	545,649.	7	566,992.		
	8 Inventories for sale or use	8,854,758.	8	9,701,459.		
	9 Prepaid expenses and deferred charges	6,724,495.	9	8,724,005.		
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 890,775,274.				
	b Less: accumulated depreciation	10b 434,608,404.	463,498,467.	10c	456,166,870.	
	11 Investments - publicly traded securities	78,640,457.	11	83,759,484.		
	12 Investments - other securities. See Part IV, line 11	14,134,048.	12	18,802,515.		
	13 Investments - program-related. See Part IV, line 11		13			
	14 Intangible assets		14			
	15 Other assets. See Part IV, line 11	85,207,731.	15	69,334,616.		
16 Total assets. Add lines 1 through 15 (must equal line 34)	838,054,262.	16	817,609,157.			
Liabilities	17 Accounts payable and accrued expenses	34,284,214.	17	38,257,732.		
	18 Grants payable		18			
	19 Deferred revenue		19			
	20 Tax-exempt bond liabilities	250,530,000.	20	246,119,985.		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21			
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22			
	23 Secured mortgages and notes payable to unrelated third parties	9,706,653.	23	5,331,951.		
	24 Unsecured notes and loans payable to unrelated third parties		24			
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	342,105,595.	25	374,150,235.		
	26 Total liabilities. Add lines 17 through 25	636,626,462.	26	663,859,903.		
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27 Unrestricted net assets	119,753,800.	27	76,152,826.		
	28 Temporarily restricted net assets	24,355,000.	28	24,417,140.		
	29 Permanently restricted net assets	57,319,000.	29	53,179,288.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30 Capital stock or trust principal, or current funds		30			
	31 Paid-in or capital surplus, or land, building, or equipment fund		31			
	32 Retained earnings, endowment, accumulated income, or other funds		32			
	33 Total net assets or fund balances	201,427,800.	33	153,749,254.		
	34 Total liabilities and net assets/fund balances	838,054,262.	34	817,609,157.		

Form 990 (2014)

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

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

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

ST FRANCIS HOSPITAL AND MEDICAL

Schedule A (Form 990 or 990-EZ) 2014 CENTER

06-0646813 Page 7

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

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

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

Schedule A (Form 990 or 990-EZ) 2014

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SAINT FRANCIS FOUNDATION, INC. 114 WOODLAND STREET HARTFORD, CT 06105	\$ 4,607,924.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	UNIVERSITY OF MASSACHUSETTS 55 LAKE AVENUE NORTH WORCESTER, MA 01655	\$ 208,443.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CONNECTICUT HEALTH FOUNDATION, INC. 100 PEARL STREET HARTFORD, CT 06103	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	HSC ACQUISITION, LLC 1000 WYCKOFF AVENUE MAHWAH, NJ 07430	\$ 6,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	NAMEROW REALTY CO., LLC 62 ORCHARD ROAD WEST HARTFORD, CT 06117	\$ 1,950,000.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
6	10 PARCELS OF COMMERCIAL REAL ESTATE PROPERTY LOCATED IN HARTFORD, CT	\$ 1,950,000.	12/31/14
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2014

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10-21-14

ST FRANCIS HOSPITAL AND MEDICAL

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

ST FRANCIS HOSPITAL AND MEDICAL

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		173,046.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			173,046.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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.

OMB No. 1545-0047

2014
Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) CHEFA BOND SERIES	816,873.
(2) BOND ISSUANCE COST, LESS AMORTIZATION	1,260,634.
(3) ASSETS HELD IN TRUST	48,893,774.
(4) OTHER ASSETS	5,855,453.
(5) DUE FROM AFFILIATED ENTITIES	12,507,882.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	69,334,616.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES & WAGES	35,135,864.
(3) ACCRUED EXPENSES & INTEREST	7,283,758.
(4) PENSION AND OTHER ACCRUED EXPENSES	274,663,884.
(5) DUE TO 3RD PARTY REIMBURSEMENT	12,527,529.
(6) PROFESSIONAL LIABILITY INS FUND	44,539,200.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	374,150,235.

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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	706,020,860.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-4,417,161.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	24,208,446.
e	Add lines 2a through 2d	2e	19,791,285.
3	Subtract line 2e from line 1	3	686,229,575.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	51,420,047.
c	Add lines 4a and 4b	4c	51,420,047.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	737,649,622.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	704,052,394.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	19,742,130.
e	Add lines 2a through 2d	2e	19,742,130.
3	Subtract line 2e from line 1	3	684,310,264.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	41,941,213.
c	Add lines 4a and 4b	4c	41,941,213.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	726,251,477.

Part XIII Supplemental Information.

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM SUBSIDIARIES	24,208,446.
--------------------------	-------------

PART XI, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM ST. FRANCIS INDEMNITY CORPORATION, LLC	12,378,080.
--	-------------

INCOME FROM COLLABORATIVE LAB SERVICES	34,434,043.
--	-------------

NET TRANSFER FROM SAINT FRANCIS FOUNDATION	4,607,924.
--	------------

TOTAL TO SCHEDULE D, PART XI, LINE 4B	51,420,047.
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Part XIII Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SUBSIDIARIES 19,742,130.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM ST. FRANCIS INDEMNITY COMPANY, LLC 6,362,341.

EXPENSES FROM COLLABORATIVE LAB SERVICES 35,578,872.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 41,941,213.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	<input checked="" type="checkbox"/>	
b If "Yes," was it a written policy?	<input checked="" type="checkbox"/>	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input checked="" type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	<input checked="" type="checkbox"/>	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		<input checked="" type="checkbox"/>
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	<input checked="" type="checkbox"/>	
b If "Yes," did the organization make it available to the public?	<input checked="" type="checkbox"/>	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)		10,609	4,163,345.		4,163,345.	.57%
b Medicaid (from Worksheet 3, column a)		30,247	44,489,587.		44,489,587.	6.13%
c Costs of other means-tested government programs (from Worksheet 3, column b)			23,688,735.		23,688,735.	3.26%
d Total Financial Assistance and Means-Tested Government Programs		40,856	72,341,667.		72,341,667.	9.96%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	17	19,061	3,584,693.	2,007,594.	1,577,099.	.22%
f Health professions education (from Worksheet 5)	4	682	30,269,163.	9,821,823.	20,447,340.	2.82%
g Subsidized health services (from Worksheet 6)	1	7,852	507,674.		507,674.	.07%
h Research (from Worksheet 7)	2		240,922.		240,922.	.03%
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	5,900	180,010.		180,010.	.02%
j Total. Other Benefits	26	33,495	34,782,462.	11,829,417.	22,953,045.	3.16%
k Total. Add lines 7d and 7j	26	74,351	107,124,129.	11,829,417.	95,294,712.	13.12%

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support	2	7,152	115,594.	71,600.	43,994.	.01%
4 Environmental improvements	1		66,000.		66,000.	.01%
5 Leadership development and training for community members						
6 Coalition building	1	25	83,693.		83,693.	.01%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total	4	7,177	265,287.	71,600.	193,687.	.03%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount	2	5,799,835.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	182,021,149.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	197,005,627.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-14,984,478.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GRTR HTFD LITHOTRIPSY, LLC	HEALTH CARE SERVICES - LITHOTRIPSY	31.80%		7.20%
2 ST FRANCIS GI ENDOSCOPY, LLC	HEALTH CARE SERVICES - ENDOSCOPY	49.00%		51.00%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SAINTFRANCISCARE.ORG</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>WWW.CT.GOV.DPH.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>250</u> %		
b <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input type="checkbox"/> Medical indigency		
e <input type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c <input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

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

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes", check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

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

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

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

Part V Facility Information *(continued)*

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: THE CHNA WAS COMPLETED IN PARTNERSHIP WITH HARTFORD HOSPITAL; CONNECTICUT CHILDREN'S MEDICAL CENTER, UCONN MEDICAL CENTER AND THE CITY OF HARTFORD HEALTH AND HUMAN SERVICES DEPARTMENT.

ADDITIONALLY A CONSULTANT WAS USED TO COMPLETE SOME OF THE DATA COLLECTION AND ANALYSIS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY WHICH ADDRESSES THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THEY INCLUDE: COMMUNICATION; STRUCTURAL ISSUES THAT IMPACT ACCESS TO CARE; CLINICAL AREAS OF NEED; AND SOCIAL DETERMINANTS OF HEALTH. DURING THIS PAST YEAR DISEASE PREVENTION HAS TAKEN ON A MORE SIGNIFICANT ROLE IN OUR STRATEGY (IN PART DUE TO COMMUNITY INPUT) AND HAS RESULTED IN A MORE SPECIFIC FOCUS FOR OUR CLINICAL CARE STRATEGIES.

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

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

INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE

Part V Facility Information (continued)

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

INCLUDE:

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

FOR CLINICAL SERVICES THE HOSPITAL HAS DEVELOPED THREE AREAS OF FOCUS
BASED ON CONTINUED MONITORING OF HEALTH OUTCOMES. THESE INCLUDE:

- BEHAVIORAL HEALTH
- PREVENTION SCREENING
- DIABETES AND OBESITY PREVENTION

THE SOCIAL DETERMINANTS OF HEALTH THAT WILL BE TARGETED BY SAINT FRANCIS
IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS INCLUDE HOUSING, ACCESS TO
HEALTHY FOOD, SECURITY AND EDUCATION. THE CORRESPONDING PARTNERSHIPS FOR
THIS WORK INCLUDE THE COMMUNITY SOLUTIONS; THE HARTFORD FOOD SYSTEMS AND
REACH COALITION; THE PEACE BUILDERS PROGRAM; AND THE HARTFORD ACADEMY FOR
SCIENCE AND MATH.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, LINE 16A, FAP WEBSITE:

[HTTP://WWW.SAINTFRANCISCARE.COM/PAY_YOUR_HOSPITAL_BILL_ONLINE/BILLING_](http://www.saintfranciscare.com/pay_your_hospital_bill_online/billing_and_financial_services.aspx)
[AND_FINANCIAL_SERVICES.ASPX](http://www.saintfranciscare.com/pay_your_hospital_bill_online/billing_and_financial_services.aspx)

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Part V Facility Information *(continued)*

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, LINE 16B, FAP APPLICATION WEBSITE:

[HTTP://WWW.SAINTFRANCISCARE.COM/PAY_YOUR_HOSPITAL_BILL_ONLINE/BILLING_
AND_FINANCIAL_SERVICES.ASPX](http://www.saintfranciscare.com/pay_your_hospital_bill_online/billing_and_financial_services.aspx)

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, LINE 10A, IMPLEMENTATION STRATEGY WEBSITE:

[WWW.SAINTFRANCISCARE.COM/ABOUT_US/HOSPITAL_PUBLICATIONS.ASPX](http://www.saintfranciscare.com/about_us/hospital_publications.aspx)

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Part V Facility Information (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 24

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

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Part V Facility Information (continued)

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

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

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

Name and address	Type of Facility (describe)
11 WEST HARTFORD 20 ISHAM ROAD WEST HARTFORD, CT 06109	MEDICAL OFFICES
12 HARTFORD 500 BLUE HILLS AVE HARTFORD, CT 06112	LABORATORY SERVICES
13 EAST HARTFORD ACCESS CENTER 893 MAIN STREET EAST HARTFORD, CT 06108	MEDICAL OFFICES / LABORATORY SERVICES
14 WINDSOR MEDICAL OFFICE 1080 DAY HILL ROAD WINDSOR, CT 06095	MEDICAL OFFICE
15 FARMINGTON 2 SPRING LANE FARMINGTON, CT 06032	LABORATORY SERVICES
16 HARTFORD 1000 ASYLUM ST, STE 3209 HARTFORD, CT 06103	LABORATORY SERVICES
17 SOUTH WINDSOR MEDICAL OFFICE 1340 SULLIVAN AVENUE SOUTH WINDSOR, CT 06074	MEDICAL OFFICES
18 BLOOMFIELD 580 COTTAGE GROVE RD BLOOMFIELD, CT 06002	LABORATORY SERVICES
19 WEST HARTFORD 928 FARMINGTON AVE WEST HARTFORD, CT 06107	LABORATORY SERVICES
20 ROCKY HILL 506 CROMWELL AVE ROCKY HILL, CT 06067	LABORATORY SERVICES

Part VI Supplemental Information

Provide the following information.

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

PART I, LINE 3C:

N/A

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

PART I, LINE 6A:

SAINTE FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL

Part VI Supplemental Information (Continuation)

WEBSITE.

PART I, LINE 7:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS.

HOUSING SUPPORT

THE LOCAL NEIGHBORHOOD ASSOCIATIONS IN HARTFORD PLAY A CRITICAL ROLE IN ADVOCATING FOR IMPROVEMENTS IN HOUSING PARTICULARLY THOSE THAT IMPACT LOW INCOME RESIDENTS. STAFF FROM SAINT FRANCIS ATTENDS REGULAR BOARD MEETINGS AND ASSIST WHENEVER POSSIBLE WITH ADVOCATING ON BEHALF OF COMMUNITY RESIDENTS WITH RESPECT TO HOUSING. SAINT FRANCIS HAS ALSO FORMED A STRONG PARTNERSHIP THIS PAST YEAR WITH A LOCAL COMMUNITY DEVELOPMENT AGENCY

Part VI Supplemental Information (Continuation)

CALLED COMMUNITY ACTION WHICH WORKS ON BEHALF OF LOW INCOME INDIVIDUALS AND FAMILIES TO FIND STABLE AND HEALTHY HOUSING.

ECONOMIC DEVELOPMENT

SAINT FRANCIS HAS A STRONG COMMITMENT TO INCREASING SPENDING WITH SMALL BUSINESS AND WOMEN AND MINORITY OWNED COMPANIES. THIS INITIATIVE IS CALLED THE SUPPLIER DIVERSITY PROJECT AND IS STAFFED BY A FULL TIME PERSON WHO WORKS TO IMPROVE RELATIONSHIPS WITH TARGETED BUSINESSES. AN ANNUAL EVENT, SPONSORED BY SAINT FRANCIS FOR MINORITY AND SMALL BUSINESS VENDORS IS HELD TO INCREASE THE PORTFOLIO OF BUSINESS TO THESE CRITICAL GROUPS. ONE EXAMPLE OF SUCCESS INCLUDES THE LANGUAGE SERVICES PROGRAM CONTRACT WHICH WAS AWARDED TO A LOCAL MINORITY AND WOMEN OWNED BUSINESS. THE SUPPLIER DIVERSITY PROGRAM IS DESIGNED TO SPUR ECONOMIC DEVELOPMENT AND THE GROWTH OF SMALL BUSINESSES.

COMMUNITY SUPPORT

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT PROGRAMS AND INITIATIVES; THEY RANGE FROM IMPROVING CHILDHOOD LITERACY TO DECREASING THE IMPACT OF UNINTENTIONAL INJURIES; AND PROVIDING SUPPORT TO STUDENTS AND INTERNS.

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

Part VI Supplemental Information (Continuation)

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

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

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

Part VI Supplemental Information (Continuation)

RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED.

THE OFFICE OF EDUCATIONAL ACTIVITIES AT SAINT FRANCIS WORKS WITH OVER 118 STUDENTS, INTERNS AND FELLOWS EACH YEAR TO PROVIDE CRITICAL HAND-ON EDUCATIONAL EXPERIENCES DESIGNED TO ENHANCE THEIR MARKETABILITY AND TO EXPOSE THEM TO THE COMPLEXITIES OF PROVIDING HEALTHCARE. THE STUDENTS RANGE FROM UNDERGRADUATES WORKING ON A SUMMER INTERNSHIP TO PHD STUDENTS COMPLETING RESEARCH PROJECTS. IN EACH CASE THE GOAL IS TO MENTOR YOUTH AND PROVIDE MEANINGFUL EXPERIENCES FOR BECOMING A SUCCESSFUL PROFESSIONAL.

ENVIRONMENTAL IMPROVEMENTS

SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY OF HARTFORD. THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO IMPROVE READINESS FOR DISASTER RESPONSE. THE HOSPITAL CONTRIBUTES SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE. ADDITIONALLY STAFF SERVE ON THE BOARD OF LOCAL ORGANIZATIONS THAT ADVOCATE FOR ENVIRONMENTAL ISSUES INCLUDING THE ASYLUM HILL NEIGHBORHOOD ORGANIZATION; THE REACH COALITION AND THE NORTHEAST NEIGHBORHOOD IMPROVEMENT ASSOCIATION.

LEADERSHIP DEVELOPMENT

IN THE AREA OF LEADERSHIP DEVELOPMENT AND TRAINING SAINT FRANCIS FOCUSES ON AREAS OF EXPERTISE IN CLINICAL PASTORAL EDUCATION AND ON PASTORAL COUNSELING TRAINING. ADDITIONALLY, A FORMAL INTERNSHIP PROGRAM IS PROVIDED THROUGH THE CHAPLAINCY PROGRAM AT SAINT FRANCIS WHICH PROVIDES INTERNSHIP TRAINING TO CHAPLAINS ON AN ON-GOING BASIS.

Part VI Supplemental Information (Continuation)

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

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

COALITION BUILDING

IN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION WITH LOCAL ORGANIZATIONS SUCH AS THE CONNECTICUT HEALTH FOUNDATION FELLOWS PROGRAM; THE PUBLIC HEALTH ADVISORY COMMITTEE; THE PEACE BUILDERS VIOLENCE PREVENTION COALITION; AND THE INTERDENOMINATIONAL MINISTERIAL ALLIANCE TAKE PLACE ON A REGULAR BASIS. IN ADDITION, INFORMAL PARTNERSHIPS AND

Part VI Supplemental Information (Continuation)

COLLABORATIVE RELATIONSHIPS WITH NUMEROUS COMMUNITY ORGANIZATIONS FACILITY BUILDING OF STRONG PARTNERSHIPS AND COALITIONS THAT WORK TO ADDRESS A MYRIAD OF PUBLIC HEALTH ISSUES FACING THE POPULATION SERVED BY SAINT FRANCIS HOSPITAL. EXECUTIVE STAFF AT SAINT FRANCIS ARE EXPECTED TO PARTICIPATE IN COMMUNITY IMPROVEMENT ACTIVITIES SUCH AS SERVING ON BOARDS, ASSISTING SMALL NON-PROFITS WITH FUNDRAISING ACTIVITIES, PROVIDING EXPERTISE AND IN-KIND SUPPORT AND PROVIDING MEETING SPACE FREE OF CHARGE.

PART II, COMMUNITY BUILDING ACTIVITIES (CONTINUED):

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

ADVOCACY FOR HEALTH IMPROVEMENTS

Part VI Supplemental Information (Continuation)

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

DR. MARCUS MCKINNEY HAS DEVELOPED AN EXPERTISE IN HEALTH DISPARITIES
AND IS INVOLVED IN THE STATE INNOVATION MODEL FOR REORGANIZING
HEALTHCARE DELIVERY; THE ARIADNE LAB COLLABORATION WITH HARVARD
UNIVERSITY AND THE DISPARITIES SOLUTION CENTER AT MASSACHUSETTS GENERAL
HOSPITAL. THE CEO, CHRISTOPHER DADLEZ HAS IDENTIFIED HEALTH
DISPARITIES AS AN AREA OF INTEREST AND IS ACTIVE IN ADVOCACY WORK ON
THIS ISSUE.

DR. LUIS DIEZ-MORALES IS ALSO INVOLVED WITH THE DISPARITIES SOLUTION
CENTER AND HAS TAKEN ON A LEADERSHIP ROLE IN THE CURTIS D. ROBINSON
CENTER FOR HEALTH EQUITY AT SAINT FRANCIS. HIS ROLE AS THE MEDICAL
DIRECTOR OF THE AMBULATORY CARE CLINIC PROVIDES HIM WITH SIGNIFICANT
REAL WORLD EXPERIENCE FOR HIS ADVOCACY WORK.

DR. ADAM SILVERMAN IS LEADING A NUMBER OF INITIATIVES INCLUDING A GRANT
TO BETTER UNDERSTAND THE ROLE OF COMMUNITY HEALTH WORKERS WITHIN A
HOSPITAL SYSTEM. HIS CREATIVE APPROACH TO ADDRESSING THE TRIPLE AIMS
OF HEALTH CARE IS PROVIDING CRITICAL INSIGHT INTO HOW TO IMPROVE CARE
WHILE MAINTAINING A SUCCESSFUL BUSINESS MODEL.

PART III, LINE 4:

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ACCEPTS ALL PATIENTS REGARDLESS
OF THEIR ABILITY TO PAY. A PATIENT IS CLASSIFIED AS A CHARITY PATIENT BY

Part VI Supplemental Information (Continuation)

REFERENCE TO THE ESTABLISHED POLICIES OF THE HOSPITAL. ESSENTIALLY, THESE POLICIES DEFINE CHARITY SERVICES AS THOSE SERVICES FOR WHICH NO PAYMENT IS ANTICIPATED. IN ASSESSING A PATIENT'S INABILITY TO PAY, THE HOSPITAL UTILIZES THE GENERALLY RECOGNIZED POVERTY INCOME LEVELS FOR THE STATE OF CONNECTICUT, BUT ALSO INCLUDES CERTAIN CASES WHERE INCURRED CHARGES ARE SIGNIFICANT WHEN COMPARED TO INCOMES. IN ADDITION, ALL SELF-PAY PATIENTS RECEIVE A 45% DISCOUNT FROM CHARGES WHICH IS NOT INCLUDED IN NET PATIENT SERVICE REVENUE FOR FINANCIAL REPORTING PURPOSES.

PART III, LINE 8:

NONE OF THE SHORTFALL WAS TREATED AS COMMUNITY BENEFIT. THE SOURCE OF THE COSTING METHODOLOGY WAS THE MEDICARE COST REPORT.

PART III, LINE 9B:

SEE PART III, LINE 4

PART III, LINE 2:

BAD DEBT EXPENSE WAS CALCULATED USING THE PROVIDERS BAD DEBT EXPENSE FROM FINANCIAL STATEMENTS, NET OF ACCOUNTS WRITTEN OFF AT CHARGES.

PART VI, LINE 2:

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

Part VI Supplemental Information (Continuation)

SECONDARY DATA PROFILE FINDINGS:

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

KEY INFORMANT INTERVIEW FINDINGS:

RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS. THE INFORMATION COLLECTED FROM THESE INTERVIEWS IDENTIFIED THE IMPORTANT HEALTH ISSUES AS DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL OF WHICH ARE ADDRESSED IN THE COMMUNITY HEALTH IMPLEMENTATION PLAN. ADDITIONALLY, KEY INFORMANTS FELT THAT NEIGHBORHOOD SAFETY WAS A MAJOR CONCERN AS IS THE QUALITY OF HOUSING AND THE LIMITED NUMBER OF JOB OPPORTUNITIES.

QUALITATIVE DATA

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

Part VI Supplemental Information (Continuation)

ON-GOING COMMUNITY HEALTH SURVEY

A COMMUNITY HEALTH SURVEY WAS DEVELOPED TO ALLOW FOR ON-GOING COMMUNITY INPUT ON HEALTH PRIORITIES WITHIN VARIOUS COMMUNITY SETTINGS. OVER 700 SURVEYS WERE COMPLETED IN A VARIETY OF COMMUNITY SETTINGS THE RESULTS OF WHICH SERVED TO FOCUS ATTENTION ON THE HEALTH ISSUES OF HIGHEST PRIORITY WHEN ENGAGING COMMUNITY GROUPS. THE HIGHEST PRIORITY FOUND FROM COMMUNITY MEMBERS SURVEYED IS FOR INCREASED EDUCATION; TRAINING AND CLINICAL SERVICES FOR THOSE IMPACTED BY DIABETES AND OBESITY.

PART VI, LINE 3:

PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE PROCESS. IF IT BECOMES CLEAR THAT THE PATIENT DOES NOT HAVE COVERAGE OR HAS MINIMAL COVERAGE THEY ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS THEIR CURRENT INCOME TO DETERMINE ELIGIBILITY FOR EITHER STATE ASSISTANCE OR HELP FROM SAINT FRANCIS CHARITY CARE DOLLARS. THE FINANCIAL ASSISTANCE OFFICE AT SAINT FRANCIS IS STAFFED BY SIX FULL-TIME "FINANCIAL COUNSELORS" FOUR OF WHOM ARE BILINGUAL. THEY ARE POSITIONED THROUGHOUT THE INSTITUTION TO PROVIDE EASY ACCESS TO PATIENTS WHO NEED ASSISTANCE.

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR

Part VI Supplemental Information (Continuation)

HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. AS WELL, INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS. SAINT FRANCIS DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

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

SAINT FRANCIS ALSO CONTRACTS WITH A COMPANY TO VISIT PATIENTS IN THEIR HOMES TO HELP THEM APPLY FOR STATE ASSISTANCE SO THAT THEY HAVE THEIR HEALTH COVERAGE IF THEY SHOULD NEED FURTHER ASSISTANCE.

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

THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED. CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014.

PART VI, LINE 4:

Part VI Supplemental Information (Continuation)

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

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

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

THE CONNECTICUT HOSPITAL ASSOCIATION PROVIDED SAINT FRANCIS WITH A COMMUNITY HEALTH PROFILE BASED ON DATA COLLECTED BY THE HOSPITAL ABOUT

Part VI Supplemental Information (Continuation)

PATIENT SERVICES PROVIDED. THIS PROFILE INCLUDES THE METRO HARTFORD AREA WHICH IS QUITE DISTINCT FROM THE CITY OF HARTFORD. THIS POPULATION OF THIS AREA IS OVER 750,000 PEOPLE WITH 64% WHITE; 14% AFRICAN AMERICAN; 15% LATINO; 5% ASIAN. THE POVERTY RATE IS AT 11%. THE TOP FIVE HEALTH CONDITIONS IDENTIFIED FROM INPATIENT DATA INCLUDE:

HIGH BLOOD PRESSURE

DEPRESSION

ALCOHOL AND SUBSTANCE ABUSE

HEART FAILURE

DIABETES

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

PART VI, LINE 5:

THE HOSPITAL IS INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF THE COMMUNITY OVERALL. COLLABORATIVE EFFORTS WITH THE CITY HEALTH DEPARTMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS ARE NUMEROUS.

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

Part VI Supplemental Information (Continuation)

CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY - SERVING AS A BRIDGE BETWEEN
COMMUNITY MEMBERS AND THE HOSPITAL SYSTEM

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

THE JOAN C DAUBER FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEED

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

KISS - CT KIDS IN SAFETY SEATS - PROVIDING FREE CAR SEATS AND INSPECTION
FOR FAMILIES WITH YOUNG CHILDREN

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

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

WOMEN'S HEART PROGRAM - FREE HEART HEALTH SCREENING AND ASSESSMENT IN THE
COMMUNITY

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

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

PART VI, LINE 6:

THE ORGANIZATION IS NOT A PART OF AN AFFILIATED HEALTH CARE SYSTEM.

