

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning OCT 1, 2013, and ending SEP 30, 2014

# 2013

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

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)**

Department of the Treasury  
Internal Revenue Service

Name of exempt organization

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

Employer identification number

**06-0646813**

Name and title of officer

**DAVID BITTNER  
SENIOR VICE PRESIDENT & CFO**

### 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.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>737,962,260.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

### 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 2013 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 2013 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 2013 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 2013 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**

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

**2013**

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](http://www.irs.gov/form990)

Open to Public Inspection

**A** For the 2013 calendar year, or tax year beginning **OCT 1, 2013** and ending **SEP 30, 2014**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b>		<b>D</b> Employer identification number <b>06-0646813</b>
	Doing Business As		<b>E</b> Telephone number <b>860-714-4000</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>114 WOODLAND STREET</b>	<b>G</b> Gross receipts \$ <b>798,716,892.</b>	
	City or town, state or province, country, and ZIP or foreign postal code <b>HARTFORD, CT 06105</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>F</b> Name and address of principal officer: <b>DAVID BITTNER</b> <b>SAME AS C ABOVE</b>			
<b>I</b> 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			
<b>J</b> Website: ▶ <b>WWW.STFRANCISCARE.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1897</b> <b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>34</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>23</b>
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a)	<b>4908</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>585</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>2,818,712.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>-876,304.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 11,536,765. <b>Current Year</b> 8,694,716.
	<b>9</b> Program service revenue (Part VIII, line 2g)	675,613,221. 697,685,089.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,068,306. 10,830,996.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	34,276,354. 20,751,459.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	726,494,646. 737,962,260.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,553. 836,934.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	341,516,147. 340,961,129.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	372,621,816. 371,279,397.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	714,161,516. 713,077,460.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,333,130. 24,884,800.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 813,434,558. <b>End of Year</b> 838,054,262.
	<b>21</b> Total liabilities (Part X, line 26)	582,507,983. 636,626,462.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	230,926,575. 201,427,800.

**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.

<b>Sign Here</b>	Signature of officer		Date		
	DAVID BITTNER, SENIOR VICE PRESIDENT & CFO		Type or print name and title		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	DOUGLAS FARRINGTON				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. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 590,410,199. including grants of \$ 836,934. ) (Revenue \$ 711,368,791. ) AS THE LARGEST CATHOLIC HOSPITAL IN NEW ENGLAND WITH 117 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 590,410,199.

**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	<b>Section 501(c)(3) organizations.</b> 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 (2013)

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**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 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 individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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? If so, complete Schedule L, Part II .....		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	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Form 990 (2013)

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 363		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 4908		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
	<b>3b</b>		
<b>4a</b>	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
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	<b>5c</b>		
<b>6a</b>	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
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	<b>7h</b>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
	<b>8</b>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
	<b>9b</b>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b>	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	
<b>3</b>	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
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	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>7b</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
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>10b</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?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15a</b>	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? The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
<b>16a</b>	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>16b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

**Section C. Disclosure**

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

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

Check if Schedule O contains a response 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) MOST REV. HENRY J. MANSELL, D.D. CHAIRMAN, EX OFFICIO	2.00 1.00	X		X				0.	0.	0.
(3) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	55.00 10.00	X		X			1,516,996.	0.	894,739.	
(4) BARBARA J. CALDERONE, B.S.N., J SECRETARY	1.00 1.00	X		X				0.	0.	0.
(5) L. JEFFREY BALDWIN DIRECTOR	1.00 1.00	X						0.	0.	0.
(6) MOST REV. LEONARD P. BLAIR DIRECTOR	1.00 1.00	X						0.	0.	0.
(7) SURENDRA K. CHAWLA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) ROBERT M. ELLIS DIRECTOR	2.00 4.00	X						0.	0.	0.
(9) P. ANTHONY GIORGIO, PH.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(10) WALTER HARRISON, PH.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(11) JEFFREY S. HOFFMAN DIRECTOR	1.00 1.00	X						0.	0.	0.
(12) PETER G. KELLY, J.D. DIRECTOR	1.00 2.00	X						0.	0.	0.
(13) PATRICK J. KINNEY DIRECTOR	1.00 2.00	X						0.	0.	0.
(14) KARL J. KRAPEK DIRECTOR	1.00 1.00	X						0.	0.	0.
(15) SISTER DOLORES LAHR, CSJ DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) JOYCE D. MANDELL DIRECTOR	1.00 1.00	X						0.	0.	0.
(17) JOHN J. MARA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.

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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) REV. MSGR JOHN MCCARTHY, J.C.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(19) DANIEL P. O'CONNELL DIRECTOR / CHAIRMAN	2.00 3.00	X		X				0.	0.	0.
(20) KEVIN J. O'CONNOR, J.D. DIRECTOR / VICE-CHAIRMAN	1.00 1.00	X		X				0.	0.	0.
(21) JOHN D. PAPANDREA, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(22) CURTIS D. ROBINSON DIRECTOR	2.00 2.00	X						0.	0.	0.
(23) JOHN W. RODGERS, M.D. DIRECTOR	1.00 1.00	X						0.	0.	0.
(24) DR. GALO A. RODRIGUEZ, MPH DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) ANDREW A. SADANOWICZ DIRECTOR	1.00 1.00	X						0.	0.	0.
(26) SUSAN J. SAPPINGTON DIRECTOR	1.00 1.00	X						0.	0.	0.
<b>1b Sub-total</b>								1,516,996.	0.	894,739.
<b>c Total from continuation sheets to Part VII, Section A</b>								7,107,127.	1,036,800.	542,091.
<b>d Total (add lines 1b and 1c)</b>								8,624,123.	1,036,800.	1,436,830.

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 **337**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UCONN SCHOOL OF MEDICINE 263 FARMINGTON AVE, FARMINGTON, CT 06030	PHYSICIAN FEES & SERVICES	15,311,219.
DTZ INC. - UNICCO 4002 SOLUTIONS CENTER, CHICAGO, IL 60677	CLEANING SERVICES	4,002,473.
AMN HEALTHCARE, INC. P.O. BOX 910738, DALLAS, TX 75391	TEMP NURSING SERVICES	2,820,832.
TOTAL RENAL CARE, INC. P.O. BOX 8500-1607, PHILADELPHIA, PA 19178	TESTING SERVICES	1,333,126.
AMERICAN ADJUSTMENT BUREAU P.O. BOX 2758, WATERBURY, CT 06723	COLLECTION SERVICES	1,170,265.

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 **77**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HENRY S. SCHERER, JR. DIRECTOR	2.00 3.00	X					0.	0.	0.	
(28) PHILIP J. SCHULZ DIRECTOR	2.00 2.00	X					0.	0.	0.	
(29) JOSEPH J. SPALLUTO DIRECTOR	1.00 2.00	X					0.	0.	0.	
(30) JEAN-PIERRE VAN ROOY DIRECTOR	1.00 1.00	X					0.	0.	0.	
(31) GEN. (R) JOHN M. WATKINS DIRECTOR	1.00 1.00	X					0.	0.	0.	
(32) ADRIENNE W. COCHRANE, J.D. DIRECTOR	1.00 1.00	X					0.	0.	0.	
(33) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN	55.00 4.00	X					690,480.	0.	18,179.	
(34) ANDREW J. PINKES DIRECTOR	1.00 1.00	X					0.	0.	0.	
(35) TIMOTHY L. PRETE DIRECTOR	1.00 1.00	X					0.	0.	0.	
(36) SHERI A. LEMIEUX ASSISTANT SECRETARY	55.00 0.00			X			118,865.	0.	6,599.	
(37) JOHN RODIS, MD EXECUTIVE VP & COO	1.00 57.00				X		0.	773,627.	34,542.	
(38) DAVID BITTNER SR VP FINANCE	55.00 10.00				X		345,714.	0.	16,058.	
(39) TERESA M. BOLTON HUMAN RESOURCES COUNSEL	55.00 1.00				X		306,468.	0.	21,401.	
(40) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55.00 2.00				X		360,972.	0.	45,247.	
(41) GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	55.00 0.00				X		438,088.	0.	32,277.	
(42) JENNIFER SCHNEIDER VP FINANCE/CHIEF COMPLIANCE OFFICER	55.00 6.00				X		221,960.	0.	33,853.	
(43) JOHN N. GIAMALIS EVP & CHIEF ADMIN OFFICER	55.00 8.00				X		693,200.	0.	23,634.	
(44) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55.00 0.00				X		303,078.	0.	21,067.	
(45) LINDA SHANLEY VP AND CIO	55.00 0.00				X		319,690.	0.	16,572.	
(46) E. MERRITT MCDONOUGH, JR. SF FOUNDATION PRESIDENT	55.00 2.00				X		411,254.	0.	42,848.	
Total to Part VII, Section A, line 1c .....										



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**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	4,041,621.				
	<b>e</b> Government grants (contributions)	<b>1e</b>	3,682,766.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	970,329.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$						
	<b>h Total.</b> Add lines 1a-1f		8,694,716.				
	<b>Program Service Revenue</b>	<b>2 a</b> PATIENT REVENUE	<b>Business Code</b> 622110	648,781,738.	648,781,738.		
<b>b</b> LABORATORY REVENUE		621511	36,457,140.	35,216,406.	1,240,734.		
<b>c</b> PREMIUM INCOME		524298	11,597,045.	11,390,076.	206,969.		
<b>d</b> PARTNERSHIP REVENUE		541990	849,166.	873,902.	-24,736.		
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f			697,685,089.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		5,051,730.			5,051,730.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	(i) Real	5,559,249.				
		(ii) Personal	0.				
		<b>b</b> Less: rental expenses	0.				
		<b>c</b> Rental income or (loss)	5,559,249.				
	<b>d</b> Net rental income or (loss)		5,559,249.			5,559,249.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	65,838,258.				
		(ii) Other	695,640.				
		<b>b</b> Less: cost or other basis and sales expenses	60,754,632.	0.			
		<b>c</b> Gain or (loss)	5,083,626.	695,640.			
	<b>d</b> Net gain or (loss)		5,779,266.			5,779,266.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	<b>a</b>					
	<b>b</b> Less: direct expenses	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>						
<b>b</b> Less: direct expenses	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>						
<b>b</b> Less: cost of goods sold	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue		<b>Business Code</b>					
<b>11 a</b> OTHER PATIENT SVCS	624190	10,867,950.	9,870,636.	997,314.			
<b>b</b> MEANINGFUL USE INCOME	900099	2,326,705.	2,326,705.				
<b>c</b> MISCELLANEOUS	900099	1,884,792.	1,486,361.	398,431.			
<b>d</b> All other revenue	812930	112,763.			112,763.		
<b>e Total.</b> Add lines 11a-11d		15,192,210.					
<b>12 Total revenue.</b> See instructions.		737,962,260.	709,945,824.	2,818,712.	16,503,008.		