PART VI, LINE 7: COMMUNITY BENEFITS ARE REPORTED TO THE STATE'S OFFICE OF
THE HEALTH CARE ADVOCATE IN CONNECTICUT. A COMMUNITY BENEFIT REPORT IS
PUBLISHED AND WIDELY DISTRIBUTED IN THE LOCAL COMMUNITY AND IT IS POSTED
ON THE WEBSITE FOR FULL VIEWING.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

Employer identification number
06-0646813

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	75,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS AND SERVICES FOR THE SOCIAL, PHYSICAL, INTELLECTUAL AND CULTURAL ENJOYMENT
THE GREATER HARTFORD COMMUNITY FDTN, INC., TRAVELERS CHAMPIONSHIP - 90 STATE HOUSE SQUARE, 8TH FL - HARTFORD, CT 06103	42-1684133	501(C)(3)	377,500.	0.	BOOK	N/A	TO SUPPORT COMMUNITY BASED EVENTS FOR THE BENEFIT OF THE CITIZENS, SOCIAL AND WELFARE
CT BRAIN TUMOR ALLIANCE P.O. BOX 370514 WEST HARTFORD, CT 06137	26-0307367	501(C)(3)	6,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS TO RAISE PUBLIC AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS
KOMEN CONNECTICUT 74 BATTERSON PARK ROAD FARMINGTON, CT 06032	75-2844629	501(C)(3)	10,000.	0.	BOOK	N/A	SUPPORT FOR THE RACE FOR THE CURE. PROCEED OF WHICH SUPPORTS THE EDUCATION OF WOMEN AND
LEAS FOUNDATION FOR LEUKEMIA RESEARCH - 150 TRUMBULL ST, 2ND FL - HARTFORD, CT 06103	06-1520923	501(C)(3)	29,100.	0.	BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF
NORTHSIDE INSTITUTIONS NEIGHBORHOOD - 20 SARGENT ST - HARTFORD, CT 06105	22-3887275	501(C)(3)	50,000.	0.	BOOK	N/A	TO REVITALIZE THE ASYLUM HILL COMMUNITY AREA BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES FOR

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2014)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE CHILDREN'S SCHOLARSHIP FUND	11	11,000.	0.	BOOK	N/A
MULLANE SCHOLARSHIP FUND	10	10,000.	0.	BOOK	N/A
TRIOMPO HEALING HEARTS & HANDS AWARD	6	4,950.	0.	BOOK	N/A
S.A. CARRABBA, MD, AWARD (RESEARCH PROJECT)	1	500.	0.	BOOK	N/A

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: MANDELL JEWISH COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS AND SERVICES FOR THE SOCIAL, PHYSICAL, INTELLECTUAL AND CULTURAL ENJOYMENT AND DEVELOPMENT OF THE GREATER HARTFORD COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

THE GREATER HARTFORD COMMUNITY FDTN, INC., TRAVELERS CHAMPIONSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY BASED EVENTS

Part IV Supplemental Information

FOR THE BENEFIT OF THE CITIZENS, SOCIAL AND WELFARE ORGANIZATIONS AND
OTHER INSTITUTIONS OF THE COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CT BRAIN TUMOR ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS TO RAISE PUBLIC
AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS WHO ARE
AFFLICTED WITH BRAIN TUMORS AND SUPPORT RESEARCH AND TREATMENT OF BRAIN
TUMORS, IN THE STATE OF CT.

NAME OF ORGANIZATION OR GOVERNMENT: KOMEN CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT FOR THE RACE FOR THE CURE.
PROCEED OF WHICH SUPPORTS THE EDUCATION OF WOMEN AND MEN IN OUR STATE ON
THE IMPORTANCE OF EARLY DETECTION, FUNDING FREE SCREENING SERVICES AND
PROVIDING SUPPORT TO THOSE DIAGNOSED WITH BREAST CANCER.

NAME OF ORGANIZATION OR GOVERNMENT: LEAS FOUNDATION FOR LEUKEMIA RESEARCH

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE AND HELP FUND ACTIVITIES
ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF LEUKEMIA AND ITS
RELATED CANCERS.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHSIDE INSTITUTIONS NEIGHBORHOOD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO REVITALIZE THE ASYLUM HILL
COMMUNITY AREA BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES FOR LOW AND
MODERATE INCOME FAMILIES AND INDIVIDUALS, BY FOSTERING AND DEVELOPING
ECONOMIC OPPORTUNITIES WITHIN THE AREA AND OTHERWISE COMBATING COMMUNITY
DETERIORATION.

NAME OF ORGANIZATION OR GOVERNMENT: URBAN LEAGUE OF GREATER HARTFORD

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

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.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2014

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Schedule J (Form 990) 2014

06-0646813

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	(i)	886,803.	696,000.	1,312,062.	946,067.	75,560.	3,916,492.	1,312,062.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN	(i)	668,168.	15,000.	0.	13,464.	31,539.	728,171.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHERI A. LEMIEUX ASSISTANT SECRETARY	(i)	103,537.	30,000.	0.	2,946.	16,176.	152,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN RODIS, MD EXECUTIVE VP & COO	(i)	732,647.	182,000.	0.	23,992.	35,168.	973,807.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DAVID BITTNER SR VP FINANCE	(i)	320,908.	75,000.	0.	9,308.	29,953.	435,169.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	(i)	320,587.	42,000.	0.	24,134.	35,105.	421,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREG MAKOUL SVP, CAO	(i)	403,547.	0.	94,607.	19,012.	15,759.	532,925.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER SCHNEIDER VP FINANCE/CHIEF COMPLIANCE OFFICER	(i)	228,987.	50,000.	0.	16,372.	29,986.	325,345.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN N. GIAMALIS EVP & CAO	(i)	677,070.	0.	47,685.	28,024.	26,737.	779,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	273,685.	48,000.	0.	15,300.	12,647.	349,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LINDA SHANLEY VP AND CIO	(i)	276,856.	50,000.	0.	19,635.	19,135.	365,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) E. MERRITT MCDONOUGH, JR. SF FDTN PRESIDENT	(i)	424,216.	0.	96,900.	28,503.	28,376.	577,995.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) DENISE PETERSON VP PROF NRSG PRACTICE & QUAL/CNO	(i)	172,407.	10,000.	0.	0.	10,445.	192,852.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ADAM SILVERMAN VP AMBULATORY STRATEGY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	346,050.	0.	0.	15,300.	8,711.	370,061.	0.
(15) STUART ROSENBERG CEO-JMMC	(i)	351,329.	0.	0.	20,400.	26,783.	398,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) JAMES W. SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	(i)	251,625.	43,000.	0.	14,615.	28,580.	337,820.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ROBERT FALAGUERRA VP FACILITIES & SUPPORT SERVICES	(i)	217,125.	30,000.	0.	22,790.	29,387.	299,302.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) DERRICK AMATO ADMINISTRATIVE DIRECTOR	(i)	316,080.	0.	0.	0.	13,848.	329,928.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) NICOLE SCHULZ VP REVENUE CYCLE	(i)	233,621.	50,000.	0.	15,061.	28,854.	327,536.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) PAUL F. MITCHELL, DMD FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	266,484.	0.	0.	20,400.	34,818.	321,702.	0.
(21) TERESA M. BOLTON FORMER HUMAN RESOURCES COUNSEL	(i)	235,883.	10,000.	0.	11,064.	8,660.	265,607.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(22) KATHLEEN M. ROCHE FORMER EXECUTIVE VP & COO	(i)	0.	0.	287,380.	0.	5,985.	293,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(23) ARTHUR DETORE FORMER SVP, CHIEF PHYSICIAN EXECUTIVE	(i)	0.	0.	263,612.	0.	5,985.	269,597.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINES 4A-B:

GREG MAKOUL RECEIVED A SEVERANCE BENEFIT OF \$94,607.

JOHN N. GIAMALIS RECEIVED A SEVERANCE BENEFIT OF \$47,685.

E. MERRITT MCDONOUGH, JR. RECEIVED A SEVERANCE BENEFIT OF \$96,900.

KATHLEEN M. ROCHE RECEIVED A SEVERANCE BENEFIT OF \$287,380.

ARTHUR DETORE RECEIVED A SEVERANCE BENEFIT OF \$263,612.

CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN DURING THE YEAR WITH AN ESTIMATED BENEFIT OF \$927,000.

Supplemental Information on Tax-Exempt Bonds

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

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

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

Part I Bond Issues		SEE PART VI FOR COLUMNS (A) AND (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT	06-0806186	20774UZC2	05/29/08	39,745,000.	REFUND EXISTING DEBT ISSUED 11/93		X		X		X
B STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT	06-0806186	NONE	01/24/14	213,215,000.	REFUND EXISTING DEBT ISSUED 6/08		X		X		X
C											
D											

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

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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Schedule K (Form 990) 2014

06-0646813

Page 2

Part III Private Business Use (Continued)

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

Part IV Arbitrage

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

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Part IV Arbitrage (Continued)

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

Part V Procedures To Undertake Corrective Action

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

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

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

(A) ISSUER NAME:

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

(F) DESCRIPTION OF PURPOSE: REFUND EXISTING DEBT ISSUED 6/08 AND 9/10

SCHEDULE K, PART I, BOND ISSUES:

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN RODIS	EXECUTIVE VP & COO	16,790,970.	RENTAL OF O		X
JOHN RODIS	EXECUTIVE VP & COO	21,479,146.	PURCHASE OF		X
DAVID BITTNER	SR VP FINANCE	16,790,970.	RENTAL OF O		X
DAVID BITTNER	SR VP FINANCE	21,479,146.	PURCHASE OF		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	624,408.	RENTAL OF O		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,905,663.	MANAGED CAR		X
JOHN RODIS	EXECUTIVE VP & COO	901,727.	RENTAL OF O		X
JOHN RODIS	EXECUTIVE VP & COO	2,162,766.	PURCHASE OF		X
DANIEL O'CONNELL	DIRECTOR	624,408.	RENTAL OF O		X
DANIEL O'CONNELL	DIRECTOR	2,905,663.	MANAGED CAR		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 16,790,970.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORY SERVICES. JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 21,479,146.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES. JOHN RODIS IS PRESIDENT OF COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP FINANCE

(C) AMOUNT OF TRANSACTION \$ 16,790,970.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP FINANCE

(C) AMOUNT OF TRANSACTION \$ 21,479,146.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES AND SUPPLIES FROM COLLABORATIVE LABORATORY SERVICES. DAVID BITTNER IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 624,408.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 901,727.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 2,162,766.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION \$ 624,408.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 624,408.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

Part V Supplemental Information

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 624,408.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:
DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 624,408.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &

Part V Supplemental Information

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

ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. JOHN RODIS IS A
DIRECTOR OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 624,408.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 2,905,663.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS
HEALTHCARE PARTNERS. JOHN N. GIAMALIS IS A DIRECTOR OF SAINT FRANCIS

Part V Supplemental Information

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

HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 3,273,650.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 700,000.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS
CARE MEDICAL GROUP. JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE
MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. JOHN RODIS IS A
DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

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

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 700,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. R. CHRISTOPHER HARTLEY IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JANEANNE LUBIN-SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 700,000.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. JANEANNE LUBIN-SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

Part V Supplemental Information

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

(A) NAME OF PERSON: JANEANNE LUBIN-SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. JANEANNE
LUBIN-SZAFRANSKI IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 700,000.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS
CARE MEDICAL GROUP. DAVID BITTNER IS A DIRECTOR OF SAINT FRANCIS CARE
MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &
ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. DAVID BITTNER IS
A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 700,000.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS CARE MEDICAL GROUP. JOHN N. GIAMALIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. JOHN N. GIAMALIS IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TERESA BOLTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 700,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TERESA BOLTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 512,009.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. TERESA BOLTON IS A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILIP J. SCHULZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 327,536.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 103,208.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: P. ANTHONY GIORGIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 1,630,088.

Part V Supplemental Information

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

(D) DESCRIPTION OF TRANSACTION: P. ANTHONY GIORGIO IS A 50% OWNER IN TWO BUILDINGS THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KARL KRAPEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 1,630,088.

(D) DESCRIPTION OF TRANSACTION: KARL KRAPEK IS A 50% OWNER IN TWO BUILDINGS THAT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 200,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 127,700.

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

Part V Supplemental Information

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

JOHN PAPANDREA IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER
AND SAINT FRANCIS CARE, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 89,687.

(D) DESCRIPTION OF TRANSACTION: DR. JOHN RODGERS IS A SHAREHOLDER IN A
PRIVATE MEDICAL PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT
FRANCIS HOSPITAL AND MEDICAL CENTER.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUSAN J. SAPPINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 68,600.

(D) DESCRIPTION OF TRANSACTION: DIRECTOR SAPPINGTON'S SPOUSE, JOSEPH
SAPPINGTON, MD, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES
PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER. SUSAN
SAPPINGTON IS A DIRECTOR OF SAINT FRANCIS HOSPITAL & MEDICAL CENTER AND
SAINT FRANCIS CARE, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 3,917,046.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

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

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** **1**

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

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

Schedule M (Form 990) (2014)

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

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Employer identification number
06-0646813

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

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

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

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

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

OUR MISSION:

WE SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND
TRANSFORMING PRESENCE WITHIN OUR COMMUNITIES.

OUR CORE VALUES:

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

WE HONOR THE SACREDNESS AND DIGNITY OF EVERY PERSON.

COMMITMENT TO THOSE WHO ARE POOR:

WE STAND WITH AND SERVE THOSE WHO ARE POOR, ESPECIALLY THOSE MOST VULNERABLE.

JUSTICE:

WE FOSTER RIGHT RELATIONSHIPS TO PROMOTE THE COMMON GOOD, INCLUDING SUSTAINABILITY OF EARTH.

STEWARDSHIP:

WE HONOR OUR HERITAGE AND HOLD OURSELVES ACCOUNTABLE FOR THE HUMAN, FINANCIAL AND NATURAL RESOURCES ENTRUSTED TO OUR CARE.

INTEGRITY:

WE ARE FAITHFUL TO WHO WE SAY WE ARE.

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

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

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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"COMMUNITY BENEFIT" IS A PLANNED, MANAGED, AND MEASURED APPROACH TO BOTH EVALUATING AND PROVIDING THOSE SERVICES IDENTIFIED AS HIGH PRIORITIES BY THE COMMUNITY. THIS IS ONE WAY TO TELL THE STORY OF SAINT FRANCIS' CONTINUING SERVICE OF OUTREACH. AS LONG AS PEOPLE NEED FINANCIAL HELP TO ACCESS THE BEST CARE, AS LONG AS THERE IS A NEED FOR HEALTH EDUCATION RESPONSIVE TO THE UNDER-SERVED, AND AS LONG AS THERE IS A NEED FOR INSPIRED CAREGIVERS WHO APPRECIATE THE DIGNITY OF EVERY LIFE, THERE WILL BE ROOM FOR SAINT FRANCIS' MISSION TO GROW AND NEW WAYS TO BENEFIT OUR COMMUNITY.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS ESTABLISHED BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY IN 1897 IN A SMALL HOUSE ON WOODLAND STREET. THE MISSION WAS AMBITIOUS: WITH MODEST RESOURCES SAINT FRANCIS SOUGHT TO CARE FOR THE SICK IN OUR REGION REGARDLESS OF A PERSON'S ABILITY TO PAY. THE NECESSITY TO RESPOND TO SUCH NEEDS WAS NO LESS IN 2015.

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

SAINT FRANCIS COMMUNITY BENEFIT ACTIVITY AT A GLANCE

IN FISCAL YEAR 2015, SAINT FRANCIS PROVIDED \$104,451,340 IN COMMUNITY BENEFIT, OF WHICH \$4,163,345 REPRESENTS CHARITY CARE AND UNPAID COSTS

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$20,980,833 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS). WE DO NOT COUNT THIS FIGURE AS COMMUNITY BENEFIT BECAUSE, WHILE IT DOES ASSIST THOSE WHO NEED FINANCIAL ASSISTANCE, WE DID NOT INTENTIONALLY INITIATE THIS BENEFIT. THIS IS IN LINE WITH THE CATHOLIC HEALTH ASSOCIATION'S GUIDELINES. OUR MISSION PROUDLY SUPPORTS THE ROLE WE SERVE IN TIMES OF ECONOMIC DISTRESS.

DURING 2015, SAINT FRANCIS PROVIDED COMMUNITY BENEFIT SERVICES TO 135,000 INDIVIDUALS, WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS.

CHARITY CARE - \$ 4,163,345

FREE OR DISCOUNTED HEALTH SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD TO PAY AND WHO MEET THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY CRITERIA ARE CATEGORIZED AS CHARITY CARE. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES.

COMMUNITY BENEFIT SERVICES - \$ 32,109,673

SERVICES PROVIDED TO MEET COMMUNITY NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE REFERRED TO AS COMMUNITY BENEFIT SERVICES. INCLUDED HERE ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN, PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS WITH LOCAL COMMUNITY AGENCIES.

GOVERNMENT SPONSORED HEALTH CARE - \$ 68,178,322

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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GOVERNMENT SPONSORED HEALTHCARE COMMUNITY BENEFITS INCLUDE UNPAID COSTS OF PUBLIC PROGRAMS FOR LOW-INCOME PERSONS. THESE INCLUDE THE SHORTFALL CREATED WHEN PAYMENTS ARE LESS THAN THE COST-OF-CARING FOR PROGRAM BENEFICIARIES.

TOTAL COMMUNITY BENEFIT - \$ 104,451,430

COMMUNITY BENEFIT - SERVICES

WHAT ARE THE NUMBERS? COMMUNITY BENEFIT IS CATEGORIZED INTO THREE BROAD AREAS: CHARITY CARE, GOVERNMENT SPONSORED HEALTH CARE, AND COMMUNITY BENEFIT SERVICES. THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION, WHICH THIS PAST YEAR TOTALED \$32,109,673.

A. COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 1,471,531

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

COMMUNITY HEALTH EDUCATION

- ADAPTIVE ROWING PROGRAM

- BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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- BREASTFEEDING SUPPORT
- CHILD ABUSE PREVENTION EDUCATION AND OUTREACH
- CANCER SUPPORT GROUPS
- CHILDBIRTH EDUCATION CLASSES
- COLORECTAL SCREENING PROGRAM AND EDUCATION PROGRAM
- CENTER FOR DIABETES AND METABOLIC CARE PROGRAM EDUCATION AND OUTREACH
- CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY PROGRAMS:
 - COMMUNITY ENGAGEMENT ACTIVITIES
 - LANGUAGE SERVICES EDUCATION
 - MEN'S HEALTH EDUCATION
 - NAVIGATION SERVICES
 - PASTORAL COUNSELING TRAINING PROGRAM
- GOLFERS IN MOTION
- HEALTH PROMOTION ACTIVITIES
- HEALTHY START AND PARENTING PROGRAMS
- INTEGRATIVE HEALTH SERVICES
- MEDICAL LEGAL PARTNERSHIP PROGRAM
- VIOLENCE AND INJURY PREVENTION PROGRAM
- WOMEN'S HEART OUTREACH PROGRAM

- COMMUNITY-BASED CLINICAL SERVICES
 - PREVENTIVE HEALTH SCREENINGS:
 - CARDIOVASCULAR RISK ASSESSMENT
 - CHILD SEAT SAFETY SCREENING
 - DIABETES SCREENING
 - MAMMOGRAMS
 - CANCER SCREENINGS
 - SUPPORT FOR MALTA HOUSE OF CARE MOBILE MEDICAL CLINIC

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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- CARDIAC REHAB AND WELLNESS
- CARE MANAGEMENT SUPPORT SERVICES
- DIABETES SUPPORT SERVICES
- MULTIDISCIPLINARY CASE MANAGEMENT TEAM FOR CHILD ABUSE
- NURTURING FAMILIES NETWORK CASE MANAGEMENT SERVICES
- PROCUREMENT OF PHARMACEUTICALS FOR INDIGENT CLIENTS

OTHER HEALTH IMPROVEMENT SERVICES

- CAREGIVER SUPPORT SERVICES
- LITERACY SUPPORT PROGRAMS
- TRANSPORTATION SUPPORT
- LANGUAGE SUPPORT SERVICES
- THE AUXILIARY REPETITIONS THRIFT STORE
- JOAN C. DAUBER FOOD BANK
- KEEP-THE-POWER-ON UTILITY CLINIC

B. HEALTH PROFESSIONS EDUCATION - \$ 29,160,233

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

- CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION (CIPCI)
- DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING
- DIETICIAN TRAINING
- MEDICAL STUDENT EDUCATION
- NURSES AND NURSING STUDENT EDUCATION
- OB/GYN RESIDENCY TRAINING

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

- PHARM-D TRAINING SITE

C. SUBSIDIZED HEALTH SERVICES - \$ 507,674

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

- UNCOMPENSATED CARE - DENTAL CLINIC

D. RESEARCH - \$ 240,922

THIS CATEGORY INCLUDES CLINICAL AND COMMUNITY HEALTH RESEARCH THAT IS SHARED WITH THE PUBLIC AND FUNDED BY THE GOVERNMENT OR A TAX-EXEMPT ENTITY (INCLUDING THE ORGANIZATION ITSELF).

- COMMUNITY RESEARCH GRANTS

- FEDERAL RESEARCH GRANTS

- STATE AND LOCAL RESEARCH GRANTS

- TRAINEE RESEARCH GRANTS

E. FINANCIAL AND IN-KIND DONATIONS - \$ 180,010

THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED TO INDIVIDUALS NOT AFFILIATED WITH THE ORGANIZATION, OR TO COMMUNITY GROUPS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. IN-KIND SERVICES INCLUDE HOURS CONTRIBUTED BY STAFF TO THE COMMUNITY WHILE ON WORK TIME;

OVERHEAD EXPENSES OF SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS;

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

AND THE DONATION OF FOOD, EQUIPMENT, AND SUPPLIES.

- DONATIONS TO CHARITABLE ORGANIZATIONS
- IN-KIND USE OF FACILITIES
- MEDICAL MISSION SUPPORT
- SUPPORT FOR LOCAL COMMUNITY ORGANIZATIONS

F. COMMUNITY-BUILDING ACTIVITIES - \$ 193,687

THIS CATEGORY INCLUDES PROGRAMS THAT ADDRESS THE UNDERLYING SOCIAL PROBLEMS, SUCH AS POVERTY, HOMELESSNESS, AND ENVIRONMENTAL ISSUES.

THESE ACTIVITIES SUPPORT COMMUNITY ASSETS BY OFFERING THE EXPERTISE AND RESOURCES OF THE HEALTHCARE ORGANIZATION.

- CREC MAGNET SCHOOL PARTNERSHIP
- DISASTER PLANNING
- BOARD MEMBERSHIPS
- NEIGHBORHOOD ASSOCIATIONS

G. COMMUNITY-BENEFIT OPERATIONS - \$ 355,616

THIS CATEGORY INCLUDES THE COSTS ASSOCIATED WITH STAFFING THE COMMUNITY HEALTH DEPARTMENT AND COSTS ASSOCIATED WITH COMMUNITY BENEFIT PLANNING AND OPERATIONS.

WEAVING HEALTH AND COMMUNITY TOGETHER - COMMUNITY BENEFIT REPORT - 2015 WELCOME

WHAT A SINGLE YEAR CAN BRING! SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS WELCOMED INTO TRINITY HEALTH AT THE END OF 2015. BUILDING ON OUR

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

Employer identification number
06-0646813

HISTORY, WE ARE HONORED TO CELEBRATE OUR EXPANDED MISSION:

**WE SERVE TOGETHER IN THE SPIRIT OF THE GOSPEL AS A COMPASSIONATE AND
TRANSFORMING PRESENCE WITHIN OUR COMMUNITIES.**

**WE ARE COMMITTED TO TRANSFORMING OUR COMMUNITIES: AS YOU WILL SEE IN
THIS ANNUAL COMMUNITY BENEFIT REPORT, LAST YEAR'S INITIATIVES AND
INVESTMENTS IN HEALTH CARE, EDUCATION AND OUTREACH, BUILT SYNERGIES
WITH LOCAL PARTNERS TO ACHIEVE BETTER ACCESS TO CARE, BETTER
STEWARDSHIP OF RESOURCES, AND BETTER OUTCOMES FOR EVERYONE WHOSE LIFE
WE TOUCHED.**

**IN 2015, WE INVESTED OVER \$104 MILLION DOLLARS IN OUR COMMUNITIES. IN
THIS REPORT YOU WILL SEE EXAMPLES OF HOW WE SPENT OUR RESOURCES -
GIVING PRIORITY TO THOSE IN MOST NEED. THE FOUNDATION FOR CREATING A
BLUEPRINT FOR COMMUNITY HEALTH AND WELLBEING IS SOLID, COMPLETE WITH A
MODEL OF PARTNERSHIP THAT ENCOMPASSED COLLEAGUES IN HOUSING,
EMPLOYMENT, TRANSPORTATION, AND SO MANY OTHER ASPECTS OF LIFE THAT MANY
OF US TAKE FOR GRANTED.**

**HEALTH AND WELLNESS PARTNERSHIPS ARE PART OF A SAFETY NET STRATEGY THAT
BENEFITS YOU, YOUR FAMILY, AND ALL OF THE COMMUNITIES WE SERVE:
ECONOMIC CHALLENGES DEMAND AN ALL-ENCOMPASSING STRATEGY WITH
MISSION-DRIVEN PRINCIPLES. WE SERVE TOGETHER TO ASSURE EQUAL ACCESS TO
BENEFITS FOR ALL. TRINITY HEALTH CONTRIBUTED OVER \$980 MILLION DOLLARS
IN 2015 TO BENEFIT COMMUNITIES ACROSS THIS GREAT COUNTRY.**

WHAT IS THE RESULT OF OUR PARTNERSHIPS? A HEALING FABRIC WOVEN TOGETHER

Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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BY MISSION, REGIONAL PRIORITIES, AND COMPASSIONATE CARE BY SAINT FRANCIS EMPLOYEES, WHO KEEP RESPONDING EVERY DAY TO ASSURE EQUITABLE OUTCOMES. THE STORIES THAT FOLLOW SAY IT BEST. MAY THEIR WORDS AND OUR MISSION INSPIRE YOU AND YOUR FAMILY!

CREATING A WEB OF COMMUNITY HEALTH AND WELL BEING

BY DEFINITION, WHEN SOMEONE IS ADMITTED TO THE HOSPITAL HE OR SHE BECOMES A PATIENT, IMPLYING ILLNESS, VULNERABILITY, UNCERTAINTY AND EMOTIONAL TURMOIL. THE PEOPLE HIGHLIGHTED IN THIS REPORT HAVE ALL BEEN PATIENTS AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER. THEY CAME TO THE HOSPITAL BECAUSE SOMEONE THAT CARES ABOUT THEM SUGGESTED THEY LOOK INTO A PROBLEM, OR THEY ATTENDED A COMMUNITY SCREENING EVENT THAT REVEALED AN UNDERLYING ILLNESS, OR THEY WERE LUCKY ENOUGH TO HAVE A PRIMARY CARE PROVIDER WHO MADE A REFERRAL FOR FOLLOW UP TO FIND OUT MORE ABOUT UNANSWERED QUESTIONS.

THE STORIES HERE REVEAL PATTERNS OF RELIANCE AND INDEPENDENCE, EXPERIENCES OF STRENGTH AND WEAKNESS, MOMENTS OF HOPE AND FEAR. THROUGHOUT THE CYCLE OF HEALING, COMMUNITY MEMBERS BECOME PATIENTS, OVERCOME AILMENTS, AND RETURN TO HEALTH, CONSISTENTLY MOVING FROM ONE ROLE TO ANOTHER. BY RESPONDING TO THIS SHIFTING DYNAMIC AND SUPPORTING THEM DURING TIMES OF HEALTH AND ILLNESS, OUR HEALTH CARE SYSTEMS BECOME WOVEN INTO THE FABRIC OF OUR COMMUNITIES.