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**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 governments and organizations in the United States. See Part IV, line 21	810,534.	810,534.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	26,400.	26,400.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	8,141,519.		8,141,519.	
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	260,542,495.	212,556,837.	47,985,658.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,697,399.	14,167,240.	3,530,159.	
9 Other employee benefits	35,326,933.	28,313,425.	7,013,508.	
10 Payroll taxes	19,252,783.	15,262,836.	3,989,947.	
11 Fees for services (non-employees):				
a Management				
b Legal	973,959.		973,959.	
c Accounting	626,884.		626,884.	
d Lobbying	138,600.		138,600.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	178,823.		178,823.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	85,951,133.	71,650,154.	14,300,979.	
12 Advertising and promotion	1,728,785.	3,899.	1,724,886.	
13 Office expenses	18,529,928.	18,047,139.	482,789.	
14 Information technology	13,404,452.	13,095,658.	308,794.	
15 Royalties				
16 Occupancy	37,772,207.	36,166,348.	1,605,859.	
17 Travel	1,600,939.	1,600,939.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,722,520.	11,620,321.	102,199.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,223,786.	36,223,786.		
23 Insurance	10,229,709.	288,971.	9,940,738.	
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 <b>MEDICAL SUPPLIES</b>	105,416,014.	105,416,014.		
b <b>PROF LIAB INSURANCE</b>	9,017,538.	9,017,538.		
c <b>LAB EXPENSE</b>	7,821,706.	7,821,706.		
d <b>LAUNDRY EXPENSE</b>	3,075,646.	3,075,646.		
e All other expenses	26,866,768.	5,244,808.	21,621,960.	
25 <b>Total functional expenses.</b> Add lines 1 through 24e	713,077,460.	590,410,199.	122,667,261.	0.
26 <b>Joint costs.</b> 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)

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**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	68,155,400.	1	58,225,346.	
	<b>2</b> Savings and temporary cash investments .....	52,396,120.	2	46,781,519.	
	<b>3</b> Pledges and grants receivable, net .....		3		
	<b>4</b> Accounts receivable, net .....	64,514,294.	4	75,441,792.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....				5
	<b>6</b> 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
	<b>7</b> Notes and loans receivable, net .....	503,910.	7	545,649.	
	<b>8</b> Inventories for sale or use .....	7,188,268.	8	8,854,758.	
	<b>9</b> Prepaid expenses and deferred charges .....	5,784,296.	9	6,724,495.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 861,232,573.			
	<b>b</b> Less: accumulated depreciation .....	10b 397,734,106.			
	<b>11</b> Investments - publicly traded securities .....	68,471,651.	11	78,640,457.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	14,699,807.	12	14,134,048.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		13		
	<b>14</b> Intangible assets .....		14		
	<b>15</b> Other assets. See Part IV, line 11 .....	76,505,195.	15	85,207,731.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	813,434,558.	16	838,054,262.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	33,941,565.	17	34,284,214.	
	<b>18</b> Grants payable .....		18		
	<b>19</b> Deferred revenue .....		19		
	<b>20</b> Tax-exempt bond liabilities .....	254,325,000.	20	250,530,000.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		21		
	<b>22</b> 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		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	13,131,144.	23	9,706,653.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		24		
	<b>25</b> 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 .....	281,110,274.	25	342,105,595.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	582,507,983.	26	636,626,462.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	149,862,575.	27	119,753,800.	
	<b>28</b> Temporarily restricted net assets .....	25,614,000.	28	24,355,000.	
	<b>29</b> Permanently restricted net assets .....	55,450,000.	29	57,319,000.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		30		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		31		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		32		
<b>33</b> Total net assets or fund balances .....	230,926,575.	33	201,427,800.		
<b>34</b> Total liabilities and net assets/fund balances .....	813,434,558.	34	838,054,262.		

Form 990 (2013)

**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	737,962,260.
2	Total expenses (must equal Part IX, column (A), line 25)	2	713,077,460.
3	Revenue less expenses. Subtract line 2 from line 1	3	24,884,800.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	230,926,575.
5	Net unrealized gains (losses) on investments	5	-325,930.
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	-54,057,645.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	201,427,800.

**Part XII Financial Statements and Reporting**

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

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

Form 990 (2013)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

Employer identification number  
**06-0646813**

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) .....					12	
13 <b>First five years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>33 1/3% support test - 2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
18 <b>Private foundation.</b> 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2013.** 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 - 2012.** 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** **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 C**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

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

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

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

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

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

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

Name of organization <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b>	Employer identification number <b>06-0646813</b>
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**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) 2013

**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												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b>	Total lobbying expenditures (add lines 1 a and 1 b) .....														
<b>d</b>	Other exempt purpose expenditures .....														
<b>e</b>	Total exempt purpose expenditures (add lines 1 c and 1 d) .....														
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....														

Yes  No

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		168,506.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			168,506.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> 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."

<b>1</b> Dues, assessments and similar amounts from members .....	1	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	2a	
<b>b</b> Carryover from last year .....	2b	
<b>c</b> Total .....	2c	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3	
<b>4</b> 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	
<b>5</b> 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

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**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

**2013**

**Open to Public Inspection**

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://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 contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

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

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

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

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	68,114,560.	64,278,125.	60,257,184.	62,884,485.	59,910,100.
b Contributions					
c Net investment earnings, gains, and losses	2,808,685.	3,836,435.	4,020,941.	-2,627,301.	2,974,385.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	70,923,245.	68,114,560.	64,278,125.	60,257,184.	62,884,485.

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

- a Board designated or quasi-endowment  25.00 %
- b Permanent endowment  75.00 %
- c Temporarily restricted endowment  .00 %

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,025,317.		6,025,317.
b Buildings		483,811,300.	158,571,899.	325,239,401.
c Leasehold improvements		1,955,667.	1,672,729.	282,938.
d Equipment		294,944,396.	221,609,660.	73,334,736.
e Other		74,495,893.	15,879,818.	58,616,075.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  463,498,467.

**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) .....		
<b>Total.</b> (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) .....		
<b>Total.</b> (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	956,899.
(2) BOND ISSUANCE COST, LESS AMORTIZATION	1,345,848.
(3) ASSETS HELD IN TRUST	53,033,772.
(4) OTHER ASSETS	11,116,561.
(5) DUE FROM AFFILIATED ENTITIES	18,754,651.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	<b>85,207,731.</b>

**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	35,463,229.
(3) ACCRUED EXPENSES & INTEREST	7,322,134.
(4) PENSION AND OTHER ACCRUED EXPENSES	245,196,851.
(5) DUE TO 3RD PARTY REIMBURSEMENT	14,939,351.
(6) PROFESSIONAL LIABILITY INS FUND	39,184,030.
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>342,105,595.</b>

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

**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	705,558,664.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-325,930.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	21,798,786.
e	Add lines 2a through 2d	2e	21,472,856.
3	Subtract line 2e from line 1	3	684,085,808.
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	53,876,452.
c	Add lines 4a and 4b	4c	53,876,452.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	737,962,260.

**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	683,697,644.
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	16,806,862.
e	Add lines 2a through 2d	2e	16,806,862.
3	Subtract line 2e from line 1	3	666,890,782.
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	46,186,678.
c	Add lines 4a and 4b	4c	46,186,678.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	713,077,460.

**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 21,798,786.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

INCOME FROM ST. FRANCIS INDEMNITY CORPORATION, LLC 13,597,755.

INCOME FROM COLLABORATIVE LAB SERVICES 36,457,234.

NET TRANSFER FROM SAINT FRANCIS FOUNDATION 3,821,463.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 53,876,452.

**Part XIII** Supplemental Information (continued)

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SUBSIDIARIES 16,806,862.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM ST. FRANCIS INDEMNITY COMPANY, LLC 9,920,800.

EXPENSES FROM COLLABORATIVE LAB SERVICES 36,265,878.

TOTAL TO SCHEDULE D, PART XII, LINE 4B 46,186,678.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://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
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> 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		
<b>3</b> 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.		
<b>a</b> 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>b</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 _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"/>	
<b>5a</b> 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>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> 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? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</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.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		11,021	5,967,252.		5,967,252.	.84%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		38,356	29,606,194.		29,606,194.	4.15%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			12,293,429.		12,293,429.	1.72%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		49,377	47,866,875.		47,866,875.	6.71%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		21,679	4,663,864.	2,745,461.	1,918,403.	.27%
<b>f</b> Health professions education (from Worksheet 5) .....		508	27,742,405.	9,524,637.	18,217,768.	2.55%
<b>g</b> Subsidized health services (from Worksheet 6) .....		14,928	2,382,497.		2,382,497.	.33%
<b>h</b> Research (from Worksheet 7) .....		87	230,090.		230,090.	.03%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....		7,000	393,151.	156,087.	237,064.	.03%
<b>j Total.</b> Other Benefits .....		44,202	35,412,007.	12,426,185.	22,985,822.	3.21%
<b>k Total.</b> Add lines 7d and 7j .....		93,579	83,278,882.	12,426,185.	70,852,697.	9.92%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

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

**ST FRANCIS HOSPITAL AND MEDICAL CENTER**

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

<b>Financial Assistance Policy</b>		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
<b>9</b>	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
<b>10</b>	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
<b>11</b>	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
<b>12</b>	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
<b>a</b>	<input checked="" type="checkbox"/> Income level		
<b>b</b>	<input type="checkbox"/> Asset level		
<b>c</b>	<input type="checkbox"/> Medical indigency		
<b>d</b>	<input type="checkbox"/> Insurance status		
<b>e</b>	<input checked="" type="checkbox"/> Uninsured discount		
<b>f</b>	<input type="checkbox"/> Medicaid/Medicare		
<b>g</b>	<input checked="" type="checkbox"/> State regulation		
<b>h</b>	<input type="checkbox"/> Residency		
<b>i</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>13</b>	Explained the method for applying for financial assistance? .....	X	
<b>14</b>	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):		
<b>a</b>	<input type="checkbox"/> The policy was posted on the hospital facility's website		
<b>b</b>	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
<b>c</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
<b>d</b>	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
<b>e</b>	<input checked="" type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
<b>f</b>	<input checked="" type="checkbox"/> The policy was available on request		
<b>g</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>Billing and Collections</b>			
<b>15</b>	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
<b>16</b>	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:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		
<b>17</b>	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
<b>a</b>	<input type="checkbox"/> Reporting to credit agency		
<b>b</b>	<input type="checkbox"/> Lawsuits		
<b>c</b>	<input type="checkbox"/> Liens on residences		
<b>d</b>	<input type="checkbox"/> Body attachments		
<b>e</b>	<input type="checkbox"/> Other similar actions (describe in Section C)		

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

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

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<b>X</b>	

If "No," indicate why:

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

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

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

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

<b>21</b>		<b>X</b>
<b>22</b>		<b>X</b>

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

If "Yes," explain in Section C.

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

If "Yes," explain in Section C.