JOHNNY: A STORY OF NEWFOUND TRUST

BEING A PART OF A COMMUNITY IS IMPORTANT TO JOHNNY - HE'S LIVED IN THE

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

NORTH END OF HARTFORD HIS ENTIRE LIFE. IN HIS NEIGHBORHOOD IT'S COMMON FOR PEOPLE TO NOT TRUST THE HEALTH CARE SYSTEM, ESPECIALLY IF YOU DON'T HAVE INSURANCE.

"WHEN I CAME TO SAINT FRANCIS THEY TREATED ME REALLY WELL. THEY HELPED ME GET INSURANCE, THEY ASSISTED WITH MY RENT AND UTILITIES WHEN I COULDN'T WORK, AND MOST OF ALL, THEY TAUGHT ME THAT THE HOSPITAL IS A PART OF MY NEIGHBORHOOD TOO."

FOR YEARS, JOHNNY TOOK CARE OF WHATEVER HEALTH PROBLEM HE HAD WITH "SELF-MEDICATION," AS HE DESCRIBES IT - "MOTRIN, WARM SALT WATER, HEATING PADS, AND WHATEVER SEEMED TO HELP." HE WAS VERY SICK WHEN HE FINALLY CAME TO SAINT FRANCIS. IN THE END IT WAS HIS PASTOR WHO PRODDED HIM TO GO AND SEE WHY HE WAS BLEEDING FROM HIS GUMS, WHY HIS TONGUE WAS SO DISCOLORED, AND, MOST NOTABLY, WHY HE DIDN'T HAVE ANY OF HIS USUAL VIBRANT ENERGY. "I'M SOMEONE WHO DOESN'T ASK FOR HELP VERY OFTEN AND I SURE DIDN'T WANT TO ASK FOR HELP FROM A HOSPITAL WHICH I THOUGHT WOULD TREAT ME LIKE A SECOND-CLASS PERSON BECAUSE I DIDN'T HAVE ANY HEALTH INSURANCE. SO, I DIDN'T GO TO THE HOSPITAL. IN FACT, I WAS BORN AT HOME AND NEVER WENT TO A HOSPITAL UNTIL HIS CANCER DIAGNOSIS AT AGE 56."

WHEN HE FINALLY CAME TO THE EMERGENCY DEPARTMENT HE WAS IN SUCH BAD SHAPE THAT DOCTORS ADMITTED HIM, RAN SOME TESTS, AND QUICKLY BEGAN A BLOOD TRANSFUSION. WHEN THE TEST RESULTS CAME BACK, JOHNNY WAS DIAGNOSED WITH A TREATABLE FORM OF LEUKEMIA. THE TREATMENT PROTOCOL, HOWEVER, WOULD INCLUDE EIGHT ROUNDS OF CHEMOTHERAPY OVER THREE MONTHS - A LONG HAUL. "I SEE THIS BATTLE BETWEEN ME AND CANCER AS SIMILAR TO THE FIGHT BETWEEN GEORGE FOREMAN AND MUHAMMAD ALI. FOREMAN WAS AT THE PEAK

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

Employer identification number
06-0646813

OF HIS CAREER AND HAD WON MOST OF HIS FIGHTS IN THE SECOND OR THIRD ROUND. BUT ALI DID HIS HOMEWORK; HE TRAINED HARD AND HE OUTLASTED FOREMAN. IN FACT, HE WON IN THE EIGHTH ROUND - JUST LIKE ME. THE EIGHTH ROUND OF CHEMOTHERAPY WAS THE ONE THAT FINISHED MY TREATMENT."

BY TELLING HIS STORY, JOHNNY HOPES TO LET OTHERS KNOW THAT THEY CAN GET THE HELP THEY NEED, NO MATTER WHO THEY ARE. "I LIVE ON THE THIRD FLOOR OF AN APARTMENT BUILDING IN ONE OF HARTFORD'S POOREST NEIGHBORHOODS. IN FACT, I CHOSE THE THIRD FLOOR BECAUSE I BELIEVE CROOKS ARE LAZY - THEY WON'T BOTHER COMING TO THE THIRD FLOOR TO ROB YOU. WHEN I CAME TO SAINT FRANCIS THEY TREATED ME REALLY WELL. THEY HELPED ME GET INSURANCE, THEY ASSISTED WITH MY RENT AND UTILITIES WHEN I COULDN'T WORK, AND MOST OF ALL, THEY TAUGHT ME THAT THE HOSPITAL IS A PART OF MY NEIGHBORHOOD TOO."

IN THE END, JOHNNY SEES THE HOSPITAL AS PART OF THE COMMUNITY, JUST LIKE HIS CHURCH OR THE CORNER STORE. OF COURSE, HE WILL SAY THAT HE PREFERS NOT TO COME TO THE HOSPITAL AS OFTEN AS HE GOES TO CHURCH, BUT NOW HE SEES IT AS A RESOURCE THAT CAN PROVIDE SUPPORT FOR HIS HEALTH WHEN HE MOST NEEDS IT.

CLEMENT: A HOLISTIC JOURNEY TO HEALTH AND HEALING

CLEMENT WAS SURPRISED TO FIND HOW HELPFUL IT WAS TO GET ACUPUNCTURE WHILE UNDERGOING CANCER TREATMENT. HE HAD BEEN DIAGNOSED WITH MULTIPLE MYELOMA AND THE PAIN WAS DIFFICULT TO CONTROL. SOMETIMES IT WAS FINE, BUT THEN IT WOULD CHANGE. "ONE DAY MY LEGS AND BACK HURT SOMETHING TERRIBLE, LIKE THERE WERE NEEDLES IN MY FOOT ALL THE TIME. WHEN I

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

Employer identification number
06-0646813

TALKED TO DR. RABINOWE, SHE SUGGESTED I TALK WITH THE INTEGRATIVE MEDICINE TEAM TO SEE IF THEY HAD ANYTHING THAT MIGHT HELP."

"CHRIS IS A GREAT RESOURCE FOR PATIENTS AND HE'S SO WILLING TO HELP. YOU KNOW, IN THE END, I ENJOYED IT."

CLEMENT DID NOT KNOW ABOUT THE CENTER FOR INTEGRATIVE MEDICINE, WHICH OFFERS ACUPUNCTURE, MASSAGE, ART THERAPY, AND MIND/BODY MEDICINE SERVICES THAT CAN BE WOVEN INTO EACH PATIENT'S CLINICAL TREATMENT PLAN. PATIENTS' NEEDS VARY AS THEY MOVE THROUGH THE EXPERIENCE OF ILLNESS, AND INCLUDING INTEGRATIVE MEDICINE INTO THEIR THERAPEUTIC JOURNEY NOT ONLY SUPPORTS HEALTH AND HEALING BUT BUILDS RELATIONSHIPS WITH NEW CARE PROVIDERS, BINDING TOGETHER EMOTIONAL, SPIRITUAL AND PHYSICAL RESOURCES INTO THE FABRIC OF OUR HEALTH.

CLEMENT HADN'T TRIED ACUPUNCTURE BEFORE AND DIDN'T REALLY KNOW MUCH ABOUT IT. AS A KOREAN WAR VETERAN WHO WAS NO STRANGER TO PAIN, HE HAD FIGURED OUT WAYS TO HANDLE IT. BUT HIS WIFE COULD SEE HE WAS STRUGGLING AND ENCOURAGED HIM TO GIVE ACUPUNCTURE A TRY. "I WASN'T SO SURE, BUT SHE REALLY SUPPORTED ME AND THOUGHT IT MIGHT HELP."

ACUPUNCTURE BECAME A REGULAR PART OF HIS TREATMENT PLAN. AFTER EACH ROUND OF CHEMOTHERAPY, CLEMENT WOULD TURN TO LICENSED ACUPUNCTURIST CHRISTOPHER GAUNYA FOR HELP, SO THAT HE COULD CONTROL THE PAIN AND PARTICIPATE IN THE PHYSICAL THERAPY NEEDED FOR HIS RECOVERY.

PATIENTS AND PRACTITIONERS - WOVEN TOGETHER

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

Employer identification number
06-0646813

"MY ROLE IS TO SUPPORT PATIENTS WITH MASSAGE WHICH CAN REALLY HELP THEM DURING TIMES OF NEED - IT'S A PHYSICAL ACTIVITY BUT SOMETIMES IT SEEMS TO CHANGE THEIR EMOTIONAL OUTLOOK MORE THAN THEIR PHYSICAL WELL-BEING. THE INTERCONNECTEDNESS OF PHYSICAL AND EMOTIONAL HEALTH IS NO SURPRISE TO ANYONE, BUT WHAT IS REMARKABLE IS THAT HOSPITALS LIKE SAINT FRANCIS CAN OFFER FREE OF CHARGE SERVICES THAT HELP SUPPORT PATIENTS WHEN THEY NEED IT MOST. ON MORE THAN ONE OCCASION CANCER PATIENTS HAVE SAID TO ME THAT MASSAGE GIVES THEM A RENEWED INNER STRENGTH TO GET THROUGH IT ALL."

"I THINK THAT MASSAGE CAN MAKE THE DIFFERENCE BETWEEN FEELING HOPEFUL OR DEFEATED."

- JULIE OLSON, MASSAGE THERAPIST, CENTER FOR INTEGRATIVE MEDICINE

"WE HELD AN OUTREACH EVENT ABOUT PROSTATE CANCER SCREENING AT THE CITADEL OF LOVE, A VERY SMALL CHURCH IN HARTFORD. THIS LITTLE CHURCH OFFERS SUPPORT TO ANYONE WHO NEEDS HELP. THE GROUP OF MEN WE MET WITH WERE HOMELESS AND I WAS STRUCK BY HOW THEY CARED FOR EACH OTHER AND STAYED CONNECTED THROUGH THIS CHURCH. AS THEY WERE WAITING FOR THEIR TURN TO GET SCREENED THEY SHARED WITH ME HOW THEY DON'T REALLY EVER THINK ABOUT THEIR HEALTH. IT WAS OBVIOUS THAT MY JUST LISTENING AND SHOWING CONCERN WAS IMPORTANT TO THEM."

"I LEFT THERE THINKING THEY HAD REALLY GIVEN ME A LOT. I HAD A MUCH BETTER UNDERSTANDING OF HOW HOMELESSNESS IMPACTS EVERYTHING IN YOUR LIFE."

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

Employer identification number
06-0646813

- JACQUELINE ORTIZ-MILLER, OUTREACH EDUCATION COORDINATOR, CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY

"IT'S INTERESTING, I WORK WITH LOTS OF FAMILIES AND WHEN THERE HAS BEEN SEXUAL ABUSE OF A CHILD IT CAN BE SO DIFFICULT TO GET TO THE OTHER SIDE. THIS ONE FAMILY REALLY IMPRESSED ME; A SINGLE MOM WITH THREE CHILDREN AND ONE OF THEM WAS ACTING OUT SO SHE KNEW SOMETHING WAS WRONG. WE HELPED HER COME UP WITH A PLAN TO SUPPORT THE CHILD AND TO KEEP THE FAMILY TOGETHER. THE FAMILY PARTICIPATED IN THERAPY TOGETHER AND REALLY FIGURED OUT HOW TO MAKE IT WORK. NOW SHE VOLUNTEERS WITH US AND HELPS TO SUPPORT OTHER FAMILIES GOING THROUGH THIS CRISIS."

"WE WERE THERE FOR HER AND NOW SHE IS HERE FOR US."

- REGINA DYTON, DIRECTOR, THE GREATER HARTFORD CHILDREN'S ADVOCACY CENTER

"THINGS HAVE REALLY CHANGED FOR US OVER THE PAST FIVE YEARS. IT USED TO BE THAT WE ONLY SERVED PATIENTS AFTER THEY HAD TRIED EVERYTHING ELSE AND WERE STILL STRUGGLING, BUT LATELY WE SEE THEM EARLIER IN THEIR TREATMENT. PATIENTS DON'T WANT TO TAKE ANY MORE PAIN MEDICINE - IT OFTEN DOESN'T WORK WELL; IT'S EXPENSIVE; AND THERE ARE SIDE EFFECTS. ONCE THEY HEAR ABOUT THE OPTIONS THEY WANT TO GIVE IT A TRY."

"I'M HOPEFUL AS INTEGRATIVE MEDICINE BECOMES MORE OF A PART OF THE SYSTEM IT WILL HELP PATIENTS AND WE KNOW IT COSTS A LOT LESS."

- KATHLEEN MUELLER, MD, MEDICAL DIRECTOR, CENTER FOR INTEGRATIVE

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

"PROVIDING HEALTH SCREENINGS TO PEOPLE IN THE COMMUNITY HAS CHANGED THE WAY I DO MY WORK. WHEN I TEACH PEOPLE ABOUT HEALTHY LIFESTYLES AND REDUCING THEIR RISK FOR HEART DISEASE I NEED TO UNDERSTAND THE "WHOLE" PERSON. DURING A CONVERSATION WITH A YOUNG WOMAN IN HARTFORD ABOUT HER SCREENING NUMBERS, SHE MENTIONED THAT SHE HAD GAINED WEIGHT DUE TO HER DIET AND LACK OF EXERCISE WHILE IN PRISON. HER MAIN CONCERN WAS NOT HER BLOOD PRESSURE, BUT THE SAFETY OF HER FAMILY."

"I HAVE LEARNED THAT EVERYONE HAS A STORY AND TREATING PEOPLE FIRST WITH COMPASSION CAN HELP CLARIFY THE PATH TO PERSONAL HEALTH."

- CLAIRE KARWACKI-MARUGG, MANAGER, WOMEN'S HEART PROGRAM

FORM 990, PART VI, SECTION A, LINE 2:

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

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

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

Employer identification number
06-0646813

FORM 990, PART VI, SECTION B, LINE 11:

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

FORM 990, PART VI, SECTION B, LINE 12C:

THE POLICY INCLUDES AN OBLIGATION OF EACH BOARD MEMBER TO ANNUALLY DISCLOSE ALL MATERIAL FACTS AND RELATIONSHIPS AND REFRAIN FROM VOTING ON ANY MATTER WHEN THERE IS A CONFLICT OF INTEREST. THE GOVERNANCE AND NOMINATIONS COMMITTEE REVIEWS THE RESULTS OF THOSE SUBMISSIONS ON AN ANNUAL BASIS FOR COMPLIANCE WITH GOVERNANCE POLICIES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD REVIEWS COMPENSATION AND BONUS' FOR OFFICERS AND KEY EMPLOYEES ANNUALLY. DURING THE YEAR AN INDEPENDENT CONSULTANT WAS ENGAGED TO REVIEW COMPENSATION AND AN EXTERNAL MARKET ANALYSIS IS PERFORMED AND REVIEWED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

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

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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FORM 990, PART IX, LINE 11G, OTHER FEES:

PHYSICIANS FEES:

PROGRAM SERVICE EXPENSES	56,462,463.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	56,462,463.

SECURITY EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,438,519.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,438,519.

OUTSIDE LABORATORIES:

PROGRAM SERVICE EXPENSES	2,588,391.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,588,391.

COLLECTION FEES:

PROGRAM SERVICE EXPENSES	152,683.
MANAGEMENT AND GENERAL EXPENSES	2,389,499.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,542,182.

DIALYSIS FEES:

PROGRAM SERVICE EXPENSES	1,492,702.
MANAGEMENT AND GENERAL EXPENSES	0.

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,492,702.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 2,250.

MANAGEMENT AND GENERAL EXPENSES 10,124,153.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 10,126,403.

REGISTRY NURSES FEES:

PROGRAM SERVICE EXPENSES 3,021,592.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 3,021,592.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 1,481,719.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,481,719.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES 4,714,305.

MANAGEMENT AND GENERAL EXPENSES 1,161,313.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,875,618.

PURCHASED SERVICES:

432212
08-27-14

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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PROGRAM SERVICE EXPENSES	2,376,892.
MANAGEMENT AND GENERAL EXPENSES	446,429.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,823,321.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	89,852,910.

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

DECREASE IN ASSETS HELD IN TRUST BY OTHERS	-4,139,998.
CHANGE IN PENSION FUNDING AND POSTRETIREMENT OBLIGATIONS	-19,192,683.
DECREASE IN INTEREST IN ST FRANCIS FOUNDATION	-1,394,495.
CHANGE IN FAIR MARKET VALUE OF SWAP	-14,834,672.
TRANSFER TO PARENT	-14,005,487.
DONATED PROPERTY	-1,092,195.
TOTAL TO FORM 990, PART XI, LINE 9	-54,659,530.

FORM 990, PART XII, LINE 2C:

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

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

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

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

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

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

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

Schedule R (Form 990) 2014

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
TOTAL LAUNDRY COLLABORATIVE - 20-8335788, 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-270,605.	-265,101.		X	N/A		X	85.89%
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	22,478.	-41,056.		X	N/A		X	51.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-533,357.	893,501.	100.00%		X
SAINT FRANCIS BEHAVIORAL HEALTH GROUP - 06-1384686, 114 WOODLAND STREET, HARTFORD, CT 06105	BEHAVIOR HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-1,524,954.	1,190,451.	100.00%		X
SAINT FRANCIS HEALTH CARE PARTNERS - 06-1391257, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS CARE	C CORP	14,711.	1,934,091.	50.00%		X
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC. - 46-1315402, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS CARE	C CORP	0.	0.	50.00%		X

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

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

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

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

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

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

• If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or 06-0646813
	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

DONNA GILBERT

• The books are in the care of **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**
Telephone No. **860-714-9632** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until AUGUST 15, 2016.

5 For calendar year _____, or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date

CONSOLIDATED FINANCIAL STATEMENTS AND
SUPPLEMENTARY INFORMATION

Saint Francis Hospital and Medical Center and Subsidiaries
Years Ended September 30, 2015 and 2014
With Report of Independent Auditors

Ernst & Young LLP



Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Financial Statements
and Supplementary Information

Years Ended September 30, 2015 and 2014

Contents

Report of Independent Auditors.....	1
Consolidated Balance Sheets	3
Consolidated Statements of Operations and Changes in Net Assets	5
Consolidated Statements of Cash Flows.....	7
Notes to Consolidated Financial Statements.....	8
Supplementary Information	
Consolidating Balance Sheet	45
Consolidating Statement of Operations and Changes in Net Assets	47



Ernst & Young LLP
20 Church Street
Hartford, CT 06103

Tel: +1 860 247 3100
Fax: +1 860 725 6040
ey.com

Report of Independent Auditors

The Board of Directors
Saint Francis Hospital and Medical Center and Subsidiaries

We have audited the accompanying consolidated financial statements of Saint Francis Hospital and Medical Center and Subsidiaries, which comprise the consolidated balance sheets as of September 30, 2015 and 2014, and the related consolidated statements of operations and changes in net assets and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We did not audit the financial statements of Saint Francis Indemnity Company, LLC (SFICL), a wholly owned subsidiary, which statements reflect total assets of \$62.4 million as of September 30, 2015 and \$50.2 million as of September 30, 2014, and total revenues of \$12.3 million and \$13.4 million for the years then ended. Those statements were audited by other auditors whose report has been furnished to us, and our opinion, insofar as it relates to the amounts included for SFICL, is based solely on the report of the other auditors. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not

for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, based on our audits and the report of the other auditors, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Saint Francis Hospital and Medical Center and Subsidiaries at September 30, 2015 and 2014, and the consolidated results of their operations and changes in their net assets and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying consolidating balance sheet and consolidating statement of operations and changes in net assets are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States. In our opinion, based on our audits, the procedures performed as described above and the report of other auditors, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

Ernst + Young LLP

January 29, 2016

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Balance Sheets

	September 30	
	2015	2014
	<i>(In Thousands)</i>	
Assets		
Current assets:		
Cash and cash equivalents	\$ 93,016	\$ 84,700
Short-term investments	23,167	33,920
Assets whose use is limited for current liabilities	1,521	1,459
Accounts receivable – patients, less allowance for doubtful accounts (\$15,264 for 2015 and \$13,431 for 2014)	67,076	72,591
Accounts receivable – other	4,566	3,686
Inventories of supplies	9,701	8,855
Prepaid expenses and deposits	7,718	6,724
Due from affiliated entities	7,245	14,831
Total current assets	<u>214,010</u>	<u>226,766</u>
Assets whose use is limited:		
Board-designated	64,100	57,787
Donor restricted	4,286	4,286
Held under bond indenture	817	957
Held in trusts by others	48,893	53,033
Interest in Saint Francis Hospital and Medical Center Foundation, Inc.	9,394	10,789
	<u>127,490</u>	<u>126,852</u>
Assets whose use is limited for current liabilities	<u>(1,521)</u>	<u>(1,459)</u>
	<u>125,969</u>	<u>125,393</u>
Long-term investments	24,057	18,962
Property, plant, and equipment, net	461,286	469,060
Other assets:		
Bond issuance costs, less amortization	1,261	1,346
Other	5,858	11,116
	<u>\$ 832,441</u>	<u>\$ 852,643</u>

	September 30	
	2015	2014
	<i>(In Thousands)</i>	
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 37,798	\$ 34,587
Accrued payroll and other related expenses	36,078	35,966
Accrued expenses and interest payable	7,380	7,378
Due to third-party reimbursement agencies	12,528	14,939
Current portion of long-term debt	7,298	8,760
Total current liabilities	<u>101,082</u>	101,630
Pension and other accrued expenses	319,203	284,381
Long-term debt, less portion classified as a current liability	<u>244,154</u>	251,476
Total liabilities	<u>664,439</u>	637,487
Net assets:		
Unrestricted	90,406	133,482
Temporarily restricted	24,417	24,355
Permanently restricted	53,179	57,319
	<u>168,002</u>	215,156
	<u><u>\$ 832,441</u></u>	<u><u>\$ 852,643</u></u>

See accompanying notes.

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	Year Ended September 30	
	2015	2014
	<i>(In Thousands)</i>	
Net patient service revenue	\$ 691,884	\$ 687,135
Less: provision for bad debts	<u>(22,456)</u>	<u>(22,553)</u>
Net patient service revenue less provision for bad debts	669,428	664,582
Other operating revenue	35,294	34,500
Net assets released from restrictions for operations	<u>4,156</u>	<u>3,927</u>
Total revenues	708,878	703,009
Operating expenses:		
Salaries	273,953	265,515
Supplies and other	377,521	369,639
Interest	11,152	11,620
Depreciation and amortization	<u>38,728</u>	<u>36,822</u>
Total operating expenses	701,354	683,596
	7,524	19,413
Net (loss) gain on investment activity	<u>(2,528)</u>	3,623
Operating income	4,996	23,036
Non-operating gains and losses:		
Loss on refunding and refinancing of debt	-	(1,719)
Net loss on termination of interest rate swaps	(2,739)	-
Interest savings (cost) on interest rate swaps	41	(102)
Change in fair value of interest rate swaps	<u>(14,835)</u>	<u>(603)</u>
	(17,533)	(2,424)
(Deficiency) excess of revenues and gains and losses over expenses	(12,537)	20,612

(Continued on next page)

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets (continued)

	Year Ended September 30	
	2015	2014
	<i>(In Thousands)</i>	
Unrestricted net assets:		
(Deficiency) excess of revenues and gains and losses over expenses (continued)	\$ (12,537)	\$ 20,612
Transfers (to) from Saint Francis Hospital and Medical Center Foundation, Inc.	(667)	532
Net assets released from restrictions used for property, plant, and equipment	1,539	3,313
Change in pension funding and postretirement obligations	(19,192)	(53,442)
Equity transfer to affiliated entity	(13,000)	-
Transfers of net assets to Saint Francis Care, Inc.	(280)	-
Donated property	857	-
Change in minority interest in subsidiary	204	264
Decrease in unrestricted net assets	(43,076)	(28,721)
Temporarily restricted net assets:		
Income from investments	125	109
Gifts, contributions, and donations	2,077	3,068
Net unrealized (loss) gain on investments	(178)	44
Net assets released from restrictions for operations	(4,156)	(3,927)
Net assets released from restrictions used for property, plant, and equipment	(1,686)	(3,680)
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc.	5,275	3,290
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc.	(1,395)	(163)
Increase (decrease) in temporarily restricted net assets	62	(1,259)
Permanently restricted net assets:		
(Decrease) increase in assets held in trusts by others	(4,140)	1,869
(Decrease) increase in permanently restricted net assets	(4,140)	1,869
Decrease in net assets	(47,154)	(28,111)
Net assets at beginning of year	215,156	243,267
Net assets at end of year	\$ 168,002	\$ 215,156

See accompanying notes.

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Cash Flows

	Year Ended September 30	
	2015	2014
	<i>(In Thousands)</i>	
Operating activities and other gains		
Decrease in net assets	\$ (47,154)	\$ (28,111)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities and other gains:		
Depreciation and amortization	38,728	35,103
Bad debts	22,456	22,553
Change in pension funding and postretirement obligations	19,192	53,442
Equity transfer to affiliate	13,000	-
Change in fair value of interest rate swaps	14,835	603
Net loss on termination of interest rate swaps	2,739	-
Net transfer from Saint Francis Hospital and Medical Center Foundation, Inc.	4,608	(3,821)
Loss on refunding and refinancing of debt	-	1,719
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc.	1,395	163
Net unrealized loss (gain) on investments	3,065	(1,427)
Decrease (increase) in assets held in trusts by others	4,140	(1,869)
Restricted contributions and investment income	(2,202)	(3,177)
Increase in pension and other accrued expenses	795	7,550
Change in working capital other than cash and cash equivalents	(11,223)	(38,069)
Net cash provided by operating activities and other gains	<u>64,374</u>	<u>44,659</u>
Investing activities		
Purchase of property, plant, and equipment, net	(30,869)	(42,512)
(Increase) decrease in investments	(146)	3,920
Equity transfer to affiliate	(13,000)	-
Increase in noncurrent assets whose use is limited	(6,111)	(7,642)
Decrease (increase) in other assets	5,258	(4,988)
Net cash used in investing activities	<u>(44,868)</u>	<u>(51,222)</u>
Financing activities		
Principal payments on long-term debt and capital leases	(8,784)	(221,810)
Proceeds from issuance of bonds	-	213,215
Payment of bond issuance costs	-	(1,127)
Net transfer from Saint Francis Hospital and Medical Center Foundation, Inc.	(4,608)	3,821
Restricted contributions and investment income	2,202	3,177
Net cash used in financing activities	<u>(11,190)</u>	<u>(2,724)</u>
Net increase (decrease) in cash and cash equivalents	<u>8,316</u>	<u>(9,287)</u>
Cash and cash equivalents at beginning of year	84,700	93,987
Cash and cash equivalents at end of year	<u>\$ 93,016</u>	<u>\$ 84,700</u>
Supplemental information		
Capital lease obligations - Non-cash financing	\$ -	\$ 1,298
Donated property - Non-cash investing	(857)	-
	<u>\$ (857)</u>	<u>\$ 1,298</u>

See accompanying notes.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (Amounts In Thousands)

September 30, 2015

1. Significant Accounting Policies

Organization

Saint Francis Hospital and Medical Center and Subsidiaries (the Hospital and Medical Center) is a not-for-profit acute care hospital located in Hartford, Connecticut. The Hospital and Medical Center is an integrated health care delivery system providing inpatient, outpatient and emergency care services and is a wholly owned subsidiary of Saint Francis Care, Inc. Subsidiaries of the Hospital and Medical Center include: Collaborative Laboratory Services, One Thousand Corporation, Saint Francis Care Medical Group, P.C., Saint Francis Behavioral Health Group, P.C., Total Laundry Collaborative and Saint Francis Indemnity Company, LLC.