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 1J: THE HOSPITAL AUGMENTED THE CHNA COMPLETED IN JANUARY 2012 IN PARTNERSHIP WITH THE OTHER HOSPITALS IN HARTFORD WITH INFORMATION FROM QUESTIONNAIRES WITH PATIENTS; FOCUS GROUPS WITH COMMUNITY MEMBERS AND INTERVIEWS WITH HEALTH CARE PROVIDERS SO AS TO GAIN A MORE COMPREHENSIVE PICTURE OF THE NEEDS AS WELL AS THE PRIORITIES. IT WAS APPROVED BY THE BOARD OF DIRECTORS AND SUBSEQUENTLY A COMMUNITY HEALTH IMPLEMENTATION STRATEGY WAS ADOPTED IN FEBRUARY 2014. A COMMUNITY HEALTH SURVEY WAS DEVELOPED THIS PAST YEAR TO ENGAGE COMMUNITY MEMBERS IN AN ONGOING DIALOGUE AND PRESENT CONTINUED OPPORTUNITIES FOR COMMUNITY INPUT. OVER 700 COMMUNITY HEALTH SURVEYS WERE COLLECTED USING THIS METHODOLOGY.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 3: 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.

SAINT 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 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 4: 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 7: THE IMPLEMENTATION STRATEGY WHICH ADDRESSES THE NEEDS FOUND IN THE CHNA HIGHLIGHTS FOUR AREAS OF WORK THAT WILL FOCUS OUR STRATEGIC INITIATIVES TO ADDRESS THE NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT, THEY INCLUDE: COMMUNICATION; STRUCTURAL ISSUES THAT IMPACT ACCESS TO CARE; CLINICAL AREAS OF NEED; AND SOCIAL DETERMINANTS OF HEALTH. DURING THIS PAST YEAR DISEASE PREVENTION HAS TAKEN ON A MORE SIGNIFICANT ROLE IN OUR STRATEGY (IN PART DUE TO COMMUNITY INPUT) AND HAS RESULTED IN A MORE SPECIFIC FOCUS FOR OUR CLINICAL CARE STRATEGIES.

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

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

INITIATIVES THAT ADDRESS THE STRUCTURAL BARRIERS TO ACCESSING CARE INCLUDE:

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

- 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

STRATEGIES TO ADDRESS THESE NEEDS AND TO MEASURE THE IMPACT OF OUR  
APPROACH ARE STILL UNDERWAY. SAINT FRANCIS PLACES A PREMIUM ON THE VALUE  
OF THE PROGRAMS DESIGNED TO ADDRESS COMMUNITY NEEDS AND WITH THE  
LEADERSHIP OF THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY AT SAINT  
FRANCIS USES AN APPROACH THAT INVOLVES SIGNIFICANT COMMUNITY ENGAGEMENT.  
THUS WORK TO ADDRESS THESE NEEDS IS UNDERWAY BUT OUTCOMES ARE NOT YET  
AVAILABLE TO MEASURE IMPACT.

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.

GIVEN THE COMPLEXITY OF THE SOCIAL DETERMINANTS OF HEALTH AND THE  
LONG-TERM INVESTMENT NEEDED TO HAVE AN IMPACT ON THESE NEEDS, THE WORK IN

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

THIS AREA HAS JUST BEGUN. FINDING APPROPRIATE PARTNERS FOR THIS WORK  
TAKES TIME AND THE APPROACH TAKEN BY SAINT FRANCIS IS TO PARTNER WITH  
ORGANIZATIONS THAT HAVE A PROVEN TRACK RECORD AND ABILITY TO HAVE A  
SUSTAINED IMPACT ON THE DEVELOPMENT OF THE COMMUNITY AND ENHANCEMENT OF  
QUALITY OF LIFE FOR THOSE WHO LIVE HERE.

ST FRANCIS HOSPITAL AND MEDICAL  
CENTER

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**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

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**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

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**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

**Part VI** Supplemental Information (Continuation)

HOSPITAL 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 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)

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.

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.

PART II, COMMUNITY BUILDING ACTIVITIES (CONTINUED):

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

**Part VI** Supplemental Information (Continuation)

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

PART 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

**Part VI** Supplemental Information (Continuation)

HEALTH EQUITY INDEX AND TELEPHONE INTERVIEWS OF LOCAL KEY INFORMANTS.

SECONDARY DATA PROFILE FINDINGS:

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

KEY INFORMANT INTERVIEW FINDINGS:

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

QUALITATIVE 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

**Part VI** Supplemental Information (Continuation)

PRIORITIES.

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"

**Part VI** Supplemental Information (Continuation)

WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. AS WELL, INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED IN DISCHARGE MATERIALS. SAINT FRANCIS DOES NOT TURN PATIENTS AWAY DUE TO THEIR INABILITY TO PAY.

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

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

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

**Part VI** Supplemental Information (Continuation)

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:

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.

**Part VI** Supplemental Information (Continuation)

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

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

HIGH BLOOD PRESSURE

DEPRESSION

ALCOHOL AND SUBSTANCE ABUSE

HEART FAILURE

DIABETES

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

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

**Part VI** Supplemental Information (Continuation)

COMMUNITY FOUNDATIONS AND NON-PROFIT ORGANIZATIONS ARE NUMEROUS.

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

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

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

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

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

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

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

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

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

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

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

PART VI, LINE 6:

THE ORGANIZATION IS NOT A PART OF AN AFFILIATED HEALTH CARE

**Part VI** Supplemental Information (Continuation)

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.

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

CT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
HARTFORD SYMPHONY ORCHESTRA 100 PEARL ST, 2ND FLOOR EAST TOWER HARTFORD, CT 06103	06-0637319	501(C)(3)	27,200.	0.	BOOK	N/A	SPONSORSHIP IN SUPPORT OF THE TALCOTT MOUNTAIN MUSIC FESTIVAL.
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	25,000.	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
AMERICAN HEART ASSOCIATION, FOUNDERS AFFILIATE - P.O. BOX 4002012 - DES MOINES, IA 50340	13-5613797	501(C)(3)	10,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS THAT FURTHER THE ASSOCIATIONS MISSION OF BUILDING HEALTHIER LIVES FREE OF
ANTI-DEFAMATION LEAGUE 1952 WHITNEY AVE HAMDEN, CT 06517	13-1818723	501(C)(3)	10,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS AND EDUCATION FOCUSING ON ANTI-SEMITISM AND ALL FORMS OF BIGOTRY,
ARTHRITIS FOUNDATION 35 COLD SPRING RD ROCKY HILL, CT 06067	06-0672782	501(C)(3)	18,100.	0.	BOOK	N/A	TO SUPPORT PROGRAMS AND SERVICES TO THOSE WHO SUFFER FROM ARTHRITIS, AS WELL AS TO FUND VITALLY

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **21.**
- 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) (2013)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
CCSU FOUNDATION INC. P.O. BOX 612 NEW BRITAIN, CT 06050	23-7354328	501(C)(3)	5,000.	0.	BOOK	N/A	SPONSORSHIP PROVIDED TO SUPPORT SCHOLARSHIPS, EDUCATIONAL PROGRAMS AND RESEARCH AT CCSU.
CONNECTICUT FORUM 750 MAIN ST HARTFORD, CT 06103	06-1343149	501(C)(3)	25,000.	0.	BOOK	N/A	TO SUPPORT THE MISSION OF ENCOURAGING THE FREE AND ACTIVE EXCHANGE OF IDEAS IN FORUMS WHICH INFORM,
CT BRAIN TUMOR ALLIANCE P.O. BOX 370514 WEST HARTFORD, CT 06137	26-0307367	501(C)(3)	5,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS TO RAISE PUBLIC AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS
JEWISH FEDERATION OF GREATER HARTFORD - 333 BLOOMFIELD AVE - WEST HARTFORD, CT 06117	06-0655482	501(C)(3)	6,000.	0.	BOOK	N/A	SPONSORSHIP IN SUPPORT OF A WOMEN'S HEALTH PRESENTATION " WHATS IN YOUR GENES? BRCA?". THIS
KOMEN CONNECTICUT 74 BATTERSON PARK ROAD FARMINGTON, CT 06032	75-2844629	501(C)(3)	25,000.	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)	25,000.	0.	BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF
NATIONAL MULTIPLE SCLEROSIS SOCIETY - 659 TOWER AVE - HARTFORD, CT 06112	06-0792055	501(C)(3)	20,000.	0.	BOOK	N/A	IN SUPPORT OF PROGRAMS FOR CUTTING EDGE RESEARCH, DRIVING CHANGE THROUGH ADVOCACY,
NORTHSIDE INSTITUTIONS NEIGHBORHOOD - 20 SARGENT ST - HARTFORD, CT 06105	22-3887275	501(C)(3)	25,000.	0.	BOOK	N/A	TO REVITALIZE THE ASYLUM HILL COMMUNITY AREA BY PROVIDING AFFORDABLE HOUSING OPPORTUNITIES FOR
NUTMEG BIG BROTHERS BIG SISTERS 30 LAUREL ST, STE 3 HARTFORD, CT 06106	06-0850379	501(C)(3)	8,000.	0.	BOOK	N/A	TO MAKE A POSITIVE DIFFERENCE IN THE LIVES OF CHILDREN AND YOUTH FACING ADVERSITY,

Schedule I (Form 990)

**ST FRANCIS HOSPITAL AND MEDICAL  
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Schedule I (Form 990)

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**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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
THE HARTT SCHOOL OF MUSIC 200 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	20,000.	0.	BOOK	N/A	SPONSORSHIP OF THE HARTT GALA, ALL NET PROCEEDS GO TOWARD SCHOLARSHIPS, TUITION ASSISTANCE AND
UNIVERSITY OF HARTFORD 200 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	5,000.	0.	BOOK	N/A	SPONSORSHIP OF THE STEM CONFERENCE HELD ANNUALLY TO EXPLORE AND DISCUSS IDEAS AND INNOVATIONS FOR
UNIVERSITY OF HARTFORD ATHLETICS DEPT - 200 BLOOMFIELD AVE - WEST HARTFORD, CT 06117	06-0731360	501(C)(3)	50,000.	0.	BOOK	N/A	SPONSORSHIP IN SUPPORT OF UNIVERSITY OF HARTFORD ATHLETICS.
UNIVERSITY OF CONNECTICUT FOUNDATION, INC. - 2131 HILLSIDE RD - STORRS, CT 06269	06-6070722	501(C)(3)	13,734.	0.	BOOK	N/A	TO SUPPORT 2014 WHITE COAT GALA TO BENEFIT THE UCONN HEALTH CENTER.
URBAN LEAGUE OF GREATER HARTFORD 140 WOODLAND ST HARTFORD, CT 06105	06-6066491	501(C)(3)	5,000.	0.	BOOK	N/A	TO PROMOTE THE SELF EMPOWERMENT OF INDIVIDUALS IN THE CT CAPITAL REGION TO ACHIEVE
CITY OF HARTFORD HEALTH DEPARTMENT - MIOP - 131 COVENTRY STREET - HARTFORD, CT 06112	06-6001870	170(C)(1)	105,000.	0.	BOOK	N/A	TO SUPPORT THE MATERNAL INFANT AND OUTREACH PROGRAM WHICH WORKS TO IMPROVE THE LIVES OF