Basis of Presentation and Use of Estimates

The accompanying consolidated financial statements include the accounts of Saint Francis Hospital and Medical Center and Subsidiaries. All significant intercompany accounts and transactions have been eliminated in consolidation.

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and related footnotes. Actual results could differ from those estimates.

Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are those whose use by the Hospital and Medical Center has been limited by donors to a specific time frame or purpose. Temporarily restricted net assets consist primarily of contributions and grants restricted for certain health care services, medical research activities, and capital replacement. Permanently restricted net assets, which are primarily endowment gifts and assets held in trusts by others, have been restricted by donors and are to be maintained in perpetuity.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Donor-Restricted Gifts

Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received. The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the consolidated statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are unrestricted contributions in the accompanying consolidated financial statements.

Interest Rate Swap Agreements

The Hospital and Medical Center utilizes interest rate swap agreements to reduce risks associated with changes in interest rates. The Hospital and Medical Center does not hold or issue derivative financial instruments for trading purposes. The Hospital and Medical Center is exposed to credit loss in the event of nonperformance by the counterparties to its interest rate swap agreements. Interest rate swap agreements are reported at fair value. Changes in fair value are recognized in the performance indicator in the consolidated statements of operations and changes in net assets.

Cash and Cash Equivalents

The Hospital and Medical Center considers all highly liquid investments with remaining maturities of three months or less at the date of purchase to be cash equivalents.

Patient Accounts Receivable

Patient accounts receivable result from health care services provided by the Hospital and Medical Center. The amount of the allowance for uncollectible accounts is based on management's assessment of historical and expected net collections, business and economic conditions, trends in Medicare and Medicaid health care coverage and other collection indicators.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) *(Amounts In Thousands)*

1. Significant Accounting Policies (continued)

Inventories of Supplies

Inventories are stated at the lower of cost or market. The Hospital and Medical Center values its inventories using the first-in, first-out method.

Investments

Unrealized gains and losses on unrestricted investments are included in the (deficiency) excess of revenues over expenses. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value in the consolidated balance sheets. Fair value is generally determined based on quoted market prices. Alternative investments, which are investments with a non-readily determinable fair value, are stated at fair value based on, as a practical expedient, net asset values derived from the application of the equity method of accounting. Valuations of those investments and, therefore, the Hospital and Medical Center's holdings may be determined by the investment manager and are primarily based on the valuation of the underlying securities. Investment income or loss, including realized and unrealized gains and losses on investments, interest, and dividends, is included in the (deficiency) excess of revenues and gains and losses over expenses unless the income or loss is restricted by donor or law. The cost of securities sold is based on the specific identification method.

The Hospital and Medical Center considers all investments with remaining maturities of more than three months but less than one year at the date of purchase to be short-term investments.

Assets Whose Use Is Limited

Assets whose use is limited include assets set aside by the Board of Directors, assets restricted by donors, assets held by trustees under bond indenture agreements related to financing activities with the State of Connecticut Health and Educational Facilities Authority (CHEFA or the Authority), and assets held in trusts by others. The portion of these amounts required for funding current liabilities is included in current assets. Assets set aside by the Board of Directors are established for the purpose of providing for future improvement, expansion, and replacement of property, plant, and equipment and for certain insurance liabilities.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Long-Lived Assets

Property, plant, and equipment are stated at cost and those acquired by gifts are recorded at fair value established at the date of acquisition. The Hospital and Medical Center provides for depreciation of property, plant, and equipment using the straight-line method in amounts sufficient to depreciate the cost of the assets over their estimated useful lives or the lesser of the estimated useful life of the asset or lease term.

Bond issuance costs are amortized over the life of the bonds using the effective interest method.

Other Assets

Other assets include bond issuance costs, assets related to deferred compensation and workers compensation programs and interest rate swap agreements.

General and Professional Liability Insurance

The Hospital and Medical Center purchases claims made general and professional liability insurance coverage from a wholly owned insurance captive subsidiary, Saint Francis Indemnity Company, LLC (Saint Francis Indemnity Company). The subsidiary charges the Hospital and Medical Center a premium for general and professional liability insurance coverage. Such charges amounted to \$12,081 and \$11,323 in 2015 and 2014, respectively.

The Hospital and Medical Center, in consultation with its independent actuary, records as a liability an estimate of incurred but not reported claims. Such liability, discounted at 4%, totaled \$7,474 and \$7,257 at September 30, 2015 and 2014, respectively and are included in pension and other accrued expenses.

Reserves for losses and loss adjustment expenses are based on management's best estimate determined in consultation with independent consulting actuaries and represent the ultimate net cost of all reported and unreported losses incurred and unpaid through September 30, 2015. These liabilities include estimates of future trends in loss severity and frequency and other factors, which could vary as the losses are ultimately settled. However, there is an absence of a significant amount of experience as to whether the Saint Francis Indemnity Company's actual incurred losses and loss adjustment expenses will conform to the assumptions inherent in the

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

determination of the estimated liability. Accordingly, the ultimate settlement of losses and loss adjustment expenses may vary significantly from the estimated amounts included in the accompanying consolidated financial statements. Although considerable variability is inherent in such estimates, management believes that the reserves for losses and loss adjustment expenses in the accompanying consolidated financial statements are adequate. The method of making such estimates and for establishing reserves is continuously reviewed and updated and adjustments are reflected in operations in the period the need for such adjustments becomes known.

Workers' Compensation Insurance

The Hospital and Medical Center purchases a large deductible policy, which effectively self-insures the first portion of the workers' compensation and employers' liability risk. Under the policy, the Hospital and Medical Center is responsible for the first \$1,500 of every loss event (first \$500 for employers' liability). The accrued workers' compensation self-insurance liabilities of \$6,755 and \$6,806 at September 30, 2015 and 2014, respectively, have been discounted at 4%. The current portion of the accrued workers' compensation liabilities included in accrued expenses and interest payable is \$1,591 and \$1,634 at September 30, 2015 and 2014, respectively, and the long-term portion included in pension and other accrued expenses is \$5,164 and \$5,172 at September 30, 2015 and 2014, respectively.

Retirement Plans

The Hospital and Medical Center has certain noncontributory defined benefit and defined contribution pension plans in effect covering all employees who meet certain eligibility requirements. For plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), the Hospital and Medical Center's funding policy is to contribute amounts to the plans sufficient to meet the applicable minimum funding requirements set forth in ERISA.

The Hospital and Medical Center sponsors a 409(a) deferred compensation plan for certain senior executives. Senior executives are allowed to contribute to the plan up to an annual maximum amount in accordance with Section 457(b) of the Internal Revenue Code. The assets of the plan remain in a trust, which is subject to the claims of the Hospital and Medical Center's creditors. As of September 30, 2015 and 2014, the plan had \$1,841 and \$1,758, respectively, included in other assets with a corresponding liability, included in pension and other accrued expenses, payable upon retirement, death or disability.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Other Operating Revenue

Other operating revenue includes services to other institutions, rental income, pharmacy income, investment income, unrestricted contributions, equity earnings in group purchasing organizations and joint ventures, cafeteria sales, vendor rebates and electronic health record program revenue.

(Deficiency) Excess of Revenues and Gains and Losses over Expenses

The consolidated statements of operations and changes in net assets include (deficiency) excess of revenues and gains and losses over expenses, which is the performance indicator. Changes in unrestricted net assets, which are excluded from the (deficiency) excess of revenues and gains and losses over expenses, include adjustments to the pension funding and postretirement obligations, permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets, and changes in minority interest in subsidiaries.

Interest in Saint Francis Hospital and Medical Center Foundation, Inc.

The interest in Saint Francis Hospital and Medical Center Foundation, Inc. represents the Hospital and Medical Center's interest in the net assets of Saint Francis Hospital and Medical Center Foundation, Inc. This interest is accounted for in accordance with Accounting Standards Codification (ASC) 958-20, *Transfers of Assets to a Not-for-Profit Organization or Charitable Trust That Raises or Holds Contributions to Others*.

Income Taxes

The Hospital and Medical Center and its principal subsidiaries are exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code, and are exempt from state and local income taxes. Tax provisions and related liabilities for certain taxable subsidiaries are not material to the consolidated financial statements.

The Hospital and Medical Center has net operating loss carryforwards resulting in the amount of \$2,554. These net operating loss carryforwards result in a deferred tax asset of \$1,022, which is offset by a corresponding valuation allowance of the same amount. These expire between September 30, 2027 and September 30, 2034.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

1. Significant Accounting Policies (continued)

Saint Francis Care Medical Group has net operating loss carryforwards in the amount of \$23,331. The net operating loss carryforwards result in a deferred tax asset of \$9,332, which is offset by a corresponding valuation allowance of the same amount. These expire between September 30, 2018 and September 30, 2031.

Saint Francis Behavioral Health Group, P.C. has net operating loss carryforwards in the amount of \$5,707. These net operating loss carryforwards result in a deferred tax asset of \$2,283, which is offset by a corresponding valuation allowance of the same amount. These net operating loss carryforwards expire between June 30, 2023 and June 30, 2034.

Reclassifications

Certain 2014 amounts have been reclassified to conform to the 2015 presentation. Such reclassifications had no effect on the consolidated statements of operations and changes in net assets.

New Accounting Pronouncements

In May 2014, the Financial Accounting Standards Board issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*, which requires an entity to recognize revenue to depict the transfer of promised goods or services to customers in an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The adoption of ASU 2014-09 is required on October 1, 2018, and the Hospital and Medical Center is currently evaluating the effect of this guidance on its consolidated financial statements.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

2. Net Patient Service Revenue and Charity Care

Net patient service revenue consists of the following for the years ended:

	September 30	
	2015	2014
Gross patient service revenue	\$ 2,180,066	\$ 2,048,856
Deductions:		
Contractual allowances and discounts	1,474,062	1,342,803
Charity care at charges	14,120	18,918
	1,488,182	1,361,721
Net patient service revenue	691,884	687,135
Less: provision for bad debts	(22,456)	(22,553)
Net patient service revenue less provision for bad debts	\$ 669,428	\$ 664,582

Patient accounts receivable and revenues are recorded when patient services are performed. Differences between amounts received from most third-party payors and the established billing rates of the Hospital and Medical Center are accounted for as allowances.

Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

During 2015 and 2014, 39.1% and 40.8%, respectively, of net patient service revenue was received under the Medicare program; 12.7% and 15.4%, respectively, under the Medicaid program; and 19.4% and 17.9%, respectively, from Blue Cross. Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation. The Hospital and Medical Center believes that it is in compliance with all applicable laws and regulations. The Hospital and Medical Center is not aware of any pending or threatened investigations involving allegations of potential wrongdoing that could have a material adverse effect on the consolidated financial statements. While no such regulatory inquiries are outstanding,

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

2. Net Patient Service Revenue and Charity Care (continued)

compliance with such laws and regulations can be subject to future government review and interpretation as well as significant regulatory action, including fines, penalties, and exclusion from the Medicare and Medicaid programs.

The Hospital and Medical Center has agreements with third-party payors that provide for payments to the Hospital and Medical Center at amounts different from its established rates. The difference is accounted for as allowances. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, fee-for-service, discounted charges, and per diem payments. Net patient service revenue is affected by the state of Connecticut Disproportionate Share program and is reported at the estimated net realizable amounts due from patients, third-party payors and others for services rendered and includes estimated retroactive revenue adjustments due to ongoing and future audits, reviews, and investigations. Retroactive adjustments are considered in the recognition of revenue on an estimated basis in the period the related services are rendered and such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits, reviews, and investigations. In addition, changes in the Medicare and Medicaid programs, the reduction of funding levels, or changes in interpretations or estimates could have an adverse impact on the Hospital and Medical Center. During 2015 and 2014, the Hospital and Medical Center recorded a net change in estimate of \$9,069 and \$8,553, respectively, increasing operating revenue related to changes in previously estimated third-party payor settlements.

The Hospital and Medical Center has established estimates based on information presently available, of amounts due to or from Medicare, Medicaid and third-party payors for adjustments to current- and prior-year payment rates, based on industry-wide and the Hospital and Medical Center specific data. Such amounts are included in the accompanying consolidated balance sheets.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

2. Net Patient Service Revenue and Charity Care (continued)

Patient service revenue, net of contractual allowances and discounts (not including the reduction for charity care) and before the provision for bad debts, recognized in the period from major payor sources for the years ended September 30, 2015 and 2014, is as follows:

	September 30	
	2015	2014
Third-party payors	\$ 669,766	\$ 669,747
Self-pay patients	36,238	36,306
	\$ 706,004	\$ 706,053

Deductibles and copayments under third-party payment programs within the self-pay patient's amounts above are the patient's responsibility, and the Hospital and Medical Center considers these amounts in its determination of the provision for bad debts based on collection experience.

The Hospital and Medical Center accepts all patients regardless of their ability to pay. A patient is classified as a charity patient by reference to the established policies of the Hospital and Medical Center. Essentially, these policies define charity services as those services for which no payment is anticipated. In assessing a patient's inability to pay, the Hospital and Medical Center utilizes the generally recognized poverty income levels for the state of Connecticut, but also includes certain cases where incurred charges are significant when compared to incomes. In addition, all self-pay patients receive a 45% discount from charges, which are recorded as contractual allowances in net patient service revenue for financial reporting purposes.

The estimated cost of charity care provided was \$4,296 and \$6,020 for the years ended September 30, 2015 and 2014, respectively. The estimated cost of charity care is based on the ratio of cost to charges, as determined by hospital-specific data.

The significant concentrations of accounts receivable for services to patients include 31.0% from Medicare, 8.3% from Medicaid, and 49.8% from commercial insurance carriers and managed care companies at September 30, 2015 (34.0%, 10.1%, and 42.8%, respectively, at September 30, 2014).

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

3. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets are available for the following purposes:

	September 30	
	2015	2014
Health care services:		
Research and education	\$ 3,664	\$ 3,112
Capital replacement	10,387	10,753
Other health care services	10,366	10,490
	<u>\$ 24,417</u>	<u>\$ 24,355</u>

Permanently restricted net assets are restricted for the following purposes:

	September 30	
	2015	2014
Investments to be held in perpetuity, the income from which is expendable to support health care services	\$ 4,286	\$ 4,286
Restricted funds held in trusts by others, the income from which is expendable to support health care services	48,893	53,033
	<u>\$ 53,179</u>	<u>\$ 57,319</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

4. Assets Whose Use Is Limited

Assets whose use is limited consist of the following:

	September 30	
	2015	2014
Board designated:		
Short-term investments	\$ 21,809	\$ 956
Marketable equity securities and mutual funds	14,506	33,012
United States government securities	4,633	11,185
Corporate bonds and other fixed income	23,152	12,634
	64,100	57,787
Donor restricted:		
Marketable equity securities	4,286	4,286
	4,286	4,286
Held under bond indenture:		
Cash and cash equivalents	817	594
United States government securities	–	216
Short-term investments	–	147
	817	957
Held in trusts by others:		
Short-term investments	1,278	2,086
Marketable equity securities	7,900	15,866
Mutual funds	21,484	8,637
United States government securities	1,114	2,558
Corporate bonds and other fixed income	2,041	7,054
Collective trust fund	12,605	14,693
Alternative investment	2,471	2,139
	48,893	53,033
Interest in Saint Francis Hospital and Medical Center Foundation, Inc.	9,394	10,789
Total assets whose use is limited	127,490	126,852
Assets whose use is limited for current liabilities	(1,521)	(1,459)
	\$ 125,969	\$ 125,393

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

5. Donor-Restricted Endowment Funds

The Hospital and Medical Center endowments include the donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Management of the Hospital and Medical Center has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Hospital and Medical Center classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the organization in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Hospital and Medical Center considers the following factors in making a determination to appropriate or accumulate donor-restricted funds:

- (1) The duration and preservation of the fund
- (2) The purposes of the Hospital and Medical Center and the donor-restricted endowment fund
- (3) General economic conditions
- (4) The possible effect of inflation and deflation
- (5) The expected total return from income and the appreciation of investments
- (6) Other resources of the Hospital and Medical Center
- (7) The investment policies of the Hospital and Medical Center

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

5. Donor-Restricted Endowment Funds (continued)

The Hospital and Medical Center has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment.

Changes in endowment funds for the years ended September 30, 2015 and 2014, consisted of the following:

	2015		
	Temporarily Restricted	Permanently Restricted	Total
Net assets, beginning of the year	\$ -	\$ 4,286	\$ 4,286
Investment income	36	-	36
Appropriation of endowment assets for expenditure	(36)	-	(36)
Net assets, end of year	<u>\$ -</u>	<u>\$ 4,286</u>	<u>\$ 4,286</u>
	2014		
	Temporarily Restricted	Permanently Restricted	Total
Net assets, beginning of the year	\$ -	\$ 4,286	\$ 4,286
Investment income	32	-	32
Appropriation of endowment assets for expenditure	(32)	-	(32)
Net assets, end of year	<u>\$ -</u>	<u>\$ 4,286</u>	<u>\$ 4,286</u>

From time to time, the fair value of assets associated with individual donor-restricted endowments funds may fall below the level that the donor of UPMIFA requires the Hospital and Medical Center to retain as a fund of perpetual duration. There were no deficiencies of this nature that are reported as of September 30, 2015 and 2014.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

6. Long-Term Investments and Investment Income

Long-term investments consist of the following:

	September 30	
	2015	2014
Money market funds	\$ 832	\$ 1,033
Marketable equity securities	13,638	9,140
United States government securities	-	778
Corporate bonds and other fixed income	3,141	2,653
Equity method investments	6,446	5,358
	\$ 24,057	\$ 18,962

The composition and presentation of net (loss) gain on investment activity, which is included in operating income in the consolidated statements of operations and changes in net assets, are as follows:

	Year Ended September 30	
	2015	2014
Realized gain on investments	\$ 359	\$ 2,240
Unrealized (loss) gain on investments	(2,887)	1,383
	\$ (2,528)	\$ 3,623

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

7. Property, Plant, and Equipment

Property, plant, and equipment consist of the following:

	September 30	
	2015	2014
Land and land improvements	\$ 8,454	\$ 7,896
Buildings	505,486	494,313
Equipment	380,915	357,871
Construction-in-progress (estimated cost to complete of approximately \$7,529 as of 2015)	8,411	13,587
	903,266	873,667
Less accumulated depreciation	441,980	404,607
Total property, plant, and equipment, net	\$ 461,286	\$ 469,060

During the years ended September 30, 2015 and 2014, there were \$1,097 and \$956, respectively, of asset retirements related to obsolete and fully depreciated property, plant, and equipment.

Equipment includes gross capitalized leases aggregating approximately \$23,863 and \$26,640 at September 30, 2015 and 2014, respectively. Accumulated amortization on capital lease assets is approximately \$8,066 and \$7,891 at September 30, 2015 and 2014, respectively.

At September 30, 2015 and 2014, construction-in-progress included \$2,999 and \$4,666, respectively, of computer software costs relating to projects which were in development and were therefore not yet being amortized.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

8. Other Operating Revenue

Electronic Health Record (EHR) Program

Certain health care providers can earn incentive payments between 2011 and 2016 from Medicare and Medicaid for establishing an EHR system and maintaining its meaningful use. The Hospital and Medical Center recognizes income when it is reasonably assured that it is in compliance with the program criteria. The Hospital and Medical Center has included \$923 and \$2,327 in other operating revenue related to the program for fiscal years 2015 and 2014, respectively. Included in the amounts are zero and \$613 received from Medicaid and \$923 and \$1,714 from Medicare for the fiscal years 2015 and 2014, respectively. The estimate for the Medicare program is based on cost report data, which is subject to audit and the amounts recognized are subject to change. The Hospital and Medical Center's attestation of compliance with the meaningful use criteria is subject to audit by the federal or state government or its designee.

Other operating revenue consist of the following for the years ended:

	September 30	
	2015	2014
EHR income	\$ 923	\$ 2,327
Rental income	7,045	6,663
Investment income	4,581	5,868
Unrestricted contributions	1,748	2,004
Pharmacy	2,458	2,679
Equity earnings in group purchasing organization	953	849
Services to other institutions	5,878	4,933
Equity earnings from joint ventures	1,750	1,225
Cafeteria sales	1,805	–
Vendor rebates	902	523
Other income	7,251	7,429
Total other operating revenues	\$ 35,294	\$ 34,500

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

9. Professional and General Liability Insurance

During 2009, the Hospital and Medical Center established the Saint Francis Indemnity Company as a successor to the Hospital and Medical Center's financial interest in Partners Interinsurance Exchange (PIE). On July 1, 2009, the Hospital and Medical Center's account in PIE was transferred to the Saint Francis Indemnity Company. The Hospital and Medical Center and certain affiliates continue to purchase limits of professional and general liability from the Saint Francis Indemnity Company at levels previously purchased from PIE. Actuarially determined premiums are paid in order to set aside assets to cover the reasonable value of ultimate expected losses. Hospital and Medical Center's management, with assistance from its consulting actuaries, accrued its best estimate of professional and general liabilities.

Malpractice claims that fall within the Hospital and Medical Center's adopted policy of self-insurance have been asserted against the Hospital and Medical Center by various claimants. The claims are in various stages of assessment and resolution. There are also known and unknown incidents that have occurred through September 30, 2015, that may result in the assertion of additional claims. The Hospital and Medical Center's management believes that the ultimate settlement of these claims will not have a material impact on the Hospital and Medical Center's consolidated financial position or results of their operations, as adequate self-insurance reserves, assets, and reinsurance are in place.

The Saint Francis Indemnity Company entered into a novation agreement with the Hospital and Medical Center and PIE to assume the existing liabilities effective July 1, 2009. This transaction did not transfer significant insurance underwriting risk to the Saint Francis Indemnity Company, so accordingly, this transaction is accounted for using deposit accounting in accordance with ASC 340-30, *Insurance Contracts that do not Transfer Insurance Risk*. Under deposit accounting, an insurance deposit liability is initially measured based upon the premium received on the insurance contract. At the end of the period, the insurance deposit liability is adjusted to the estimated future cash flows for payments of outstanding losses and loss adjustment expenses. All risk taken on by adverse development on liabilities transferred as part of the novation agreement is guaranteed by the Hospital and Medical Center.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

9. Professional and General Liability Insurance (continued)

Activity in the reserves for losses (discounted at 4%) and loss adjustment expenses for the years ended September 30 is summarized as follows:

	2015	2014
Balance at beginning of year, net	\$ 30,184	\$ 26,208
Incurred related to:		
Current period	8,755	8,843
Prior periods	(3,206)	174
Total incurred	5,549	9,017
Paid related to:		
Current period	35	19
Prior periods	336	5,022
Total paid	371	5,041
Balance at end of year, net of reinsurance recoverable	35,362	30,184
 Plus reinsurance recoverable on unpaid losses and loss adjustment expenses	 1,685	 1,690
Gross balance, included in pension and other accrued expenses in the consolidated balance sheets, at end of year	 \$ 37,047	 \$ 31,874

As described in Note 1, the estimate of losses and loss adjustment expenses may vary significantly from the amounts reported in the Saint Francis Indemnity Company's financial statements and could result in adverse deviation from the recorded reserve amounts. The 2015 prior year loss development was favorable due to better than actuarial expected results of \$3,206. The 2014 prior year loss development was unfavorable due to worse than actuarial expected results related to the attending physician program by \$174.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

10. Long-Term Debt

Long-term debt consists of the following:

	September 30	
	2015	2014
State of Connecticut Health and Educational Facilities Authority (the Authority) revenue bonds:		
Series E (interest rate at September 30, 2015 of 6.11%)	\$ 38,085	\$ 38,950
Series H (interest rate at September 30, 2015 of 3.04%)	48,785	49,597
Series I (interest rate at September 30, 2015 of 1.37%)	58,543	59,518
Series J (interest rate at September 30, 2015 of 1.84%)	39,027	39,677
Series K (interest rate at September 30, 2015 of 1.55%)	34,148	34,718
Series L (interest rate at September 30, 2015 of 1.72%)	19,515	19,920
Series M (interest rate at September 30, 2015 of 1.43%)	8,017	8,150
	246,120	250,530
Obligations under capital leases, due in quarterly and monthly installments, at varying rates of interest from 3% to 6.75%	5,332	9,706
	251,452	260,236
Less current portion:		
Scheduled maturities	7,298	8,760
	\$ 244,154	\$ 251,476

In January 2014, the Hospital and Medical Center entered into a financing arrangement with the Authority for the purpose of refunding and refinancing the Series D, F, and G revenue bonds. The Authority sold \$213,215 of Series H-M Qualified Tax Exempt Bonds, which mature serially from 2018 to 2021 through private placement. Principal payments will be made based on a redemption schedule as defined in the bond documents. The Series H bonds bear interest at a fixed rate of 3.04%. The Series I-M bonds bear interest at various rates ranging from 68% to 72% of one-month LIBOR plus 1.7% to 2.3%. The refunding and refinancing did not impact any of the terms related to the interest rate swap agreements that were in place in 2014 at the Hospital and Medical Center.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

10. Long-Term Debt (continued)

For the year ended September 30, 2014, non-operating gains and losses included \$1.7 million of extinguishment loss resulting from the refunding and refinancing of the Series D, F, and G revenue bonds. The Series D, F, and G revenue bonds were fully redeemed in fiscal 2014.

During 2004, the Hospital and Medical Center entered into a synthetic refinancing of its then existing Series C Fixed Rate Bonds. Through a series of transactions, which involved a total return interest rate swap and a cash flow swap, the Hospital and Medical Center converted its old fixed rate debt to a lower fixed rate debt with substantial anticipated future savings. In March 2008, a financial institution terminated its total return interest rate swap with the Hospital and Medical Center on the Series C Fixed Rate Bonds, but the cash flow swap remained.

In May 2008, the Hospital and Medical Center entered into a financing arrangement with the Authority under a Master Indenture for the purpose of refinancing a bridge loan. The Authority sold \$39,745 of Series E revenue bonds through a private placement. The bonds mature serially from 2014 to 2027 and bear interest at a fixed rate of 6.11%. The Hospital and Medical Center subsequently entered into a synthetic refinancing of these bonds through a total return interest rate swap with a financial institution that lowers the fixed rate to 3.85% through July 2018.

The total return distribution agreements and interest rate swaps between the Hospital and Medical Center and the financial institutions are considered derivative instruments and are marked to market in accordance with ASC 815. Although the agreements and swaps represent economic hedges of the interest rate on the bonds, they do not qualify for hedge accounting treatment under ASC 815. The changes in the fair value of the swaps and total return distribution agreements are reported in the accompanying consolidated statements of operations and changes in net assets as interest rate swap activity along with the net cash receipts on the swaps.

The Hospital and Medical Center's swap agreements provide for interest rates at a level viewed as acceptable by the Hospital and Medical Center. Such agreements expose the Hospital and Medical Center to credit risk in the event of nonperformance by the counterparties.