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

**Part III** **Grants and Other Assistance to Individuals in the United States.** 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	12	12,000.	0.	BOOK	N/A
MULLANE SCHOLARSHIP FUND	5	5,000.	0.	BOOK	N/A
TRIOMPO HEALING HEARTS & HANDS AWARD	17	5,900.	0.	BOOK	N/A
S.A. CARRABBA, MD, AWARD (RESEARCH PROJECT)	1	500.	0.	BOOK	N/A
KATHLEEN WALDRON & MADELINE TAYLOR FUND	3	3,000.	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:

AMERICAN HEART ASSOCIATION, FOUNDERS AFFILIATE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS THAT FURTHER THE  
ASSOCIATIONS MISSION OF BUILDING HEALTHIER LIVES FREE OF CARDIOVASCULAR  
DISEASE AND STROKE. INCLUDING FUNDING FOR CUTTING EDGE RESEARCH,  
CONDUCTING LIFESAVING AND PUBLIC AND PROFESSIONAL EDUCATIONAL PROGAMS AND  
ADVOCATING TO PROTECT PUBLIC HEALTH.

NAME OF ORGANIZATION OR GOVERNMENT: ANTI-DEFAMATION LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS AND EDUCATION  
FOCUSING ON ANTI-SEMITISM AND ALL FORMS OF BIGOTRY, EXTREMISM, HATE  
CRIME, CIVIL RIGHTS, INTERFAITH AND INTER-GROUP UNDERSTANDING.

NAME OF ORGANIZATION OR GOVERNMENT: ARTHRITIS FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS AND SERVICES TO  
THOSE WHO SUFFER FROM ARTHRITIS, AS WELL AS TO FUND VITALLY IMPORTANT  
RESEARCH.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT FORUM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MISSION OF  
ENCOURAGING THE FREE AND ACTIVE EXCHANGE OF IDEAS IN FORUMS WHICH INFORM,  
CHALLENGE, ENTERTAIN, INSPIRE AND BUILD BRIDGES AMONG ALL PEOPLE AND  
ORGANIZATIONS IN OUR COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT: CT BRAIN TUMOR ALLIANCE

**Part IV** Supplemental Information

(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: JEWISH FEDERATION OF GREATER HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP IN SUPPORT OF A WOMEN'S HEALTH PRESENTATION " WHATS IN YOUR GENES? BRCA?". THIS EDUCATIONAL FORUM WAS PRESENTED TO OFFER FAMILIES INFORMATION, PERSPECTIVE AND RESOURCES ON BREAST AND OVARIAN CANCERS.

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: NATIONAL MULTIPLE SCLEROSIS SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: IN SUPPORT OF PROGRAMS FOR CUTTING EDGE RESEARCH, DRIVING CHANGE THROUGH ADVOCACY, FACILITATING PROFESSIONAL EDUCATION AND PROVIDING PROGRAMS AND SERVICES THAT EMPOWER PEOPLE WITH MS AND THEIR FAMILIES TO MOVE THEIR LIVES FORWARD.

**Part IV** Supplemental Information

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: NUTMEG BIG BROTHERS BIG SISTERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO MAKE A POSITIVE DIFFERENCE IN THE  
LIVES OF CHILDREN AND YOUTH FACING ADVERSITY, PRIMARILY THROUGH  
PROFESSIONALLY SUPPORTED RELATIONSHIPS WITH CARING ADULT VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT: THE HARTT SCHOOL OF MUSIC

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE HARTT GALA, ALL  
NET PROCEEDS GO TOWARD SCHOLARSHIPS, TUITION ASSISTANCE AND EDUCATIONAL  
PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP OF THE STEM CONFERENCE  
HELD ANNUALLY TO EXPLORE AND DISCUSS IDEAS AND INNOVATIONS FOR STEM  
(SCIENCE, TECHNOLOGY, ENGINEERING AND MATHMATICS) CURRICULA.

NAME OF ORGANIZATION OR GOVERNMENT: URBAN LEAGUE OF GREATER HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROMOTE THE SELF EMPOWERMENT OF  
INDIVIDUALS IN THE CT CAPITAL REGION TO ACHIEVE EDUCATIONAL, OCCUPATIONAL  
AND ECONOMIC EQUALITY FOR THEMSELVES AND THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT:



**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

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

**2013**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**06-0646813**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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 checked="" type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<b>b</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	<b>1b</b> X	
<b>2</b> 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?	<b>2</b> X	
<b>3</b> 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"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b> X	
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b> X	
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?	<b>4c</b>	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?	<b>5a</b>	X
<b>b</b> Any related organization?	<b>5b</b>	X
If "Yes" to line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?	<b>6a</b>	X
<b>b</b> Any related organization?	<b>6b</b>	X
If "Yes" to line 6a or 6b, describe in Part III.		
<b>7</b> 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	<b>7</b>	X
<b>8</b> 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	<b>8</b>	X
<b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>	