In September 2015, the Hospital and Medical Center terminated the Series C fixed rate swap, Series E fixed rate swap and the Series E total return swap.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

10. Long-Term Debt (continued)

At September 30, 2015 and 2014, the swaps in a liability position are reported in pension and other accrued expenses and the swap in an asset position is reported in other assets are summarized as follows:

Notional Amount	Maturity Date	Fixed Payment Rate	2015 Fair Value Liability
\$ 130,000	July 1, 2047	3.535%	\$ 43,991
Notional Amount	Maturity Date	Fixed Payment Rate	2014 Fair Value Liability (Asset)
\$ 130,000	July 1, 2047	3.535%	\$ 29,156
26,620	July 1, 2023	3.349	2,487
26,620	July 1, 2023	3.349	2,487
38,950	July 1, 2018	6.150	(5,689)
			\$ 28,441

Under the terms of the financing arrangements, the proceeds of the revenue bonds were loaned to the Hospital and Medical Center by the Authority. Pursuant to the loan agreements, the Hospital and Medical Center is obligated to provide amounts that will be sufficient to enable the Authority to pay the principal and interest on the Series E bonds. A significant portion of property, building, and equipment have been collateralized under various debt agreements. The terms of the various financing arrangements between the Authority, certain financial institutions, and the Hospital and Medical Center also provide for financial covenants. As of September 30, 2015, the Hospital and Medical Center was in compliance with such covenants.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

10. Long-Term Debt (continued)

Concurrent with the issuance and delivery of the Series D, Series E, Series F, Series G, and Series H bonds, the Hospital and Medical Center and the trustee entered into a master indenture and supplemental master indentures, which provide for the establishment and maintenance of various funds; a pledge of gross receipts and certain property, as defined; restrictions on incurrence of certain indebtedness; and financial covenants. The balances of the funds established pursuant to the master indenture and supplemental master indentures are included in assets whose use is limited.

The Hospital and Medical Center has a line of credit with a bank with a total line available of \$5,000 which expires in March 2016. The rate is LIBOR plus 1.5%. There were no amounts outstanding as of September 30, 2015 and 2014. The Hospital and Medical Center entered into a letter of credit arrangement with Johnson Memorial Medical Center (JMMC) for \$2,250 that expires on June 27, 2016. As of September 30, 2015, JMMC has not drawn any amounts. Due to this arrangement the available line of credit to the Hospital and Medical Center is \$2,750.

Scheduled principal payments of long-term debt, including capital lease obligations, at September 30, 2015, are as follows:

	Debt	Capital Lease Obligations
2016	\$ 4,517	\$ 2,902
2017	4,707	2,044
2018	4,945	281
2019	3,913	281
2020	5,408	–
Thereafter	222,630	–
Less: interest	–	(176)
	\$ 246,120	\$ 5,332

Interest payments of \$11,378 and \$10,448 were made during 2015 and 2014, respectively.

On October 1, 2015, the Hospital and Medical Center defeased the Series E through Series M bonds utilizing proceeds from an intercompany loan with Trinity Health Corporation (Trinity Health). The Series F Fixed Pay LIBOR Swap was novated to Trinity Health as part of the asset purchase agreement on October 1, 2015 (see Note 17 for further information).

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

11. Retirement Plan and Other Postretirement Benefits

The Hospital and Medical Center has noncontributory-defined benefit pension plans in effect covering all employees who meet certain eligibility requirements. Benefits are based on years of service and the employee's compensation and include a cash balance account for each employee. For plans subject to ERISA, the Hospital and Medical Center makes contributions in amounts sufficient to meet ERISA's minimum funding requirements.

Effective March 1, 2006, the Hospital and Medical Center amended its defined benefit pension plans to close the plan to new participants on September 30, 2006, and to freeze accruals as of October 1, 2006, for participants whose age plus years of service (minimum of ten years) total less than 55. As of October 1, 2006, the Hospital and Medical Center established a defined contribution plan for all eligible non-grandfathered employees. Pension expense related to the defined contribution plan for the years ended September 30, 2015 and 2014, was \$9,329 and \$9,340, respectively. The defined benefit plan became fully frozen effective October 1, 2009.

The Hospital and Medical Center provides health insurance to retirees and spouses who have met certain eligibility and length of service requirements. The Hospital and Medical Center's policy is to fund the cost of those postretirement benefits as incurred. During 2014, a plan amendment for the Hospital and Medical Center permanently capped the subsidy for the grandfathered participants to the 2014 funding level.

Included in unrestricted net assets at September 30 are the following amounts that have not yet been recognized in net periodic benefit cost:

	Pension Benefits		Other Postretirement Benefits	
	2015	2014	2015	2014
Unrecognized actuarial (loss) gain	\$ (210,866)	\$ (192,089)	\$ 2,145	\$ 2,561

The actuarial (loss) gain and transition assets included in unrestricted net assets expected to be recognized in net periodic benefit cost during the year ending September 30, 2016, is \$5,288.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

11. Retirement Plan and Other Postretirement Benefits (continued)

The following table sets forth the plan's funded status and amounts recognized in the consolidated balance sheets:

	Pension Benefits		Other Postretirement Benefits	
	2015	2014	2015	2014
Change in benefit obligation				
Benefit obligation at beginning of year	\$ 464,343	\$ 403,091	\$ 7,326	\$ 7,224
Interest cost	21,243	21,148	324	363
Benefits paid	(18,928)	(18,113)	(871)	(892)
Actuarial losses	439	58,217	62	631
Benefit obligation at end of year	<u>467,097</u>	464,343	<u>6,841</u>	7,326
Change in plan assets				
Fair value of plan assets at beginning of year	273,471	263,968	-	-
Actual return on plan assets	(5,915)	18,723	-	-
Contributions	8,869	8,893	871	892
Benefits paid	(18,928)	(18,113)	(871)	(892)
Fair value of plan assets at end of year	<u>257,497</u>	273,471	-	-
Funded status of the plan	<u>(209,600)</u>	(190,872)	<u>(6,841)</u>	(7,326)
Accrued benefit cost recognized in pension and other accrued expenses in the consolidated balance sheets	<u>\$ (209,600)</u>	<u>\$ (190,872)</u>	<u>\$ (6,841)</u>	<u>\$ (7,326)</u>

The accumulated benefit obligations for the plans were \$473,938 and \$471,669 at September 30, 2015 and 2014, respectively.

	Pension Benefits		Other Postretirement Benefits	
	2015	2014	2015	2014
Components of net periodic benefit cost (credit)				
Interest cost	\$ 21,243	\$ 21,148	\$ 324	\$ 363
Expected return on plan assets	(17,940)	(17,194)	-	-
Net amortization and deferral	5,517	4,287	82	26
Transition asset	-	-	(436)	(436)
Benefit cost (credit)	<u>\$ 8,820</u>	<u>\$ 8,241</u>	<u>\$ (30)</u>	<u>\$ (47)</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

11. Retirement Plan and Other Postretirement Benefits (continued)

Assumptions

The weighted-average assumptions used to determine benefit obligations at September 30 are as follows:

	Pension Benefits		Other Postretirement Benefits	
	2015	2014	2015	2014
Discount rate	4.78%	4.70%	4.78%	4.70%

The weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30 are as follows:

	Pension Benefits		Other Postretirement Benefits	
	2015	2014	2015	2014
Discount rate	4.70%	5.35%	4.70%	5.35%
Expected long-term rate of return on assets	7.00	7.00	N/A	N/A

The Hospital and Medical Center's expected long-term rate of return on assets assumption is derived from a study conducted by its actuaries and investment managers. The study includes a review of anticipated future long-term performance of individual asset classes and consideration of the appropriate asset allocation strategy given the anticipated requirements of the plan to determine the average rate of earnings expected on the funds invested to provide for the pension plan benefits. While the study gives appropriate consideration to recent fund performance and historical returns, the assumption is primarily a long-term, prospective rate.

As of September 30, 2014, the health care cost trend rate no longer applies due to a plan change. Effective as of this date, a plan amendment permanently capped the Hospital and Medical Center's subsidy for the grandfathered participants to the 2014 level.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

11. Retirement Plan and Other Postretirement Benefits (continued)

The actuarial loss in 2015 and 2014 primarily relates to changes in the discount rate and mortality improvement scale to measure the benefit obligation.

Plan Assets

The Hospital and Medical Center's pension plan asset allocations by asset category are as follows:

Asset category	September 30	
	2015	2014
Equity securities:		
Domestic	35%	37%
International	15	16
Debt securities	41	40
Commodities	3	3
Real estate	4	3
Cash	2	1
Total	100%	100%

The Hospital and Medical Center maintains target allocation percentages among various asset classes based on an investment policy established for the pension plan, which is designed to achieve long-term objectives of return, while mitigating against downside risk, and considering expected cash flows. The current weighted-average target asset allocation is as follows: equity securities 40%–80%, debt securities 20%–40%, commodities and real estate 0%–15%. The investment policy is reviewed from time to time to ensure consistency with the long-term objective of funding the plan to a level sufficient to pay plan benefits as they become due.

Contributions

The Hospital and Medical Center expects to contribute \$9,600 to its defined benefit plan and \$827 to its other postretirement benefits plan in 2016.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

11. Retirement Plan and Other Postretirement Benefits (continued)

Estimated Future Benefit Payments

The benefit payments, which reflect expected future service, are expected to be paid as follows:

Fiscal year:	Pension Benefits	Other Postretirement Benefits
2016	\$ 21,434	\$ 827
2017	23,153	785
2018	24,077	742
2019	25,677	698
2020	26,681	654
2021–2025	146,651	2,645

12. Fair Values of Financial Instruments

The Hospital and Medical Center measures fair value based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements are applied based on the unit of account from the Hospital and Medical Center's perspective. The unit of account determines what is being measured by reference to the level at which the asset or liability is aggregated (or disaggregated) for purposes of applying other accounting pronouncements.

The Hospital and Medical Center follows a valuation hierarchy that is based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels are defined as follows:

Level 1: Quoted prices (unadjusted) in active markets that are accessible at the measurement date for identical assets or liabilities. The fair value hierarchy gives the highest priority to Level 1 inputs.

Level 2: Observable inputs that are based on inputs not quoted in active markets, but corroborated by market data.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

12. Fair Values of Financial Instruments (continued)

Level 3: Unobservable inputs are used when little or no market data are available. The fair value hierarchy gives the lowest priority to Level 3 inputs.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. In determining fair value, the Hospital and Medical Center uses valuation techniques that maximize the use of observable inputs and minimize the use of unobservable inputs to the extent possible and considers nonperformance risk in its assessment of fair value.

Financial assets and liabilities carried at fair value as of September 30, 2015, are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 93,016	\$ –	\$ –	\$ 93,016
Short-term investments	23,167	–	–	23,167
Other assets				
Deferred compensation assets:				
Marketable equity securities and mutual funds	1,831	–	–	1,831
Assets whose use is limited				
Board designated:				
Short-term investments	21,809	–	–	21,809
Marketable equity securities and mutual funds	14,506	–	–	14,506
United States government securities	4,633	–	–	4,633
Corporate bonds and other fixed income	23,125	27	–	23,152
	64,073	27	–	64,100

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Donor restricted				
Short-term investments	\$ 31	\$ –	\$ –	\$ 31
Mutual funds:				
Emerging markets	357	–	–	357
Equities	2,713	–	–	2,713
Fixed income	175	–	–	175
Real estate	273	–	–	273
Commodities	317	–	–	317
International	420	–	–	420
	<u>4,286</u>	–	–	<u>4,286</u>
Held under bond indenture				
Cash and cash equivalents	817	–	–	817
Held in trust by others				
Short-term investments	–	1,278	–	1,278
Marketable equity securities	–	7,900	–	7,900
Mutual funds	–	21,484	–	21,484
United States				
government securities	–	1,114	–	1,114
Corporate bonds and other				
fixed income	–	2,041	–	2,041
Collective trust fund	–	12,605	–	12,605
Alternative investment	–	2,471	–	2,471
		<u>48,893</u>		<u>48,893</u>
Long-term investments				
Money market funds	832	–	–	832
Marketable equity securities				
and mutual funds	13,638	–	–	13,638
Corporate bonds and other				
fixed income	3,141	–	–	3,141
	<u>17,611</u>	–	–	<u>17,611</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

12. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Liabilities				
Interest rate swap agreements	\$ —	\$ 43,991	\$ —	\$ 43,991
Pension assets				
Cash and short-term investments	8,337	—	—	8,337
Fixed income	167,071	—	—	167,071
Mutual funds	82,089	—	—	82,089
	<u>257,497</u>	<u>—</u>	<u>—</u>	<u>257,497</u>

Financial assets and liabilities carried at fair value as of September 30, 2014, are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 84,700	\$ —	\$ —	\$ 84,700
Short-term investments	33,920	—	—	33,920
Other assets				
Interest rate swap agreements	—	5,689	—	5,689
Deferred compensation assets:				
Marketable equity securities and mutual funds	1,758	—	—	1,758
	<u>1,758</u>	<u>5,689</u>	<u>—</u>	<u>7,627</u>
Assets whose use is limited				
Board designated:				
Short-term investments	956	—	—	956
Marketable equity securities and mutual funds	33,012	—	—	33,012
United States government securities	11,185	—	—	11,185
Corporate bonds and other fixed income	12,594	40	—	12,634
	<u>57,747</u>	<u>40</u>	<u>—</u>	<u>57,787</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

12. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Donor restricted				
Short-term investments	\$ 31	\$ –	\$ –	\$ 31
Mutual funds:				
Emerging markets	357	–	–	357
Equities	2,713	–	–	2,713
Fixed income	175	–	–	175
Real estate	273	–	–	273
Commodities	317	–	–	317
International	420	–	–	420
	<u>4,286</u>	<u>–</u>	<u>–</u>	<u>4,286</u>
Held under bond indenture				
Cash and cash equivalents	594	–	–	594
United States government securities	216	–	–	216
Short-term investments	147	–	–	147
	<u>957</u>	<u>–</u>	<u>–</u>	<u>957</u>
Held in trust by others				
Short-term investments	–	2,086	–	2,086
Marketable equity securities	–	15,866	–	15,866
Mutual funds	–	8,637	–	8,637
United States government securities	–	2,558	–	2,558
Corporate bonds and other fixed income	–	7,054	–	7,054
Collective trust fund	–	14,693	–	14,693
Alternative investment	–	2,139	–	2,139
	<u>–</u>	<u>53,033</u>	<u>–</u>	<u>53,033</u>

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)
(Amounts In Thousands)

12. Fair Values of Financial Instruments (continued)

	Level 1	Level 2	Level 3	Total
Long-term investments				
Money market funds	\$ 1,033	\$ –	\$ –	\$ 1,033
Mutual funds:				
Emerging markets	4,929	–	–	4,929
Equities	4,194	–	–	4,194
United States				
government securities	778	–	–	778
Corporate bonds and other				
fixed income	2,611	42	–	2,653
	13,545	42	–	13,587
Liabilities				
Interest rate swap agreements	–	34,130	–	34,130
Pension assets				
Cash and short-term				
investments	2,233	–	–	2,233
Fixed income	76,294	1,214	–	77,508
Mutual funds:				
Other assets	94,310	–	–	94,310
Equities	99,420	–	–	99,420
	272,257	1,214	–	273,471

The Hospital and Medical Center long-term debt was defeased at October 1, 2015 for \$246,121.

The fair value of the Hospital and Medical Center long-term debt as determined by the Hospital and Medical Center's investment advisor, using a discounted cash flow analysis, was \$254,580 at September 30, 2014, and is classified as Level 2.

The amounts reported in the previous tables exclude investments reported under the equity method of accounting in the amounts of \$6,446 and \$5,375 at September 30, 2015 and 2014, respectively.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

13. Related-Party Transactions

The Hospital and Medical Center provides services to various Saint Francis Care, Inc. affiliated entities and is reimbursed for the cost of these services. Fees charged to affiliated entities for the years ended September 30, 2015 and 2014, which are included in other operating revenue in the consolidated statements of operations and changes in net assets, were \$1,844 and \$1,836, respectively. This operating revenue consists of rental income from affiliates.

The Hospital and Medical Center receives services from various Saint Francis Care, Inc. affiliated entities and is charged for the cost of these services. Expenses incurred from physician and management services provided by other affiliated entities for the years ended September 30, 2015 and 2014, which are included in supplies and other expenses, were \$40,232 and \$38,849, respectively.

During 2015, the Hospital and Medical Center transferred approximately \$13,000 of unrestricted net assets to Saint Francis Care, Inc. primarily to provide additional funding to Saint Francis Medical Group and Subsidiary.

On July 12, 2012, JMMC entered into an affiliation agreement with Saint Francis Care, Inc., designed to establish a long-term relationship between the two systems. Included in the affiliation agreement, the Hospital and Medical Center obtained a minority voting interest on the Board of Directors of JMMC. The Hospital and Medical Center provides certain management and other services to JMMC for which the Hospital and Medical Center is reimbursed. For the years ended September 30, 2015 and 2014, the Hospital and Medical Center was reimbursed \$1,764 and \$1,594, respectively, for services provided to JMMC. Related accounts receivable was \$1,028 and \$391 for the years ended September 30, 2015 and 2014, respectively.

On January 14, 2015, Saint Francis Care, Inc. entered into an asset purchase agreement with JMMC and certain subsidiaries and provided a deposit of \$750 towards this purchase that is included in prepaid expenses and deposits. Final regulatory approval was received in November 2015 and the transaction was effective on January 1, 2016.

On January 16, 2015, Saint Francis Care, Inc. entered into a Participation Agreement with a lender and agreed to purchase up to \$1,200 in subordinate, last-out participation interests in a revolving loan between the lender and JMMC and certain subsidiaries. The Hospital and Medical Center has funded \$250 as of September 30, 2015.

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

14. Commitments and Contingencies

The Hospital and Medical Center has guaranteed the payment of a loan made by the City of Hartford to Mount Sinai Hospital Foundation, Inc. This loan matures on August 1, 2016. The balance of this loan at September 30, 2015 and 2014, was \$187 and \$386, respectively.

The Hospital and Medical Center is a party to various lawsuits incidental to its business. Management believes that the lawsuits will not have a material adverse effect on its consolidated financial position and results of operations.

15. Changes in Components of Working Capital Other Than Cash and Cash Equivalents

	Year Ended September 30	
	2015	2014
Changes in current assets:		
Assets whose use is limited for current liabilities	\$ (62)	\$ 3,424
Accounts receivable – patients, net	(16,941)	(33,404)
Accounts receivable – other	(880)	(169)
Inventories of supplies	(846)	(1,646)
Prepaid expenses and deposits	(994)	(923)
Due from affiliated entities	7,586	(10,457)
	(12,137)	(43,175)
Changes in current liabilities:		
Accounts payable	3,211	162
Accrued payroll and other related expenses	112	1,383
Accrued expenses and interest payable	2	1,096
Due to third-party reimbursement agencies	(2,411)	2,465
	914	5,106
Change in working capital other than cash and cash equivalents	\$ (11,223)	\$ (38,069)

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued) (Amounts In Thousands)

16. Functional Expenses

Functional expenses are as follows:

	Year Ended September 30	
	2015	2014
Health care services	\$ 639,238	\$ 620,896
General and administrative	62,116	62,700
	<u>\$ 701,354</u>	<u>\$ 683,596</u>

17. Subsequent Events

The Hospital and Medical Center evaluated subsequent events through January 29, 2016, which is the date the consolidated financial statements were issued. The Hospital and Medical Center evaluates the impact of subsequent events, which are events that occur after the balance sheet date but before the consolidated financial statements are issued, for potential recognition in the consolidated financial statements as of the balance sheet date and for the year ended September 30, 2015.

Effective October 1, 2015, Trinity Health became the sole member of Saint Francis Care, Inc. and Saint Francis Care, Inc. became the new Trinity Health Regional Health Ministry in New England. Saint Francis Care, Inc. continues to be the sole member of the Hospital and Medical Center, Mount Sinai Rehabilitation Hospital, Inc. and other entities that were subsidiaries of Saint Francis Care, Inc. as of September 30, 2015. Effective November 17, 2015, Saint Francis Care, Inc. changed its name to Trinity Health – New England, Inc.

Trinity Health is one of the largest multi-institutional Catholic health care delivery systems in the nation. It serves people and communities in 21 states from coast to coast with 88 hospitals, and 126 continuing care facilities, home health and hospice programs, and PACE center (Program of All Inclusive Care for the Elderly) locations that provide more than 2.5 million visits annually. Trinity Health has annual operating revenues of approximately \$15.8 billion and assets of approximately \$20.4 billion and returns approximately \$1 billion to its communities annually in the form of charity care and other community benefit programs. As part of this transaction, certain outstanding debt was defeased and an intercompany loan was established between the Hospital and Medical Center and Trinity Health on October 1, 2015 (see Note 10).

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

(Amounts In Thousands)

17. Subsequent Events (continued)

On September 18, 2015, Saint Francis Care, Inc. entered into a Transfer Agreement with Saint Mary's Health System, Inc. and Saint Mary's Hospital, Inc. located in Waterbury, Connecticut. This agreement is contingent upon state and regulatory approval. If approved, Saint Francis Care, Inc. will become the sole corporate member of Saint Mary's Health System and certain of its subsidiaries. This transaction is expected to close during fiscal year 2016. Saint Mary's Health System is a leading regional healthcare provider anchored by Saint Mary's Hospital, a Catholic, not-for-profit, acute care, community teaching hospital that has served Greater Waterbury since 1907.

Effective January 1, 2016, Trinity Health-New England, Inc. acquired certain assets and liabilities through an asset purchase agreement of Johnson Memorial Medical Center, Inc., Johnson Memorial Hospital, Inc., Home & Community Health Services, Inc. and Johnson Health Care, Inc.

Supplementary Information

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Balance Sheet

September 30, 2015
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co.	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Assets											
Current assets:											
Cash and cash equivalents	\$ 76,694	\$ 14,392	\$ -	\$ 91,086	\$ 276	\$ -	\$ 943	\$ 305	\$ 376	\$ -	\$ 93,016
Short-term investments	9,418	-	-	9,418	-	13,749	-	-	-	-	23,167
Assets whose use is limited for current liabilities	1,521	-	-	1,521	-	-	-	-	-	-	1,521
Accounts receivable — patients, less allowance for doubtful accou	65,284	-	-	65,284	817	-	219	536	439	-	67,076
Accounts receivable — other	2,211	7	-	2,218	-	2,074	-	-	55	-	4,566
Inventories of supplies	9,701	-	-	9,701	-	-	-	-	-	-	9,701
Prepaid expenses and deposits	8,457	-	-	8,457	159	108	-	13	9	(1,028)	7,718
Due from affiliated entities	4,864	2,868	-	7,732	3,611	4,034	(924)	(397)	(6,599)	(212)	7,245
Total current assets	178,150	17,267	-	195,417	4,863	19,995	238	457	(5,720)	(1,240)	214,010
Assets whose use is limited:											
Board — designated	21,784	-	-	21,784	-	42,316	-	-	-	-	64,100
Donor restricted	4,286	-	-	4,286	-	-	-	-	-	-	4,286
Held under bond indenture	817	-	-	817	-	-	-	-	-	-	817
Held in trusts by others	48,893	-	-	48,893	-	-	-	-	-	-	48,893
Interest in SFHMC Foundation, Inc.	9,394	-	-	9,394	-	-	-	-	-	-	9,394
Assets whose use is limited for current liabilities	(1,521)	-	-	85,174	-	42,316	-	-	-	-	127,490
	83,653	-	-	(1,521)	-	42,316	-	-	-	-	(1,521)
				83,653	-						125,969
Long-term investments	25,350	-	-	25,350	-	-	-	-	-	(1,293)	24,057
Property, plant, and equipment, net	454,763	3,289	-	458,052	1,305	99	1,765	37	28	-	461,286
Other assets:											
Bond issuance costs, less amortization	1,261	-	-	1,261	-	-	-	-	-	-	1,261
Other	5,856	-	-	5,856	-	-	-	2	-	-	5,858
	749,033	20,556	\$ -	769,589	6,168	62,410	2,003	496	(5,692)	(2,533)	832,441

Saint Francis Hospital and Medical Center and Subsidiaries
Consolidating Balance Sheet (continued)

September 30, 2015
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services		Saint Francis Indemnity Co.	Total Laundry Collaborative		Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
					805 \$	1,093 \$		498 \$	54 \$				
\$	36,361 \$	2 \$	- \$	36,363 \$	805 \$	1,093 \$	498 \$	54 \$	13 \$			(1,028) \$	37,798
Accounts payable	33,492	-	-	33,492	1,644	-	-	416	526			-	36,078
Accrued payroll and other related expenses	6,680	57	-	6,737	604	-	-	27	12			-	7,380
Accrued expenses and interest payable	12,528	-	-	12,528	-	-	-	-	-			-	12,528
Due to third-party reimbursement agencies	7,298	-	-	7,298	-	-	-	-	-			-	7,298
Current portion of long-term debt	96,359	59	-	96,418	3,053	1,093	498	497	551			(1,028)	101,082
Total current liabilities	278,582	-	-	278,582	3,556	37,065	-	-	-			-	319,203
Pension and other accrued expenses	244,154	-	-	244,154	-	-	-	-	-			-	244,154
Long-term debt, less portion classified as a current liability	619,095	59	-	619,154	6,609	38,158	498	497	551			(1,028)	664,439
Total liabilities:	52,342	20,497	-	72,839	(441)	24,252	1,505	(1)	(6,243)			(1,505)	90,406
Net assets:	24,417	-	-	24,417	-	-	-	-	-			-	24,417
Unrestricted	53,179	-	-	53,179	-	-	-	-	-			-	53,179
Temporarily restricted	129,938	20,497	-	150,435	(441)	24,252	1,505	(1)	(6,243)			(1,505)	168,002
Permanently restricted													
	749,033 \$	20,556 \$	- \$	769,589 \$	6,168 \$	62,410 \$	2,003 \$	496 \$	(5,692) \$			(2,533) \$	832,441

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2015
(In Thousands)

	Saint Francis Hospital and Medical Center	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co.	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Net patient service revenue	\$ 670,213	\$ -	\$ -	\$ 670,213	\$ 13,307	\$ -	\$ -	\$ 5,007	\$ 3,357	\$ -	\$ 691,884
Less: provision for bad debts	(20,980)	-	-	(20,980)	(582)	-	-	(700)	(194)	-	(22,456)
Net patient service revenue less provision for bad debts	649,233	-	-	649,233	12,725	-	-	4,307	3,163	-	669,428
Other operating revenues	31,282	2,990	(1,480)	32,792	21,709	12,378	5,573	864	2,962	(40,984)	35,294
Net assets released from restrictions for operations	4,156	-	-	4,156	-	-	-	-	-	-	4,156
Total revenue	684,671	2,990	(1,480)	686,181	34,434	12,378	5,573	5,171	6,125	(40,984)	708,878
Operating expenses:											
Salaries	257,621	147	-	257,768	13,839	-	-	4,091	5,937	(7,682)	273,953
Supplies and other	375,127	363	(1,480)	374,010	21,340	6,362	5,573	1,797	1,775	(33,336)	377,521
Interest	11,152	-	-	11,152	-	-	-	-	-	-	11,152
Depreciation and amortization	37,714	356	-	38,070	400	-	238	9	11	-	38,728
	681,614	866	(1,480)	681,000	35,579	6,362	5,811	5,897	7,723	(41,018)	701,354
	3,037	2,124	-	5,181	(1,145)	6,016	(238)	(726)	(1,598)	34	7,524
Net gain on investment activity	(2,528)	-	-	(2,528)	-	-	-	-	-	-	(2,528)
Operating income (loss)	529	2,124	-	2,653	(1,145)	6,016	(238)	(726)	(1,598)	34	4,996
Non-operating gains and losses:											
Net loss on termination of interest rate swaps	(2,739)	-	-	(2,739)	-	-	-	-	-	-	(2,739)
Interest savings on interest rate swaps	41	-	-	41	-	-	-	-	-	-	41
Change in fair value of interest rate swaps	(14,835)	-	-	(14,835)	-	-	-	-	-	-	(14,835)
	(17,533)	-	-	(17,533)	-	-	-	-	-	-	(17,533)
(Deficiency) excess of revenues and gains and losses over expenses	(17,004)	2,124	-	(14,880)	(1,145)	6,016	(238)	(726)	(1,598)	34	(12,537)

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2015
(In Thousands)

	Saint Francis Hospital and Medical Center	One Thousand Corporation	Intercompany Eliminations	Subtotal	Collaborative Laboratory Services	Saint Francis Indemnity Co.	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Unrestricted net assets:	\$ (17,004)	\$ 2,124	\$ -	\$ (14,880)	\$ (1,145)	\$ 6,016	\$ (238)	\$ (726)	\$ (1,598)	\$ 34	\$ (12,537)
(Deficiency) excess of revenues, and gains and losses over expenses (continued)	(667)	-	-	(667)	-	-	-	-	-	-	(667)
Transfers to Saint Francis Hospital and Medical Center Foundation, Inc.	1,539	-	-	1,539	-	-	-	-	-	-	1,539
Net assets released from restrictions used for property, plant, and equipment	(18,398)	-	-	(18,398)	(794)	-	-	-	-	-	(19,192)
Change in pension funding and postretirement obligations	(13,000)	-	-	(13,000)	-	-	-	-	-	-	(13,000)
Equity transfer to affiliated entity	(1,005)	-	-	(1,005)	-	-	-	725	-	-	(280)
Transfer of net assets (to) from St Francis Care, Inc.	857	-	-	857	-	-	-	-	-	-	857
Donated property	-	-	-	-	-	-	-	-	-	-	-
Change in minority interest in subsidiary	-	-	-	-	-	-	-	-	-	204	204
(Decrease) increase in unrestricted net assets	(47,678)	2,124	-	(45,554)	(1,939)	6,016	(238)	(1)	(1,598)	238	(43,076)
Temporarily restricted net assets:											
Income from investments	125	-	-	125	-	-	-	-	-	-	125
Gifts, contributions, and donations	2,077	-	-	2,077	-	-	-	-	-	-	2,077
Net unrealized loss on investments	(178)	-	-	(178)	-	-	-	-	-	-	(178)
Net assets released from restrictions for operations	(4,156)	-	-	(4,156)	-	-	-	-	-	-	(4,156)
Net assets released from restrictions used for property, plant, and equipment	(1,686)	-	-	(1,686)	-	-	-	-	-	-	(1,686)
Transfers from SFHMC Foundation, Inc.	5,275	-	-	5,275	-	-	-	-	-	-	5,275
Decrease in interest in SFHMC Foundation, Inc.	(1,395)	-	-	(1,395)	-	-	-	-	-	-	(1,395)
Increase in temporarily restricted net assets	62	-	-	62	-	-	-	-	-	-	62
Permanently restricted net assets:											
Decrease in assets held in trusts by others	(4,140)	-	-	(4,140)	-	-	-	-	-	-	(4,140)
Decrease in permanently restricted net assets	(4,140)	-	-	(4,140)	-	-	-	-	-	-	(4,140)
(Decrease) increase in net assets	(51,756)	2,124	-	(49,632)	(1,939)	6,016	(238)	(1)	(1,598)	238	(47,154)
Net assets at beginning of year	181,694	18,373	-	200,067	1,498	18,236	1,743	-	(4,645)	(1,743)	215,156
Net assets at end of year	\$ 129,938	\$ 20,497	\$ -	\$ 150,435	\$ (441)	\$ 24,252	\$ 1,505	\$ (1)	\$ (6,243)	\$ (1,505)	\$ 168,002

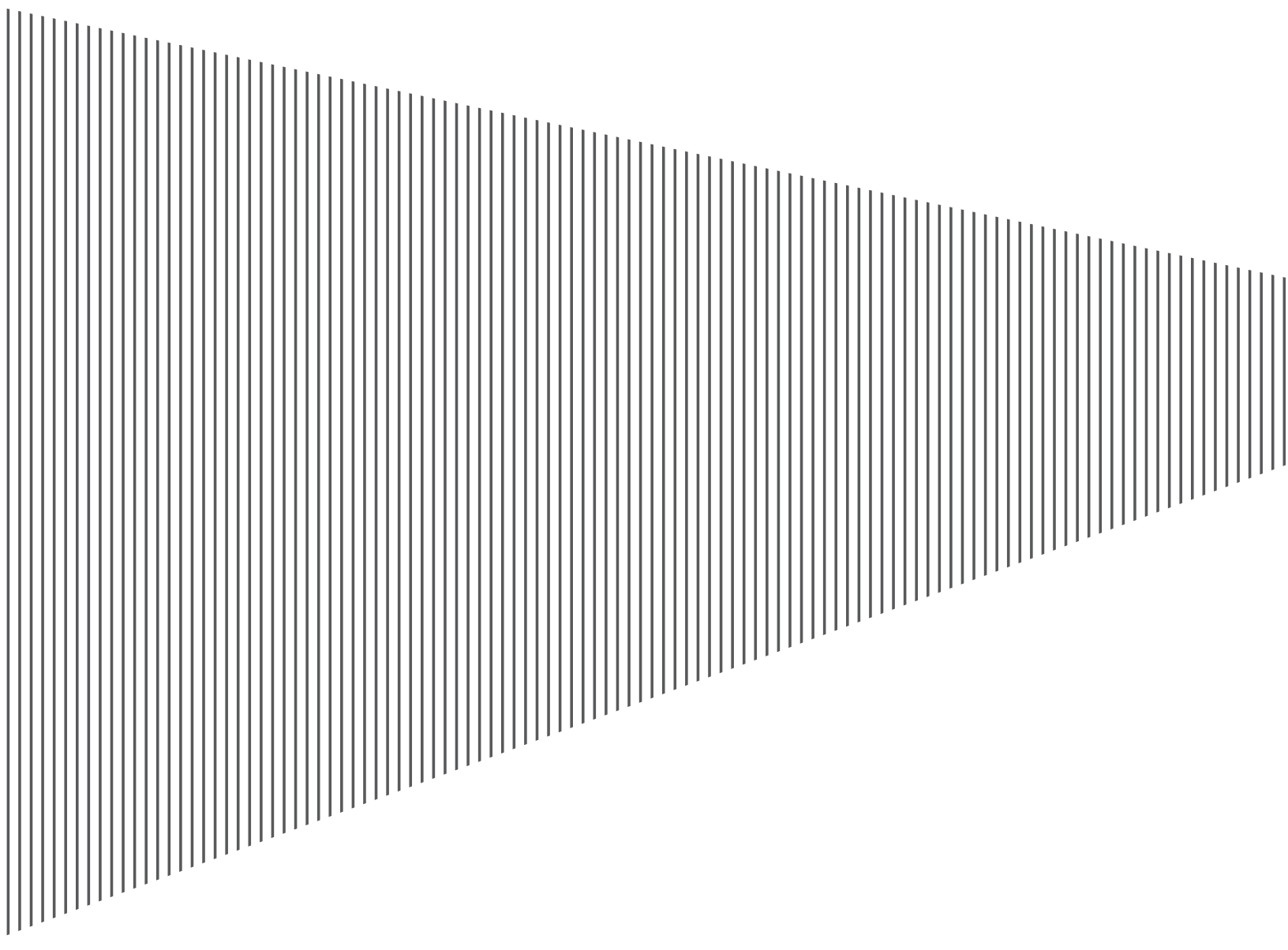
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Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning OCT 1, 2014 and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(C)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ST FRANCIS HOSPITAL AND MEDICAL CENTER</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105</p>	<p>D Employer identification number (Employees' trust, see instructions.) 06-0646813</p> <p>E Unrelated business activity codes (See instructions.) 621500 524298</p>
<p>C Book value of all assets at end of year 817,609,157.</p>		<p>F Group exemption number (See instructions.)</p>	<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>

H Describe the organization's primary unrelated business activity. ▶ **LABORATORY SERVICE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DONNA GILBERT** Telephone number ▶ **860-714-9632**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>1,269,193.</u>			
b Less returns and allowances			
c Balance ▶	1c 1,269,193.		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 1,269,193.		1,269,193.
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 -248,745.	STMT 1	-248,745.
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) STATEMENT 2	12 1,508,290.		1,508,290.
13 Total. Combine lines 3 through 12	13 2,528,738.		2,528,738.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		1,186,863.
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		323,901.
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 3	28		1,465,859.
29 Total deductions. Add lines 14 through 28	29		2,976,623.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		-447,885.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 4	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		-447,885.
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		1,000.
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		-447,885.

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Form 990-T (2014)

06-0646813

Page 2

Part II Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 35c 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e
41 Subtract line 40e from line 39 41 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42
43 Total tax. Add lines 41 and 42 43 0.
44 a Payments: A 2013 overpayment credited to 2014 44a
b 2014 estimated tax payments 44b
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 2439 Form 4136 Other _____ Total 44g
45 Total payments. Add lines 44a through 44g 45
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached 46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 49 Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ X

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes No
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

Sign Here

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

Signature of officer: [Signature] Date: 8/12/16 Title: VP FINANCE

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

Paid Preparer Use Only

Print/Type preparer's name: DOUGLAS FARRINGTON Preparer's signature: [Signature] Date: 8/12/16 Check if self-employed PTIN: P00370668

Firm's name: MARCUM LLP Firm's EIN: 11-1986323

Firm's address: CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103 Phone no.: 860-760-0600

423711 01-13-15

Form 990-T (2014)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶	
		0.	

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals ▶			0.	0.
Total dividends-received deductions included in column 8 ▶			0.	

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.			Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)			%
(2)			%
(3)			%
(4)			%
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or 06-0646813
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA GILBERT

• The books are in the care of ▶ **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**
Telephone No. ▶ **860-714-9632** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-T

OTHER INCOME

STATEMENT 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
ST FRANCIS INDEMNITY CORPORATION, LLC	124,534.
DAY CARE	387,991.
FITNESS CENTER	113,263.
CELL TOWER	81,708.
CJRI RENTAL	28,682.
JMMC MANAGEMENT	480,000.
TLC MANAGEMENT	25,000.
SFHCP MANAGEMENT	20,000.
SFBHG INTEREST	247,112.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	<u>1,508,290.</u>

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
LABORATORY EXPENSE		1,361,193.	
PHYSICIAN EXPENSES		30,133.	
DAY CARE EXPENSES		14,656.	
FITNESS CENTER EXPENSES		36,964.	
ADMINISTRATION EXPENSES		22,913.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,465,859.	

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	728,090.	183,157.	544,933.	544,933.
09/30/08	194,917.	0.	194,917.	194,917.
09/30/09	294,092.	0.	294,092.	294,092.
09/30/10	227,940.	0.	227,940.	227,940.
09/30/12	416,168.	0.	416,168.	416,168.
09/30/14	876,304.	0.	876,304.	876,304.
NOL CARRYOVER AVAILABLE THIS YEAR			2,554,354.	2,554,354.

**California Exempt Organization
Annual Information Return**

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 10/01/2014, and ending (mm/dd/yyyy) 09/30/2015

Corporation/Organization Name **ST FRANCIS HOSPITAL AND MEDICAL CENTER** California corporation number **9511048**

Additional Information. See instructions. FEIN **06-0646813**

Street address (suite or room) **114 WOODLAND STREET** PMB no.

City **HARTFORD** State **CT** ZIP code **06105**

Foreign country name Foreign province/state/county Foreign postal code

A First Return Yes No
B Amended Return Yes No
C IRC Section 4947(a)(1) trust Yes No
D Final Information Return?
 Dissolved Surrendered (Withdrawn)
 Merged/Reorganized Enter date: (mm/dd/yyyy) _____
E Check accounting method:
 (1) Cash (2) Accrual (3) Other
F Federal return filed?
 (1) 990T (2) 990-PF (3) Sch H (990)
G Is this a group filing? See instructions. Yes No
H Is this organization in a group exemption? Yes No
 If "Yes," what is the parent's name?
I Did the organization have any changes to its guidelines not reported to the FTB? See instructions. Yes No
J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No
K Is the organization exempt under R&TC Section 23701g? Yes No
 If "Yes," enter the gross receipts from nonmember sources \$ _____
L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required.
M Is the organization a Limited Liability Company? Yes No
N Did the organization file Form 100 or Form 109 to report taxable income? Yes No
O Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No
P Is an IRS Form 1023/1024 pending? Yes No
 Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	760,722,770.00
	2	Gross dues and assessments from members and affiliates	2	00
	3	Gross contributions, gifts, grants, and similar amounts received	3	10,382,181.00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Instruction B	4	771,104,951.00
	5	Cost of goods sold	5	00
	6	Cost or other basis, and sales expenses of assets sold	6	33,455,329.00
	7	Total costs. Add line 5 and line 6	7	33,455,329.00
	8	Total gross income. Subtract line 7 from line 4	8	737,649,622.00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	687,909,283.00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	49,740,339.00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	11	10.00
	12	Total payments	12	00
	13	Penalties and interest. See General Instruction J	13	00
	14	Use tax. See General Instruction K	14	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10.00

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

Sign Here Signature of officer **VP FINANCE** Title Date Telephone

Preparer's signature Date Check if self-employed PTIN **P00370668**

Paid Preparer's Use Only Firm's name (or yours, if self-employed) and address **MARCUM LLP
CITY PLACE II 185 ASYLUM STREET
HARTFORD, CT 06103** FEIN **11-1986323** Telephone **860-760-0600**

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

428951 11-26-14

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1	00		
	2	Interest	•	2	5,614,181.00		
	3	Dividends	•	3	00		
	4	Gross rents	•	4	6,074,397.00		
	5	Gross royalties	•	5	00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 3	•	6	35,759,330.00	
	7	Other income	SEE STATEMENT 4	•	7	713,274,862.00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	760,722,770.00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9	686,250.00	
	10	Disbursements to or for members		•	10	00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 5	•	11	8,251,206.00	
	12	Other salaries and wages		•	12	264,319,054.00	
	Expenses and Disbursements	13	Interest	•	13	11,151,596.00	
		14	Taxes	•	14	19,299,034.00	
		15	Rents	•	15	39,321,451.00	
		16	Depreciation and depletion (See instructions)		•	16	00
		17	Other Expenses and Disbursements	SEE STATEMENT 6	•	17	344,880,692.00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	687,909,283.00

Schedule L Balance Sheets	Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)
Assets				
1 Cash		105,006,865.		• 100,166,720.
2 Net accounts receivable		75,441,792.		• 70,386,496.
3 Net notes receivable STMT 7		545,649.		• 566,992.
4 Inventories		8,854,758.		• 9,701,459.
5 Federal and state government obligations				•
6 Investments in other bonds				•
7 Investments in stock STMT 8		78,640,457.		• 83,759,484.
8 Mortgage loans				•
9 Other investments STMT 9		14,134,048.		• 18,802,515.
10 a Depreciable assets	855,207,256.		884,192,242.	
b Less accumulated depreciation	(397,734,106.)	457,473,150.	(434,608,404.)	449,583,838.
11 Land		6,025,317.		• 6,583,032.
12 Other assets STMT 10		91,932,226.		• 78,058,621.
13 Total assets		838,054,262.		817,609,157.
Liabilities and net worth				
14 Accounts payable		34,284,214.		• 38,257,732.
15 Contributions, gifts, or grants payable				•
16 Bonds and notes payable STMT 11		250,530,000.		• 246,119,985.
17 Mortgages payable		9,706,653.		• 5,331,951.
18 Other liabilities STMT 12		342,105,595.		374,150,235.
19 Capital stock or principal fund				•
20 Paid-in or capital surplus. Attach reconciliation				•
21 Retained earnings or income fund		201,427,800.		• 153,749,254.
22 Total liabilities and net worth		838,054,262.		817,609,157.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	• 49,740,339.	7 Income recorded on books this year not included in this return.	•
2 Federal income tax	•	8 Deductions in this return not charged against book income this year	•
3 Excess of capital losses over capital gains	•	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year	•	10 Net income per return.	
5 Expenses recorded on books this year not deducted in this return	•	Subtract line 9 from line 6	49,740,339.
6 Total. Add line 1 through line 5	49,740,339.		

FORM 199

CASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 1

<u>CONTRIBUTOR'S NAME</u>	<u>CONTRIBUTOR'S ADDRESS</u>	<u>DATE OF GIFT</u>	<u>AMOUNT</u>
SAINT FRANCIS FOUNDATION, INC.	114 WOODLAND STREET HARTFORD, CT 06105	09/30/15	4,607,924.
UNIVERSITY OF MASSACHUSETTS	55 LAKE AVENUE NORTH WORCESTER, MA 01655	09/30/15	208,443.
CONNECTICUT HEALTH FOUNDATION, INC.	100 PEARL STREET HARTFORD, CT 06103	09/30/15	50,000.
GILEAD SCIENCES, INC.	333 LAKESIDE DRIVE FOSTER CITY, CA 94404	09/30/15	5,000.
HSC ACQUISITION, LLC	1000 WYCKOFF AVENUE MAHWAH, NJ 07430	09/30/15	6,300.
TOTAL INCLUDED ON LINE 3			<u>4,877,667.</u>

FORM 199

NONCASH CONTRIBUTIONS
INCLUDED ON PART I, LINE 3

STATEMENT 2

CONTRIBUTOR'S NAMECONTRIBUTOR'S ADDRESS

NAMEROW REALTY CO., LLC

62 ORCHARD ROAD WEST HARTFORD, CT 06117

PROPERTY DESCRIPTIONDATE OF GIFTTOTAL AMOUNTFMV OF GIFT10 PARCELS OF COMMERCIAL REAL
ESTATE PROPERTY LOCATED IN
HARTFORD, CT

12/31/14

1,950,000.

1,950,000.

TOTAL INCLUDED ON LINE 3

1,950,000.

FORM 199

OTHER INCOME

STATEMENT 4

DESCRIPTION	AMOUNT
OTHER PATIENT SVCS	8,556,521.
MISCELLANEOUS	2,305,826.
PARKING INCOME	110,010.
MEANINGFUL USE INCOME	921,711.
PHARMACY	2,458,081.
CAFETERIA	1,805,748.
PATIENT REVENUE	649,231,568.
PARTNERSHIP REVENUE	952,901.
LABORATORY REVENUE	34,433,962.
PREMIUM INCOME	12,498,534.
TOTAL TO FORM 199, PART II, LINE 7	713,274,862.

 FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 5

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
REV. THOMAS J. BARRY, J.C.L. 114 WOODLAND STREET HARTFORD, CT 06105	CHAIRMAN 1.00	0.
CHRISTOPHER M. DADLEZ 114 WOODLAND STREET HARTFORD, CT 06105	PRESIDENT & CEO 55.00	2,417,849.
BARBARA J. CALDERONE, B.S.N., J.D. 114 WOODLAND STREET HARTFORD, CT 06105	SECRETARY 1.00	0.
L. JEFFREY BALDWIN 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
SURENDRA K. CHAWLA, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
ROBERT M. ELLIS 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 2.00	0.
P. ANTHONY GIORGIO, PH.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
WALTER HARRISON, PH.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
JEFFREY S. HOFFMAN 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
PETER G. KELLY, J.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
PATRICK J. KINNEY 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.

KARL J. KRAPEK 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 2.00	0.
SISTER DOLORES LAHR, CSJ 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
JOYCE D. MANDELL 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
JOHN J. MARA, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
REV. MSGR JOHN MCCARTHY, J.C.D., J.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
DANIEL P. O'CONNELL 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR / CHAIRMAN 2.00	0.
KEVIN J. O'CONNOR, J.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR / VICE-CHAIRMAN 1.00	0.
JOHN D. PAPANDREA, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
CURTIS D. ROBINSON 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 2.00	0.
JOHN W. RODGERS, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
DR. GALO A. RODRIGUEZ, MPH 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
ANDREW A. SADANOWICZ 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
SUSAN J. SAPPINGTON 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.

HENRY S. SCHERER, JR. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 2.00	0.
PHILIP J. SCHULZ 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 2.00	0.
JOSEPH J. SPALLUTO 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
JEAN-PIERRE VAN ROOY 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
GEN. (R) JOHN M. WATKINS 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
ADRIENNE W. COCHRANE, J.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
STEVEN T. RUBY, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR / DEPT. CHAIRMAN 55.00	708,630.
ANDREW J. PINKES 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
TIMOTHY L. PRETE 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
MURTHAPPA N. PRAKASH, M.D. 114 WOODLAND STREET HARTFORD, CT 06105	DIRECTOR 1.00	0.
SHERI A. LEMIEUX 114 WOODLAND STREET HARTFORD, CT 06105	ASSISTANT SECRETARY 55.00	152,633.
JOHN RODIS, MD 114 WOODLAND STREET HARTFORD, CT 06105	EXECUTIVE VP & COO 55.00	981,177.
DAVID BITTNER 114 WOODLAND STREET HARTFORD, CT 06105	SR VP FINANCE 55.00	536,777.

ROBERT CHRISTOPHER HARTLEY 114 WOODLAND STREET HARTFORD, CT 06105	SR VP PLANNING & FACILITIE 55.00	453,248.
GREG MAKOUL 114 WOODLAND STREET HARTFORD, CT 06105	SVP, CAO 55.00	584,225.
JENNIFER SCHNEIDER 114 WOODLAND STREET HARTFORD, CT 06105	VP FINANCE/CHIEF COMPLIANC 55.00	367,527.
JOHN N. GIAMALIS 114 WOODLAND STREET HARTFORD, CT 06105	EVP & CAO 55.00	758,404.
DAWN BRYANT 114 WOODLAND STREET HARTFORD, CT 06105	SVP, CHIEF HUMAN RESOURCE 55.00	363,084.
LINDA SHANLEY 114 WOODLAND STREET HARTFORD, CT 06105	VP AND CIO 55.00	370,967.
E. MERRITT MCDONOUGH, JR. 114 WOODLAND STREET HARTFORD, CT 06105	SF FDTN PRESIDENT 55.00	556,685.
DENISE PETERSON 114 WOODLAND STREET HARTFORD, CT 06105	VP PROF NRSNG PRACTICE & QU 55.00	0.
ADAM SILVERMAN 114 WOODLAND STREET HARTFORD, CT 06105	VP AMBULATORY STRATEGY 1.00	0.
STUART ROSENBERG 114 WOODLAND STREET HARTFORD, CT 06105	CEO-JMMC 55.00	0.
JAMES W. SCHEPKER 114 WOODLAND STREET HARTFORD, CT 06105	VP MARKETING & BUSINESS DE 55.00	0.
ROBERT FALAGUERRA 114 WOODLAND STREET HARTFORD, CT 06105	VP FACILITIES & SUPPORT SE 55.00	0.
DERRICK AMATO 114 WOODLAND STREET HARTFORD, CT 06105	ADMINISTRATIVE DIRECTOR 55.00	0.

NICOLE SCHULZ 114 WOODLAND STREET HARTFORD, CT 06105	VP REVENUE CYCLE 55.00	0.
PAUL F. MITCHELL, DMD 114 WOODLAND STREET HARTFORD, CT 06105	FORMER DIRECTOR 0.00	0.
TERESA M. BOLTON 114 WOODLAND STREET HARTFORD, CT 06105	FORMER HUMAN RESOURCES COU 55.00	0.
KATHLEEN M. ROCHE 114 WOODLAND STREET HARTFORD, CT 06105	FORMER EXECUTIVE VP & COO 0.00	0.
ARTHUR DETORE 114 WOODLAND STREET HARTFORD, CT 06105	FORMER SVP, CHIEF PHYSICIAN 0.00	0.
REBECCA BURKE 114 WOODLAND STREET HARTFORD, CT 06105	FORMER SVP, PATIENT CARE & 0.00	0.

TOTAL TO FORM 199, PART II, LINE 11

8,251,206.

FORM 199

OTHER EXPENSES

STATEMENT 6

DESCRIPTION	AMOUNT
MEDICAL SUPPLIES	106,528,549.
LAB EXPENSE	7,520,916.
PROF LIAB INSURANCE	5,548,198.
LAUNDRY EXPENSE	3,273,650.
PENSION PLAN CONTRIBUTIONS	17,718,340.
OTHER EMPLOYEE BENEFITS	33,438,601.
LEGAL FEES	2,333,129.
ACCOUNTING FEES	618,565.
LOBBYING FEES	111,300.
INVESTMENT MANAGEMENT FEES	125,141.
OTHER PROFESSIONAL FEES	89,852,910.
ADVERTISING AND PROMOTION	1,617,566.
OFFICE EXPENSES	16,876,694.
INFORMATION TECHNOLOGY	15,155,635.
TRAVEL	1,630,113.
INSURANCE	11,971,391.
ALL OTHER EXPENSES	30,559,994.
TOTAL TO FORM 199, PART II, LINE 17	344,880,692.

FORM 199

NET NOTES RECEIVABLE

STATEMENT 7

DESCRIPTIONBEG. OF YEAREND OF YEAR

NOTES AND LOANS RECEIVABLE, NET

545,649.

566,992.

TOTAL TO FORM 199, SCHEDULE L, LINE 3

545,649.

566,992.

FORM 199

INVESTMENTS IN STOCK

STATEMENT 8

DESCRIPTIONBEG. OF YEAREND OF YEAR

PUBLICLY TRADED SECURITIES

78,640,457.

83,759,484.

TOTAL TO FORM 199, SCHEDULE L, LINE 7

78,640,457.83,759,484.

FORM 199

OTHER INVESTMENTS

STATEMENT 9

<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
INVESTMENT - PHO	983,824.	0.
INVESTMENT - GR HTFD LITHOTRIPSY	39,933.	27,006.
INVESTMENT - CT OCCUP MED PRTRNS	20,000.	20,000.
INVESTMENT - ST FRANCIS FOUNDATION	10,788,683.	9,394,188.
INVESTMENT - TOTAL LAUNDRY COLLABORATIVE LLC	1,496,788.	1,292,364.
INVESTMENT - GI ENDOSCOPY, LLC	804,820.	687,431.
INVESTMENT - JP MORGAN BLDG	0.	7,381,526.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	<u>14,134,048.</u>	<u>18,802,515.</u>

FORM 199

OTHER ASSETS

STATEMENT 10

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	6,724,495.	8,724,005.
CHEFA BOND SERIES	956,899.	816,873.
BOND ISSUANCE COST, LESS AMORTIZATION	1,345,848.	1,260,634.
ASSETS HELD IN TRUST	53,033,772.	48,893,774.
OTHER ASSETS	11,116,561.	5,855,453.
DUE FROM AFFILIATED ENTITIES	18,754,651.	12,507,882.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	91,932,226.	78,058,621.

FORM 199	BONDS AND NOTES PAYABLE	STATEMENT 11
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<u>DESCRIPTION</u>	<u>BEG. OF YEAR</u>	<u>END OF YEAR</u>
TAX-EXEMPT BONDS LIABILITIES	250,530,000.	246,119,985.
TOTAL TO FORM 199, SCHEDULE L, LINE 16	<u>250,530,000.</u>	<u>246,119,985.</u>

FORM 199

OTHER LIABILITIES

STATEMENT 12

DESCRIPTION	BEG. OF YEAR	END OF YEAR
SALARIES & WAGES	35,463,229.	35,135,864.
ACCRUED EXPENSES & INTEREST	7,322,134.	7,283,758.
PENSION AND OTHER ACCRUED EXPENSES	245,196,851.	274,663,884.
DUE TO 3RD PARTY REIMBURSEMENT	14,939,351.	12,527,529.
PROFESSIONAL LIABILITY INS FUND	39,184,030.	44,539,200.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	342,105,595.	374,150,235.

FORM 199	FUND BALANCES	STATEMENT 13
DESCRIPTION	BEG. OF YEAR	END OF YEAR
UNRESTRICTED ASSETS	119,753,800.	76,152,826.
TEMPORARILY RESTRICTED ASSETS	24,355,000.	24,417,140.
PERMANENTLY RESTRICTED ASSETS	57,319,000.	53,179,288.
TOTAL TO FORM 199, SCHEDULE L, LINE 21	201,427,800.	153,749,254.

TAXABLE YEAR
2014

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name ST FRANCIS HOSPITAL AND MEDICAL CENTER	Identifying number 06-0646813
---	---

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	771,104,951.00
2 Total gross income (Form 199, line 8)	2	737,649,622.00
3 Total expenses and disbursements (Form 199, line 9)	3	687,909,283.00

Part II Settle Your Account Electronically for Taxable Year 2014

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
---	------------------	--

Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2014 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider, the reason(s) for the delay.

Sign Here		Date		Title
------------------	--	------	--	-------

Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2014 e-file Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT			FEIN 11-1986323 ZIP Code 06103

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN	
Must Sign	Firm's name (or yours if self-employed) and address	MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT			FEIN 11-1986323 ZIP Code 06103

Voucher at bottom of page.

DO NOT MAIL A PAPER COPY OF THE CORPORATE OR EXEMPT ORGANIZATION TAX RETURN WITH THE PAYMENT VOUCHER.

If the amount of payment is zero, do not mail this voucher.

WHERE TO FILE:

Using black or blue ink, make check or money order payable to the "Franchise Tax Board." Write the corporation number or FEIN and "2014 FTB 3586" on the check or money order. Detach voucher below. Enclose, but **do not** staple, payment with voucher and mail to:

**FRANCHISE TAX BOARD
PO BOX 942857
SACRAMENTO CA 94257-0531**

Make all checks or money orders payable in U.S. dollars and drawn against a U.S. financial institution.

WHEN TO FILE:

**Fiscal Year - See instructions.
Calendar Year - File and Pay by March 16, 2015.**

When the due date falls on a weekend or holiday, the deadline to file and pay without penalty is extended to the next business day.

ONLINE SERVICES:

Corporations can make payments online with Web Pay for Businesses. After a one-time online registration, corporations can make an immediate payment or schedule payments up to a year in advance. Go to ftb.ca.gov for more information.

439035
12-04-14

----- DETACH HERE ----- IF NO PAYMENT IS DUE OR PAID ELECTRONICALLY, DO NOT MAIL THIS VOUCHER ----- DETACH HERE -----

CAUTION: You may be required to pay electronically, see instructions.

TAXABLE YEAR **2014** **Payment Voucher for Corps and Exempt Orgs e-filed Returns**

CALIFORNIA FORM
3586 (e-file)

9511048 STFR 06-0646813 000000000000 14 FORM 3
TYB 10-01-2014 TYE 09-30-2015
ST FRANCIS HOSPITAL AND MEDICAL CENTER

114 WOODLAND STREET
HARTFORD CT 06105

(860) 714-4000

Total Payment Amt 10.

California Exempt Organization Business Income Tax Return

2014

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) 10/01/2014, and ending (mm/dd/yyyy) 09/30/2015

Corporation/Organization name ST FRANCIS HOSPITAL AND MEDICAL CENTER, California corporation number 9511048

Additional information. See instructions. FEIN 06-0646813

Street address (suite/room no.) 114 WOODLAND STREET, PMB no.

City (if the corporation has a foreign address, see instructions.) HARTFORD, State CT, ZIP code 06105

Foreign country name, Foreign province/state/county, Foreign postal code

- A First Return Filed? B Is this an education IRA... C Is the organization under audit... D Final Return? E Amended Return F Accounting Method Used G Nature of trade or business H Is the organization a non-exempt charitable trust... I Is this organization claiming any former... J Is this organization a qualified pension... K Unrelated Business Activity (UBA) Code L Is this a Hospital?

Table with columns for Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, and Refund (Direct Deposit of Refund) or Amount Due. Rows include lines 1 through 27 with descriptions and numerical values.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a Gross receipts or gross sales	1,269,193.	b Less returns and allowances		c Balance	1c	1,269,193.00
2	Cost of goods sold and/or operations (Schedule A, line 7)					2	00
3	Gross profit. Subtract line 2 from line 1c					3	1,269,193.00
4	a Capital gain net income. See Specific Line Instructions - Trusts attach Schedule D (541)					4a	00
	b Net gain (loss) from Part II, Schedule D-1					4b	00
	c Capital loss deduction for trusts					4c	00
5	Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule		SEE STATEMENT 14			5	-248,745.00
6	Rental income (Schedule C)					6	00
7	Unrelated debt-financed income (Schedule D)					7	00
8	Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)					8	00
9	Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)					9	00
10	Exploited exempt activity income (Schedule G)					10	00
11	Advertising income (Schedule H, Part III, Column A)					11	00
12	Other income. Attach schedule		SEE STATEMENT 15			12	1,508,290.00
13	Total unrelated trade or business income. Add line 3 through line 12					13	2,528,738.00

Part II Deductions Not Taken Elsewhere (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees from Schedule I					14	00
15	Salaries and wages					15	1,186,863.00
16	Repairs					16	00
17	Bad debts					17	00
18	Interest					18	00
19	Taxes					19	00
20	Contributions					20	00
21	a Depreciation (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)	21a		00			
	b Less: depreciation claimed on Schedule A	21b		00		21	00
22	Depletion					22	00
23	a Contributions to deferred compensation plans	23a					00
	b Employee benefit programs	23b					323,901.00
24	Other deductions		SEE STATEMENT 16			24	1,465,859.00
25	Total deductions. Add line 14 through line 24					25	2,976,623.00
26	Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13					26	-447,885.00
27	Excess advertising costs (Schedule H, Part III, Column B)					27	00
28	Unrelated business taxable income before specific deduction. Subtract line 27 from line 26					28	-447,885.00
29	Specific deduction					29	1,000.00
30	Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28					30	-447,885.00

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

Sign Here	Signature of officer	Title VP FINANCE	Date	Telephone
	Preparer's signature	Date 8/12/16	Check if self-employed <input type="checkbox"/>	PTIN P00370668
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	Telephone		
	MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	11-1986323 860-760-0600	May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) N/A

1 Inventory at beginning of year	1	00
2 Purchases	2	00
3 Cost of labor	3	00
4 a Additional IRC Section 263A costs. Attach schedule	4a	00
b Other costs. Attach schedule	4b	00
5 Total. Add line 1 through line 4b	5	00
6 Inventory at end of year	6	00
7 Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

1 Enter credit name	code	1	00
2 Enter credit name	code	2	00
3 Enter credit name	code	3	00
4 Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c		4	00

Schedule K Add-On Taxes or Recapture of Tax.

1 Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00
2 Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00
b Method for non-dealer installment obligations	2b	00
3 IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00
4 Credit recapture. Credit name	4	00
5 Total. Combine the amounts on line 1 through line 4	5	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method - Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	2,528,738.	0.	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			.0000%

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor:			
2 Payroll factor: Wages and other compensation of employees			
3 Sales factor: Gross sales and/or receipts less returns and allowances			
4 Total percentage: Add the percentages in column (c)			
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6

Schedule D Unrelated Debt-Financed Income

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
			(a) Straight-line depreciation	(b) Other deductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property	5 Average adjusted basis of or allocable to debt-financed property	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected	4 Net investment income, column 2 less column 3	5 Set-asides	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					

Enter gross income from members (dues, fees, charges, or similar amounts)

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

Exempt Controlled Organizations					
1 Name of controlled organizations	2 Employer Identification Number	3 Net unrelated income (loss)	4 Total of specified payments made	5 Part of column (4) that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
1					
2					
3					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss)	9 Total of specified payments made	10 Part of column (9) that is included in the controlling organization's gross income	11 Deductions directly connected with income in column (10)	
1					
2					
3					
4 Add columns 5 and 10					
5 Add columns 6 and 11					
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9					

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-
Totals						

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-

Part III Column A - Net Advertising Income

Part III Column B - Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7	(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
Enter total here and on Side 2, Part I, line 11		Enter total here and on Side 2, Part II, line 27	

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14					

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (mm/dd/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment						
Other (specify)						
3 Other depreciation						
4 Total						
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a						

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or 06-0646813
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA GILBERT

- The books are in the care of ▶ **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**
Telephone No. ▶ **860-714-9632** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 109

OTHER INCOME

STATEMENT 15

DESCRIPTION	AMOUNT
ST FRANCIS INDEMNITY CORPORATION, LLC	124,534.
DAY CARE	387,991.
FITNESS CENTER	113,263.
CELL TOWER	81,708.
CJRI RENTAL	28,682.
JMMC MANAGEMENT	480,000.
TLC MANAGEMENT	25,000.
SFHCP MANAGEMENT	20,000.
SFBHG INTEREST	247,112.
TOTAL TO FORM 109, PAGE 2, LINE 12	1,508,290.

FORM 109

OTHER DEDUCTIONS

STATEMENT 16

DESCRIPTIONAMOUNT

LABORATORY EXPENSE	1,361,193.
PHYSICIAN EXPENSES	30,133.
DAY CARE EXPENSES	14,656.
FITNESS CENTER EXPENSES	36,964.
ADMINISTRATION EXPENSES	22,913.
TOTAL TO FORM 109, PAGE 2, LINE 24	1,465,859.

**Saint Francis Hospital and Medical Center
California Form 109
For year ended September 30, 2015**

**California Corporation Number: 9511048
Federal EIN: 06-0646813**

CA FORM 109, PART I, LINE 5

Taxpayer's unrelated business income from California limited
Partnership, Premier Purchasing Partners, L.P. EIN 33-0387407

===== -

This is the Taxpayer's only California activity. The Taxpayer is an acute hospital operating solely in Connecticut.

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name CENTER ST FRANCIS HOSPITAL AND MEDICAL	California corporation number 9511048
During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> <input type="checkbox"/> C Corporation <input checked="" type="radio"/> <input type="checkbox"/> S Corporation <input checked="" type="radio"/> <input checked="" type="checkbox"/> Exempt Organization <input type="radio"/> <input type="checkbox"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN 06-0646813

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1	447,885.00
2 2014 disaster loss included in line 1. Enter as a positive number	2	00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3	447,885.00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a	00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b	00
c Add line 4a and line 4b	4c	00
5 General NOL. Subtract line 4c from line 3	5	447,885.00
6 Current Year NOL. Add line 2, line 4c, and line 5. See instructions	<input checked="" type="radio"/> 6	447,885.00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2012 and/or 2013, complete Part III, NOL carryback, on Side 2 before completing Part I, lines 7-9 below.

7 2014 NOL carryback used to offset 2012 net income. Enter the amount from Part III, line 3, column (f)	<input checked="" type="radio"/> 7	00
8 2014 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (h)	<input checked="" type="radio"/> 8	00
9 2014 NOL carryover to 2015. Add line 7 and line 8, then subtract the result from line 6. See instructions.	<input checked="" type="radio"/> 9	447,885.00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2014 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying it back in the previous two years. Once the election is made, it's **irrevocable**. See instructions. Continue with Part II, NOL carryover and disaster loss carryover limitations. Do not complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See instructions.

1 Net income (loss) - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16 (but not less than -0-); or Form 109, line 2.	<input checked="" type="radio"/>	(g) Available balance	0.
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Prior Year NOLs

	(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below *	(d) Initial loss	(e) Carryover from 2013	(f) Amount used in 2014	(g) Available balance	(h) Carryover to 2015 col. (e) - col. (f)
2	2013		GEN	876,304.	<input checked="" type="radio"/> 876,304.	0.	0.	<input checked="" type="radio"/> 876,304.
					<input checked="" type="radio"/>			<input checked="" type="radio"/>
					<input checked="" type="radio"/>			<input checked="" type="radio"/>
					<input checked="" type="radio"/>			<input checked="" type="radio"/>

Current Year NOLs

	Year	Type of NOL	Initial loss	Carryover from 2013	Amount used in 2014	Available balance	Carryover to 2015 col. (e) - col. (f)
3	2014	DIS					col. (d) - col. (f) See instructions.
4	2014	GEN	447,885.				447,885.
	2014						
	2014						
	2014						

Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Part III NOL carryback

- 1 2012 Net income - Enter the amount from 2012 Form 100, line 23; Form 100W, line 23; Form 100S line 21 (but not less than -0-); or taxable income from Form 109, line 9
- 2 2013 Net income - Enter the amount from 2013 Form 100, line 23; Form 100W, line 23; Form 100S, line 21 (but not less than -0-); or taxable income from Form 109, line 9

(a) Year of Loss	(b) Code - See Instructions	(c) Type of NOL - See below*	(d) Initial loss	(e) Carryback limitations 75% of col. (d)	2012		2013		(i) Carryover to 2015 col. (d) - (col. (f) + col. (h))
					(f) Carryback used - See instructions	(g) After carryback col. (e) minus col. (f)	(h) Carryback used - See instructions	(i) After carryback col. (g) minus col. (h)	
3 2014									
2014									
2014									
2014									
2014									

* Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or NOL attributable to a qualified disaster loss (DIS).

Part IV 2014 NOL deduction

- 1 Total the amounts in Part II, line 2, column (f) 1 _____ 00
- 2 Enter the total amount from line 1 that represents disaster loss carryover deduction here and on Form 100, line 21; Form 100W, line 21; or Form 100S, line 19. Form 109 filers enter -0- 2 _____ 00
- 3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7 3 _____ 0 . 00

Form CT-990T
Connecticut Unrelated Business Income Tax Return

2014

Complete this return in blue or black ink only.
 Enter Income Year Beginning **▶ OCTOBER 1, 2014, and Ending ▶ SEPTEMBER 30, 2015**

Taxpayer (Please type or print)	Organization name (please type or print) ST FRANCIS HOSPITAL AND MEDICAL	CT Tax Registration Number 6659783-000
	Address Number and street PO Box 114 WOODLAND STREET	DRS use only - -20
	City or town State ZIP code HARTFORD, CT 06105	Federal Employer ID Number (FEIN) 06-0646813

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) Return status: Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: **10/01/2005**

2. Nature of unrelated trade or business income activity: **LABORATORY SERVICE**

3. Corporation only: Enter state of incorporation: **CONNECTICUT** Date of organization: **01/01/1997**

Date qualified in Connecticut if not incorporated in Connecticut: _____

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income	
1. Federal unrelated business taxable income from 2014 federal Form 990-T, Part II, Line 34	1 -447,885 00
2. Federal net operating loss deduction from 2014 federal Form 990-T, Part II, Line 31	2 00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3 00
4. Total: Add Lines 1, 2, and 3	4 -447,885 00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5 00
6. Unrelated business taxable income: Subtract Line 5 from Line 4	6 -447,885 00

Computation of Tax	
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3	1 -447,885 00
2. Apportionment fraction from Schedule A, Line 5 on page 2. Carry to six places	2 .995678
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2	3 -445,949 00
4. Operating loss carryover from Schedule B, Line 15 on page 2	4 00
5. Income subject to tax: Subtract Line 4 from Line 3	5 -445,949 00
6. Tax: Multiply Line 5 by 7.5% (.075)	6 00

Computation of Amount Payable	
1. Tax: Include surtax if applicable. See instructions	1 00
2. Reserved for future use	2 00
3. Total Tax: Enter the amount from Line 1	3 00
4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1	4 00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5 0 00
6a. Paid with application for extension from Form CT-990T EXT	6a 00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b 00
6c. Overpayment from prior year	6c 00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c	6 00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5	7 0 00
8. Add Penalty (8a) Interest (8b) CT-1120I Interest (8c)	8 00
9. Amount to be credited to 2015 estimated tax (9a) Refunded (9b)	9 00

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e. 9c. Checking Savings

9d. Routing number _____ 9e. Account number _____

9f. Will this refund go to a bank account outside the U.S.? Yes 9g. Bank name _____

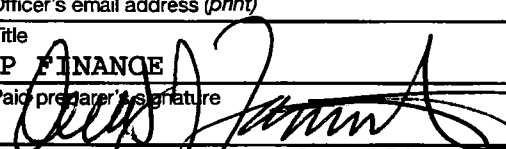
10. Balance due with this return: Add Line 7 and Line 8 10 0 00

Visit the DRS website at www.ct.gov/DRS or www.ct.gov/TSC to pay electronically. Taxpayer Service Center

Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014

Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here	Name of officer or fiduciary (print) JENNIFER SCHNEIDER	Signature of officer or fiduciary	Date
	Officer's email address (print)		
Keep a copy of this return for your records.	Title VP FINANCE	Telephone number 860-714-4000	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Paid preparer's signature 	Date 8/12/16	Preparer's SSN or PTIN P00370668
	Firm's name and address MARCUM LLP CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103	FEIN 11-1986323	Telephone number 860-760-0600

Schedule A - Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories		00	
	(b) Tangible property		00	
	(c) Real property		00	
	(d) Capitalized rent		00	
	1. Total		00	00
Receipts	2. (a) Sales of tangibles		00	
	(b) Services	1,269,193	00	1,269,193
	(c) Rentals		00	00
	(d) Other	1,237,685	00	1,259,545
	2. Total	2,506,878	00	2,528,738
Wages, salaries, and other compensation	3. Total	1,186,863	00	1,186,863
	4. Total: Add Lines 1, 2, and 3 in Column C.			1.991355
	5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C, Line 4; and also on page 1, Computation of Tax, Line 2.</i>			.995678

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2014

1. 2000 Connecticut net operating loss available for use in 2014	1.		00
2. 2001 Connecticut net operating loss available for use in 2014	2.		00
3. 2002 Connecticut net operating loss available for use in 2014	3.		00
4. 2003 Connecticut net operating loss available for use in 2014	4.		00
5. 2004 Connecticut net operating loss available for use in 2014	5.		00
6. 2005 Connecticut net operating loss available for use in 2014	6.		00
7. 2006 Connecticut net operating loss available for use in 2014	7.		00
8. 2007 Connecticut net operating loss available for use in 2014	8.		00
9. 2008 Connecticut net operating loss available for use in 2014	9.		00
10. 2009 Connecticut net operating loss available for use in 2014	10.		00
11. 2010 Connecticut net operating loss available for use in 2014	11.		00
12. 2011 Connecticut net operating loss available for use in 2014	12.		00
13. 2012 Connecticut net operating loss available for use in 2014	13.		00
14. 2013 Connecticut net operating loss available for use in 2014	14.		00
15. Total: Add Lines 1 through 14. Enter here and on <i>Computation of Tax, Line 4.</i>	15.		00

Schedule C - Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income, Line 6</i> , if less than zero	1.	-447,885	00
2. Add back specific deduction from 2014 federal Form 990-T, Part II, Line 33	2.	1,000	00
3. Subtotal: Add Line 1 and Line 2	3.	-446,885	00
4. Apportionment fraction from <i>Schedule A, Line 5</i>	4.	.995678	
5. 2014 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4	5.	-444,954	00

Form CT-990T EXT
Application for Extension of Time to File
Unrelated Business Income Tax Return

2014

See instructions. Complete this return in blue or black ink only.

Enter Income Year Beginning **OCT 1**, 2014, and Ending **SEP 30**, 2015

Taxpayer (Please type or print)	Organization name (please type or print) ST FRANCIS HOSPITAL AND MEDICAL	CT Tax Registration Number 6659783-000
	Address Number and street PO Box 114 WOODLAND STREET	DRS use only - - 20
	City or town State ZIP code HARTFORD, CT 06105	Federal Employer ID Number (FEIN) 06-0646813

Request for six-month extension of time to file Form CT-990T only

Enter above the beginning and ending dates of the organization's income year, Connecticut Tax Registration Number, and FEIN.

Check type of organization: Corporation Domestic trust Foreign trust Other

An application for an extension to file **Form CT-990T**, with payment of tax tentatively believed to be due, must be submitted whether or not an application for federal extension has been approved.

I request a **six-month extension** of time to file **Form CT-990T**, *Connecticut Unrelated Business Income Tax Return*, for calendar year 2014, or until **08/15/16** for fiscal year ending **09/30/15**.

A federal extension will be requested on federal Form 8868, Application for Extension of Time to File an Exempt Organization Return, for calendar year 2014, or fiscal year beginning **OCTOBER 1**, 2014, and ending **SEPT. 30, 2015**. Yes No

If **No**, the reason for the Connecticut extension is _____

Notification will be sent only if extension request is denied

Tentative Return

Computation	1. Tentative amount of tax due for this income year, including surtax if applicable. See instr.	1.		00
	2. <i>Reserved for future use</i>	2.		
	3. Total amount of tax due for this income year: Enter amount from Line 1	3.		00
	4a. Tax credits	4a	00	
	4b. Payments of estimated tax	4b	00	
	4c. Overpayment from prior year	4c	00	
4. Total tax credits and payments: Add Lines 4a, 4b, and 4c	4.		00	
5. Balance due with this return: Subtract Line 4 from Line 3	5.		000	

Make check payable to **Commissioner of Revenue Services**. Write the organization's Connecticut Tax Registration Number and '2014 Form CT-990T EXT' on the check and attach it to the return.

Mail this return to:
 Department of Revenue Services
 State of Connecticut
 PO Box 5014
 Hartford CT 06102-5014

Visit the DRS Taxpayer www.ct.gov/DRS
Service Center (TSC) at
www.ct.gov/TSC to **TSC** Taxpayer Service Center
 pay this return electronically.

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Name of officer or fiduciary (print)	Signature of officer or fiduciary	Date
--------------------------------------	-----------------------------------	------

Officer's email address (print) _____

Title	Telephone number 860-714-4000
-------	---

Paid preparer's signature <i>Patricia Aas, CPA</i>	Date 2/4/16	Preparer's SSN or PTIN P01325330
---	-----------------------	--

Firm's name MARCUM LLP CITY PLACE II 185 ASYLUM STREET	FEIN 11-1986323	Telephone number 860-760-0600
--	---------------------------	---

Firm address
HARTFORD, CT 06103

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning OCT 1, 2014, and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ST FRANCIS HOSPITAL AND MEDICAL CENTER</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105</p>	<p>D Employer identification number (Employees' trust, see instructions.) 06-0646813</p> <p>E Unrelated business activity codes (See instructions.) 621500 524298</p>
<p>C Book value of all assets at end of year 817,609,157.</p>		<p>F Group exemption number (See instructions.)</p>	<p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>

H Describe the organization's primary unrelated business activity. ▶ **LABORATORY SERVICE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DONNA GILBERT** Telephone number ▶ **860-714-9632**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales <u>1,269,193.</u>			
b Less returns and allowances			
c Balance ▶	1c <u>1,269,193.</u>		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3 <u>1,269,193.</u>		<u>1,269,193.</u>
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5 <u>-248,745.</u>	<u>STMT 1</u>	<u>-248,745.</u>
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule) <u>STATEMENT 2</u>	12 <u>1,508,290.</u>		<u>1,508,290.</u>
13 Total. Combine lines 3 through 12	13 <u>2,528,738.</u>		<u>2,528,738.</u>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15		<u>1,186,863.</u>
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule)	18		
19 Taxes and licenses	19		
20 Charitable contributions (See instructions for limitation rules)	20		
21 Depreciation (attach Form 4562)	21		
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23 Depletion	23		
24 Contributions to deferred compensation plans	24		
25 Employee benefit programs	25		<u>323,901.</u>
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) <u>SEE STATEMENT 3</u>	28		<u>1,465,859.</u>
29 Total deductions. Add lines 14 through 28	29		<u>2,976,623.</u>
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		<u>-447,885.</u>
31 Net operating loss deduction (limited to the amount on line 30) <u>SEE STATEMENT 4</u>	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		<u>-447,885.</u>
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33		<u>1,000.</u>
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		<u>-447,885.</u>

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Form 990-T (2014)

06-0646813

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e Total credits. Add lines 40a through 40d **40e**
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44a Payments: A 2013 overpayment credited to 2014 **44a**
b 2014 estimated tax payments **44b**
c Tax deposited with Form 8868 **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e**
f Credit for small employer health insurance premiums (Attach Form 8941) **44f**
g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**
45 Total payments. Add lines 44a through 44g **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax **49** Refunded

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No**
2 During the tax year, did the organization receive a distribution from, or was it the grantor or, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. **Yes** **No**
3 Enter the amount of tax-exempt interest received or accrued during the tax year **\$** **Yes** **No**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation **N/A**

1 Inventory at beginning of year **1** **6** Inventory at end of year **6**
2 Purchases **2** **7** Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 **7**
3 Cost of labor **3**
4a Additional section 263A costs (att. schedule) **4a** **8** Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? **Yes** **No**
b Other costs (attach schedule) **4b**
5 Total. Add lines 1 through 4b **5**

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

Sign Here

Signature of officer

Date

VP FINANCE

Title

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

DOUGLAS FARRINGTON

[Signature]

8/12/16

P00370668

Firm's name **MARCUM LLP**

Firm's EIN **11-1986323**

Firm's address **CITY PLACE II 185 ASYLUM STREET HARTFORD, CT 06103**

Phone no. **860-760-0600**

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I		0.	0.			0.
Totals, Part II (lines 1-5)		0.	0.			0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.
Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or 06-0646813
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA GILBERT

• The books are in the care of ▶ **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**
Telephone No. ▶ **860-714-9632** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-T

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
ST FRANCIS INDEMNITY CORPORATION, LLC	124,534.
DAY CARE	387,991.
FITNESS CENTER	113,263.
CELL TOWER	81,708.
CJRI RENTAL	28,682.
JMMC MANAGEMENT	480,000.
TLC MANAGEMENT	25,000.
SFHCP MANAGEMENT	20,000.
SFBHG INTEREST	247,112.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	1,508,290.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
DESCRIPTION		AMOUNT	
LABORATORY EXPENSE		1,361,193.	
PHYSICIAN EXPENSES		30,133.	
DAY CARE EXPENSES		14,656.	
FITNESS CENTER EXPENSES		36,964.	
ADMINISTRATION EXPENSES		22,913.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		1,465,859.	

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	728,090.	183,157.	544,933.	544,933.
09/30/08	194,917.	0.	194,917.	194,917.
09/30/09	294,092.	0.	294,092.	294,092.
09/30/10	227,940.	0.	227,940.	227,940.
09/30/12	416,168.	0.	416,168.	416,168.
09/30/14	876,304.	0.	876,304.	876,304.
NOL CARRYOVER AVAILABLE THIS YEAR			2,554,354.	2,554,354.

Illinois Department of Revenue

2014 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2014, enter your fiscal tax year here. Tax year beginning <u>OCT 1</u> , 20 <u>14</u> , ending <u>SEP 30</u> 20 <u>15</u> <small>month day year month day year</small> For tax years ending on or after December 31, 2014. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____
--	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
ST FRANCIS HOSPITAL AND MEDICAL
 Name: CENTER

B Enter your mailing address.
 If you have an address change or this is a first return, check this box.
 C/O: _____
 Mailing address: 114 WOODLAND STREET
 City: HARTFORD State: CT ZIP: 06105

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date, _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
06-0646813

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. SEE STATEMENT 1

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
621500 524298

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1	-447,885 .00
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2	.00
3 Base income or loss. Add Lines 1 and 2.	3	-447,885 .00

STOP	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete all lines of Step 3. See instructions. <input checked="" type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4	-248,745 .00
5 Business income or loss. Subtract Line 4 from Line 3.	5	-199,140 .00
6 Total sales everywhere. This amount cannot be negative.	6	1,269,193 .
7 Total sales inside Illinois. This amount cannot be negative.	7	0 .
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8	.000000
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9	0 .00
10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois.	10	.00
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11	.00

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12	.00
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13	.00
14 Recapture of investment credits. Attach Schedule 4255.	14	.00
15 Replacement tax before investment credits. Add Lines 13 and 14.	15	.00
16 Investment credits. Attach Form IL-477.	16	.00
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17	0 .00

Attach your payment and Form IL-990-T-V here.

Step 5: Figure your net income tax (see instructions)

18	Net income or loss from Line 12.	18	_____	.00
19	Income Tax. Fiscal filers - See instructions. Corporations: multiply Line 18 by 7% (.07). Trusts: multiply Line 18 by 5% (.05).	19	_____	.00
20	Recapture of investment credits. Attach Schedule 4255.	20	_____	.00
21	Income tax before credits. Add Lines 19 and 20.	21	_____	.00
22	Income tax credits. Attach Schedule 1299-D.	22	_____	.00
23	Net income tax. Subtract Line 22 from Line 21. If the amount is negative, enter "0."	23	_____	0 .00

Step 6: Figure your refund or balance due

24	Net replacement tax from Line 17.	24	_____	.00
25	Net income tax from Line 23.	25	_____	.00
26	Compassionate Use of Medical Cannabis Pilot Program Act surcharge. See instructions.	26	_____	.00
27	Total net income and replacement taxes and surcharge. Add Lines 24, 25, and 26.	27	_____	.00
28	Payments			
	a Credit from prior year overpayments.	28a	_____	.00
	b Total estimated payments.	28b	_____	.00
	c Form IL-505-B (extension) payment.	28c	_____	.00
	d Pass-through withholding payments. Attach Schedule(s) K-1-P or K-1-T.	28d	_____	.00
	e Gambling withholding. Attach Form(s) W-2G.	28e	_____	.00
29	Total payments. Add Lines 28a through 28e.	29	_____	.00
30	Overpayment. If Line 29 is greater than Line 27, subtract Line 27 from Line 29.	30	_____	.00
31	Amount to be credited to a subsequent period. See instructions.	31	_____	.00
32	Refund. Subtract Line 31 from Line 30. This is the amount to be refunded.	32	_____	.00

33 **Complete to direct deposit your refund**

Routing Number _____	<input type="checkbox"/> Checking or	<input type="checkbox"/> Savings
Account Number _____		

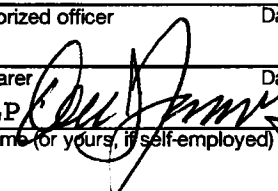
34	Tax Due. If Line 27 is greater than Line 29, subtract Line 29 from Line 27. This is the amount you owe.	34	_____	.00
----	--	----	-------	-----

▶ If you owe tax on Line 34, complete a payment voucher, Form IL-990-T-V, make your check payable to "Illinois Department of Revenue" and attach them to the first page of this form. ◀

Special Note → Enter the amount of your payment on the top of Page 1 in the space provided.

Step 7: Sign here

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct, and complete.

<hr/>	<hr/>	<hr/>
Signature of authorized officer	Date	VP FINANCE Title
		Phone
<hr/>	<hr/>	<hr/>
Signature of preparer	Date	P00370668 Preparer's Social Security number or firm's FEIN
MARCUM LLP Preparer's firm name (or yours, if self-employed)	1/21/16	HARTFORD, CT 06103 Address

Check this box if the Department may discuss this return with the preparer shown in this step.

860-760-0600
Phone

▶ If a payment is not enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19009, Springfield, IL 62794-9009

▶ If a payment is enclosed, mail this return to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

498022 01-18-15

Saint Francis Hospital and Medical Center
Form IL-990-T
For year ended September 30, 2015

Federal EIN: 06-0646813

Page 1 - Nature of Unrelated Trade or Business:

Unrelated business income is based on the allocation of income resulting from purchases by Premier Purchasing Partners, L.P. EIN 33-0387407

Page 1, Line 9 – Base Income or Net Loss Allocable to Illinois:

Taxpayer's unrelated business income from California limited Partnership, Premier Purchasing Partners, L.P. EIN 33-0387407

===== -

This is the Taxpayer's only Illinois activity. The Taxpayer is an acute hospital operating solely in Connecticut.

Saint Francis Hospital and Medical Center
EIN: 06-0646813
Form IL-990-T
Year Ended September 30, 2015

Illinois 990-T NOL Carryforward

<u>Tax Year Ended</u>	<u>Net Operating Loss Generated</u>	<u>Unrelated Business Taxable Income</u>	<u>Loss utilized</u>	<u>Loss Expired</u>	<u>Loss Carryforward</u>	<u>Expiration Year</u>
9/30/2003	(7,369)				(7,369)	9/30/2023
9/30/2004	(44,604)				(44,604)	9/30/2024
9/30/2005	(53,963)				(53,963)	9/30/2025
9/30/2006	(4,702)				(4,702)	9/30/2026
9/30/2007	(7,355)				(7,355)	9/30/2027
9/30/2008	-				-	
9/30/2009	-				-	
9/30/2010	-				-	
9/30/2011	-				-	
9/30/2012	-				-	
9/30/2013	-				-	
9/30/2014	-				-	
9/30/2015	-				-	
	<u>(117,993)</u>		-	-	-	<u>(117,993)</u>

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2014 or other tax year beginning OCT 1, 2014 and ending SEP 30, 2015

2014

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) ST FRANCIS HOSPITAL AND MEDICAL CENTER</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code HARTFORD, CT 06105</p>	<p>D Employer identification number (Employees' trust, see instructions.) 06-0646813</p> <p>E Unrelated business activity codes (See instructions.) 621500 524298</p>
<p>C Book value of all assets at end of year 817,609,157.</p>		<p>F Group exemption number (See instructions.)</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	

H Describe the organization's primary unrelated business activity. ▶ **LABORATORY SERVICE**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ **DONNA GILBERT** Telephone number ▶ **860-714-9632**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales 1,269,193.			
b	Less returns and allowances	1 c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		1,269,193.
4 a	Capital gain net income (attach Schedule D)	4 a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4 b		
c	Capital loss deduction for trusts	4 c		
5	Income (loss) from partnerships and S corporations (attach statement)	5	-248,745.	STMT 1
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule) STATEMENT 2	12	1,508,290.	1,508,290.
13	Total. Combine lines 3 through 12	13	2,528,738.	2,528,738.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages	15	1,186,863.
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	323,901.
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 3	28	1,465,859.
29	Total deductions. Add lines 14 through 28	29	2,976,623.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-447,885.
31	Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 4	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	-447,885.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000.
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	-447,885.

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Form 990-T (2014)

06-0646813

Page 2

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ 50,000. (2) \$ 25,000. (3) \$ 9,925,000.
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
c Income tax on the amount on line 34 **35c** 0.
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from:
 Tax rate schedule or Schedule D (Form 1041) **36**
37 Proxy tax. See instructions **37**
38 Alternative minimum tax **38**
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**
b Other credits (see instructions) **40b**
c General business credit. Attach Form 3800 **40c**
d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**
e Total credits. Add lines 40a through 40d **40e**
41 Subtract line 40e from line 39 **41** 0.
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) **42**
43 Total tax. Add lines 41 and 42 **43** 0.
44a Payments: A 2013 overpayment credited to 2014 **44a**
b 2014 estimated tax payments **44b**
c Tax deposited with Form 8868 **44c**
d Foreign organizations: Tax paid or withheld at source (see instructions) **44d**
e Backup withholding (see instructions) **44e**
f Credit for small employer health insurance premiums (Attach Form 8941) **44f**
g Other credits and payments: Form 2439 Form 4136 Other _____ Total **44g**
45 Total payments. Add lines 44a through 44g **45**
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46**
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax Refunded **49**

Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2014 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ N/A

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

1 Inventory at beginning of year	1	6 Inventory at end of year	6
2 Purchases	2	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7
3 Cost of labor	3	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4a Additional section 263A costs (att. schedule)	4a		
b Other costs (attach schedule)	4b		
5 Total. Add lines 1 through 4b	5		

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

Sign Here

Signature of officer

Date

VP FINANCE

Title

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check if self-employed

PTIN

DOUGLAS FARRINGTON

[Signature]

8/12/16

P00370668

Firm's name MARCUM LLP

Firm's EIN 11-1986323

Firm's address CITY PLACE II 185 ASYLUM STREET

Phone no. 860-760-0600

HARTFORD, CT 06103

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1)		
(2)		
(3)		
(4)		

2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) **0.**

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals **0.** Enter here and on page 1, Part I, line 7, column (A). **0.** Enter here and on page 1, Part I, line 7, column (B). Total dividends-received deductions included in column 8 **0.**

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Totals **0.** Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). **0.** Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or 06-0646813
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DONNA GILBERT

• The books are in the care of ▶ **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**
Telephone No. ▶ **860-714-9632** Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year _____ or
- ▶ tax year beginning **OCT 1, 2014**, and ending **SEP 30, 2015**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT 1
------------	---	-------------

DESCRIPTION	AMOUNT
TOTAL LAUNDRY COLLABORATIVE	-270,605.
PREMIER PURCHASING PARTNERS, L.P.	21,860.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-248,745.

FORM 990-T

OTHER INCOME

STATEMENT 2

DESCRIPTION	AMOUNT
ST FRANCIS INDEMNITY CORPORATION, LLC	124,534.
DAY CARE	387,991.
FITNESS CENTER	113,263.
CELL TOWER	81,708.
CJRI RENTAL	28,682.
JMMC MANAGEMENT	480,000.
TLC MANAGEMENT	25,000.
SFHCP MANAGEMENT	20,000.
SFBHG INTEREST	247,112.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	1,508,290.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

DESCRIPTION	AMOUNT
LABORATORY EXPENSE	1,361,193.
PHYSICIAN EXPENSES	30,133.
DAY CARE EXPENSES	14,656.
FITNESS CENTER EXPENSES	36,964.
ADMINISTRATION EXPENSES	22,913.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,465,859.

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/07	728,090.	183,157.	544,933.	544,933.
09/30/08	194,917.	0.	194,917.	194,917.
09/30/09	294,092.	0.	294,092.	294,092.
09/30/10	227,940.	0.	227,940.	227,940.
09/30/12	416,168.	0.	416,168.	416,168.
09/30/14	876,304.	0.	876,304.	876,304.
NOL CARRYOVER AVAILABLE THIS YEAR			2,554,354.	2,554,354.

C Corporation Tax Return 2014

North Carolina Department of Revenue

CD-405 (39)

For calendar year 2014, or other tax year beginning 10 01 14 and ending 09 30 15		DOR Use Only
SAINT FRANCIS HOSPITAL AND MEDICAL CENT 114 WOODLAND STREET HARTFORD CT 06105		Federal Employer ID Number 060646813 N.C. Secretary of State ID Number NAICS Code 624100
<input type="checkbox"/> Initial Return <input type="checkbox"/> Final Return <input type="checkbox"/> Short Year Return	<input type="checkbox"/> Combined Return <input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Tax Exempt-Nonprofit	<input type="checkbox"/> Non U.S./Foreign <input type="checkbox"/> Fed Sch M-3 is attached <input type="checkbox"/> Captive REIT <input type="checkbox"/> NC-478 is attached <input type="checkbox"/> CD-479 is attached <input type="checkbox"/> Has Escheatable Property

SAIN 114 06105 060646813 624100

PP P00370668 PFSP P IR N FR N SR N CR N AR N TE-NP Y

TN 8607144000 NF N M3 N RE N 478 N 479 N EP N

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER

114 WOODLAND STREET	HARTFORD	CT 06105
GR	0 09	0 21 0 31 0
TA	0 10	21860 22 21860 32 3500
01	0 11	0 24 0 36 0
HCE	N 13	0 26 0 EU
02	0 15	21860 27 0 37A 0
03	0 16	0 29A 0 37B 0
05	0 17	1000000 29B 3500 40 3500
06	0 18	0 29C 0 41 0
07	0 19	21860 29D 0 42 0
08	0 20	21860 29E 0 43 0



Sch. A Computation of Franchise Tax	9. Franchise Tax Overpaid 0
1. Cap Stock, Surplus, & Undivided Profits Holding Company Exception	0 N
2. Investment in N.C. Tangible Property	0
3. Appraised Value of N.C. Tangible Property	0
4. Taxable Amount	0
5. Total Franchise Tax Due	0
6. Application for Franchise Tax Extension	0
7. Tax Credits	0
8. Franchise Tax Due	0
Sch. B Computation of Corporate Income Tax	
10. Federal Taxable Income	21860
11. Adjustments to Federal Taxable Income	0
12. Net Income Before Contributions	21860
13. Contributions to Donees Outside N.C.	0
14. N.C. Taxable Income	21860
15. Nonapportionable Income	21860
16. Apportionable Income	0
17. Apportionment Factor	100.0000%

Sign Return Below Refund Due 0 Payment Due 0

Signature and Title of Officer Signature of Paid Preparer 	Corporate Telephone Number 860-714-4000 Preparer's Telephone Number 860-760-0600	Date P00370668 Preparer's FEIN, SSN, or PTIN <input type="checkbox"/> FEIN <input type="checkbox"/> SSN <input checked="" type="checkbox"/> PTIN
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I certify that, to the best of my knowledge, this return is accurate and complete.

12-01-14 Mail to: NCDOR, P.O. Box 25000, Raleigh, N.C. 27640-0500. Returns are due by the 15th day of the 4th month after the end of the income year.

CD-405 Line-by-Line Information

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of 0

Sch. B Computation of Corporate Income Tax		Sch. D Investment in N.C. Tangible Property	
18. Income Apportioned to N.C.	0	Inventory valuation method	
19. Nonapportionable Income Allocated to N.C.	21860	1. Total inventories located in N.C.	0
20. Income Subject to N.C. Tax	21860	2. Total furniture, fixtures, and M & E located in N.C.	0
21. % Depletion over Cost - N.C. Property	0	3. Total land and buildings located in N.C.	0
22. Net Economic Loss (Attach schedule)	21860	4. Total leasehold improvements and other N.C. tangible property	0
23. Income Before Contributions to N.C. Donees	0	5. Add Lines 1 through 4	0
24. Contributions to N.C. Donees	0	6. Acc. depreciation, depletion, and amortization with respect to N.C. tangible property	0
25. Net Taxable Income	0	7. Debts existing for N.C. real estate	0
26. N.C. Net Income Tax	0	8. Investment in N.C. Tangible Property	0
27. Annual Report Fee	0	Sch. E Appraised Value of N.C. Tangible Property	
28. Add Lines 26 and 27	0	1. County tax value of N.C. tangible property	0
29. Payments and Credits	0	2. Appraised value of N.C. tangible property	0
a. Application for Income Tax Extension	0	Sch. G Federal Taxable Income Before NOL Deduction	
b. 2014 Estimated Tax (previous payments if amended)	3500	1. a. Gross receipts or sales	0
c. Partnership (include Form D-403, NC K-1)	0	b. Returns and allowances	0
d. Nonresident Withholding (include 1099 or W-2)	0	c. Balance - Line 1a minus Line 1b	0
e. Tax Credits	0	2. Cost of goods sold (Attach schedule)	0
30. Add Lines 29a through 29e	3500	3. Gross Profit (Line 1c minus Line 2)	0
31. Income Tax Due	0	4. Dividends (Attach schedule)	0
32. Income Tax Overpaid	3500	5. a. Interest on obligations of U.S. and its instrumentalities	0
Tax Due or Refund		b. Other interest	0
33. Franchise Tax Due or Overpayment	0	6. Gross rents	0
34. Income Tax Due or Overpayment	-3500	7. Gross royalties	0
35. Balance of Tax Due or Overpayment	-3500	8. Capital gain net income (Attach schedule)	0
36. Underpayment of Estimated Income Tax	0	9. Net gain (loss) (Attach schedule)	0
EU. Exception to Underpayment of Estimated Tax	0	10. Other income (Attach schedule)	21860
37. a. Interest	0	11. Total Income	21860
b. Penalties	0	12. Compensation of officers (Attach schedule)	0
c. Add Lines 37a and 37b	0	13. Salaries and wages (less employment credits)	0
38. Total Due	0	14. Repairs and maintenance	0
39. Overpayment	3500	15. Bad debts	0
40. 2015 Estimated Income Tax	3500	16. Rents	0
41. N.C. Nongame and Endangered Wildlife Fund	0	17. Taxes and licenses	0
42. N.C. Education Endowment Fund	0	18. Interest	0
43. Amount to be Refunded	0	19. Charitable contributions	0
Sch. C Capital Stock, Surplus, and Undivided Profits		20. a. Depreciation	0
1. Total capital stock outstanding less cost of treasury stock	0	b. Depreciation included in cost of goods sold	0
2. Paid-in or capital surplus	0	c. Balance - Line 20a minus 20b	0
3. Retained earnings	0	21. Depletion	0
4. Other surplus	0	22. Advertising	0
5. Deferred or unearned income	0	23. Pension, profit-sharing, and similar plans	0
6. Allowance for bad debts	0	24. Employee benefit programs	0
7. LIFO reserves	0	25. Domestic production activities deduction	0
8. Other reserves that do not represent definite and accrued legal liabilities (Attach schedule)	0	26. Other deductions (Attach schedule)	0
9. Add Lines 1 through 8	0	27. Total Deductions	0
10. Affiliated indebtedness (Attach schedule)	0	28. Taxable Income Per Federal Return Before NOL and Special Deductions	21860
11. Line 9 plus (or minus) Line 10	0	29. Special Deductions	0
12. Apportionment factor	100.0000%	30. Federal Taxable Income	21860
13. Capital Stock, Surplus, and Undivided Profits	0		

Sch. H Adjustments to Federal Taxable Income

1. Additions		
a. Taxes based on net income	1a.	0
b. Dividends paid by captive REITs	1b.	0
c. Contributions	1c.	0
d. Royalties paid to related members	1d.	0
e. Expenses attributable to income not taxed	1e.	0
f. Domestic production activities deduction	1f.	0
g. Other (Attach schedule)	1g.	0
2. Total Additions	2.	0
3. Deductions		
a. U.S. obligation interest (net of expenses)	3a.	0
b. Other deductible dividends	3b.	0
c. Dividends received from captive REITs	3c.	0
d. Royalties received from related members	3d.	0
e. Interest on deposits with FHLB (net of expenses) S&L's only	3e.	0
f. Bonus depreciation	3f.	0
g. Section 179 expense deduction	3g.	0
h. Other (Attach schedule)	3h.	0
4. Total Deductions	4.	0
5. Adjustments to Federal Taxable Income	5.	0

Sch. I Contributions

1. Contributions to Donees Outside N.C.		
a. Total contributions to donees outside N.C.	1a.	0
b. Multiply Schedule B, Line 12 by 5%, if Line 12 is greater than zero. Otherwise enter zero.	1b.	1093
c. Amount Deductible	1c.	0
2. Contributions to N.C. Donees		
a. Total contributions to N.C. donees other than those listed in Line 2d	2a.	0
b. Multiply Sch. B, Line 23 by 5%, if Line 23 is greater than zero. Otherwise enter zero.	2b.	0
c. Enter the lesser of Line 2a or 2b	2c.	0
d. Total contributions to the State of N.C. and its political subdivisions	2d.	0
e. Amount Deductible	2e.	0

Other Information - All Taxpayers Must Complete this Schedule

<p>1. a. State of incorporation CT</p> <p> b. Date incorporated</p> <p>2. Date of N.C. Certificate of Authority</p> <p>3. a. Reg or principal trade or bus in N.C. SEE STMT 1</p> <p> b. Reg or principal trade or bus everywhere HOSPITAL</p> <p>4. Principal place bus is directed or managed HARTFORD</p> <p>5. What was the last year the IRS redetermined the corporation's federal taxable income?</p> <p>6. a. Were adjustments reported to N.C.? N</p> <p> b. If so, when?</p> <p>7. Does this corporation finance or discount its receivables through a related or an affiliated company? N</p>	<p>8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (If yes, attach explanation) N</p> <p>9. Officers' names and addresses:</p> <p> President CHRISTOPHER M. DADLEZ 114 WOODLAND ST, HARTFORD</p> <p> Vice-President JOHN N. GIAMALIS 114 WOODLAND ST, HARTFORD</p> <p> Secretary</p> <p> Treasurer</p>
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Explanation of Changes for Amended Return:

Sch. L Balance Sheet per Books

Assets	Beginning of Tax Year		End of Tax Year	
	(a)	(b)	(c)	(d)
1. Cash		0		0
2. a. Trade notes and accounts receivable	0		0	
b. Less allowance for bad debts (	0)	0 (	0)	0
3. Inventories		0		0
4. a. U.S. government obligations		0		0
b. State and other obligations		0		0
5. Tax-exempt securities		0		0
6. Other current assets (Attach schedule)		0		0
7. Loans to shareholders		0		0
8. Mortgage and real estate loans		0		0
9. Other investments (Attach schedule)		0		0
10. a. Buildings and other depreciable assets	0		0	
b. Less accumulated depreciation (	0)	0 (	0)	0
11. a. Depletable assets	0		0	
b. Less accumulated depletion (	0)	0 (	0)	0
12. Land (net of any amortization)		0		0
13. a. Intangible assets (amortizable only)	0		0	
b. Less accumulated amortization (	0)	0 (	0)	0
14. Other assets (Attach schedule)		0		0
15. Total Assets		0		0
Liabilities and Shareholders' Equity				
16. Accounts payable		0		0
17. Mortgages, notes, and bonds payable in less than 1 year		0		0
18. Other current liabilities (Attach schedule)		0		0
19. Loans from shareholders		0		0
20. Mortgages, notes, and bonds payable in 1 year or more		0		0
21. Other liabilities (Attach schedule)		0		0
22. Capital stock: a. Preferred Stock	0		0	
b. Common Stock	0	0	0	0
23. Additional paid-in capital		0		0
24. Retained earnings - Appropriated (Attach schedule)		0		0
25. Retained earnings - Unappropriated		0		0
26. Adjustments to shareholders' equity (Attach schedule)		0		0
27. Less cost of treasury stock	(	0)	(	0)
28. Total Liabilities and Shareholders' Equity		0		0

Sch. M-1 Reconciliation of Income (Loss) per Books with Income per Return

1. Net income (loss) per books	0	7. Income recorded on books this year	
2. Federal income tax	0	not included on this return:	
3. Excess of capital losses over capital gains	0	Tax-exempt interest	\$ 0
4. Income subject to tax not recorded on books this year:	0		0
5. Expenses recorded on books this year not deducted on this return:		8. Deductions on this return not charged against book income this year:	
a. Depreciation	\$ 0	a. Depreciation	\$ 0
b. Charitable Contributions	\$ 0	b. Charitable Contributions	\$ 0
c. Travel and entertainment	\$ 0		
		9. Add Lines 7 and 8	0
6. Add Lines 1 through 5	0	10. Income	0

This page must be filed with this form.

Sch. M-2 Retained Earnings Analysis

1. Balance at beginning of year	0	5. Distributions: a. Cash	0
2. Net income (loss) per books	0	b. Stock	0
3. Other increases:		c. Property	0
		6. Other decreases:	0
	0	7. Add Lines 5 and 6	0
4. Add Lines 1, 2, and 3	0	8. Balance at End of Year	0

Sch. N Nonapportionable Income

Nonapportionable Income	Gross Amounts	Related Expenses	Net Amounts	Net Amounts Allocated Directly to N.C.
PARTNERSHIP INC	21860	0	21860	21860
	0	0	0	0
	0	0	0	0
	0	0	0	0
	0	0	0	0
			21860	21860

1. Nonapportionable Income

2. Nonapportionable Income Allocated to N.C.

Explanation of why income listed is nonapportionable income rather than apportionable income:

Sch. O Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C. .0000%

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States

	1. Within North Carolina		2. Total Everywhere		
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period	
1. Land	0	0	0	0	
2. Buildings	0	0	0	0	
3. Inventories	0	0	0	0	
4. Other property	0	0	0	0	
5. Total	0	0	0	0	
6. Average value of property		0		0	
7. Rented Property		0		0	Factor
8. Property Factor		0		0	.0000%
9. Gross Payroll		0		0	
10. Compensation of general executive officers		0		0	
11. Payroll Factor		0		0	.0000%
12. Sales Factor		0		0	.0000%
13. Sales Factor					.0000%
14. Total of Factors					.0000%
15. N.C. Apportionment Factor					.0000%

Part 3. Corporations Apportioning Franchise or Income to N.C. and to Other States Using Single Sales Factor .0000%

Part 4. Special Apportionment 100.0000%

This page must be filed with this form.

**Saint Francis Hospital and Medical Center
North Carolina Form CD-405
For year ended September 30, 2015**

Federal EIN: 06-0646813

Page 1, Schedule B, Line 19 – Non-Appportionable Income Allocated to NC:

Taxpayer's unrelated business income from California limited
Partnership, Premier Purchasing Partners, L.P. EIN 33-0387407

21,860

This is the Taxpayer's only North Carolina activity. The Taxpayer is an acute hospital operating solely in Connecticut.

Saint Francis Hospital and Medical Center
EIN: 06-0646813
Form CD-405
Year Ended September 30, 2015

North Carolina Form CD-405 NOL Carryforward

<u>Tax Year Ended</u>	<u>Net Operating Loss Generated</u>	<u>Unrelated Business Taxable Income</u>	<u>Loss utilized</u>	<u>Loss Expired</u>	<u>Loss Carryforward</u>	<u>Expiration Year</u>
9/30/2003	(2,464)		2,464		-	9/30/2023
9/30/2004	(18,336)		18,336		-	9/30/2024
9/30/2005	(38,408)		38,408		-	9/30/2025
9/30/2006	(6,568)		6,568		-	9/30/2026
9/30/2007	(29,070)		29,070		-	9/30/2027
9/30/2008	-	8,576			-	
9/30/2009	(12,115)		12,115		-	9/30/2029
9/30/2010	-	68,526			-	
9/30/2011	-	2,961			-	
9/30/2012	-	22,494			-	
9/30/2013	-	54,922			-	
9/30/2014	(24,662)		21,860		(2,802)	9/30/2034
	<u>(131,623)</u>	<u>157,479</u>	<u>128,821</u>	<u>-</u>	<u>(2,802)</u>	