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

Schedule J (Form 990) 2013

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

06-0646813

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	(i)	873,996.	643,000.	0.	849,381.	45,358.	2,411,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN T. RUBY, M.D. DIRECTOR / DEPT. CHAIRMAN	(i)	636,792.	53,688.	0.	5,000.	13,179.	708,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JOHN RODIS, MD EXECUTIVE VP & COO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	698,627.	75,000.	0.	15,000.	19,542.	808,169.	0.
(4) DAVID BITTNER SR VP FINANCE	(i)	240,714.	105,000.	0.	0.	16,058.	361,772.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TERESA M. BOLTON HUMAN RESOURCES COUNSEL	(i)	271,468.	35,000.	0.	11,375.	10,026.	327,869.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	(i)	318,972.	42,000.	0.	24,614.	20,633.	406,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	(i)	371,088.	67,000.	0.	15,000.	17,277.	470,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JENNIFER SCHNEIDER VP FINANCE/CHIEF COMPLIANCE OFFICER	(i)	185,960.	36,000.	0.	14,368.	19,485.	255,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JOHN N. GIAMALIS EVP & CHIEF ADMIN OFFICER	(i)	564,200.	129,000.	0.	0.	23,634.	716,834.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	248,078.	55,000.	0.	7,500.	13,567.	324,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) LINDA SHANLEY VP AND CIO	(i)	269,690.	50,000.	0.	0.	16,572.	336,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) E. MERRITT MCDONOUGH, JR. SF FOUNDATION PRESIDENT	(i)	373,254.	38,000.	0.	11,400.	31,448.	454,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) STUART ROSENBERG CEO-JMMC	(i)	232,381.	73,000.	0.	9,250.	12,805.	327,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JAMES W. SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	(i)	247,633.	45,000.	0.	11,225.	19,756.	323,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) ERNESTO M. CANALIS, M.D. DIRECTOR OF RESEARCH	(i)	291,053.	0.	0.	24,608.	6,528.	322,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) ROBERT FALAGUERRA VP FACILITIES & SUPPORT SERVICES	(i)	213,691.	29,000.	0.	19,156.	20,894.	282,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

06-0646813

Schedule J (Form 990) 2013

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) NICOLE SCHULZ VP REVENUE CYCLE	(i)	201,717.	40,000.	0.	12,485.	18,147.	272,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) PAUL F. MITCHELL, DMD FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	263,173.	0.	0.	24,614.	18,618.	306,405.	0.
(19) KATHLEEN M. ROCHE FORMER EXECUTIVE VP & COO	(i)	431,719.	0.	208,333.	0.	10,215.	650,267.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) ARTHUR DETORE FORMER SVP CHIEF PHYSICIAN EXECUTIVE	(i)	369,930.	0.	191,250.	0.	12,220.	573,400.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) REBECCA BURKE FORMER SVP, PATIENT CARE & CLINICAL	(i)	108,069.	0.	214,582.	0.	9,293.	331,944.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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:**

KATHLEEN M. ROCHE RECEIVED A SEVERANCE BENEFIT OF \$208,333.

ARTHUR DETORE RECEIVED A SEVERANCE BENEFIT OF \$191,250.

REBECCA BURKE RECEIVED A SEVERANCE BENEFIT OF \$214,582.

CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN DURING THE YEAR WITH AN ESTIMATED BENEFIT OF \$834,000.

**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. ▶ See separate instructions. ▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://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) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	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>B</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
<b>C</b>												
<b>D</b>												

**Part II Proceeds**

	A	B	C		D	
<b>1</b> Amount of bonds retired	795,000.	1,635,000.				
<b>2</b> Amount of bonds legally defeased						
<b>3</b> Total proceeds of issue	39,745,000.	213,215,000.				
<b>4</b> Gross proceeds in reserve funds	629,173.					
<b>5</b> Capitalized interest from proceeds						
<b>6</b> Proceeds in refunding escrows						
<b>7</b> Issuance costs from proceeds	447,069.	1,209,100.				
<b>8</b> Credit enhancement from proceeds						
<b>9</b> Working capital expenditures from proceeds	38,673,020.					
<b>10</b> Capital expenditures from proceeds						
<b>11</b> Other spent proceeds		212,005,900.				
<b>12</b> Other unspent proceeds						
<b>13</b> Year of substantial completion						
	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue?	X		X			
<b>15</b> Were the bonds issued as part of an advance refunding issue?		X		X		
<b>16</b> Has the final allocation of proceeds been made?	X		X			
<b>17</b> 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
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property?	X		X					

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

**Part III Private Business Use (Continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....		X	X					
<b>b</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					
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....		X	X					
<b>d</b> 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					
<b>4</b> 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 .....		%		%		%		%
<b>5</b> 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 .....		%		%		%		%
<b>6</b> Total of lines 4 and 5 .....		%		%		%		%
<b>7</b> Does the bond issue meet the private security or payment test? .....		X		X				
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....		%		%		%		%
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? .....		X		X				
<b>2</b> If "No" to line 1, did the following apply? .....								
<b>a</b> Rebate not due yet? .....		X		X				
<b>b</b> Exception to rebate? .....		X		X				
<b>c</b> No rebate due? .....	X		X					
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed .....								
<b>3</b> Is the bond issue a variable rate issue? .....	X		X					
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? .....		X		X				
<b>b</b> Name of provider .....	N/A		N/A					
<b>c</b> Term of hedge .....								
<b>d</b> Was the hedge superintegrated? .....		X		X				
<b>e</b> 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
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....		X		X				
<b>b</b> Name of provider .....	N/A		N/A					
<b>c</b> Term of GIC .....								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....		X		X				
<b>6</b> Were any gross proceeds invested beyond an available temporary period? .....		X		X				
<b>7</b> 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 SERIES H-M BOND QUALIFIED TAX EXEMPT BONDS, WHICH MATURE SERIALY FROM 2018 TO 2021 THROUGH PRIVATE PLACEMENT.

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2013

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. See separate instructions. Information about Schedule L (Form 990 or 990-EZ) 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 Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

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

Schedule L (Form 990 or 990-EZ) 2013

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN N. GIAMALIS	EVP & CHIEF ADMIN O	205,885.	RENTAL OF O		X
JOHN N. GIAMALIS	EVP & CHIEF ADMIN O	2,701,553.	MANAGED CAR		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	205,885.	RENTAL OF O		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,701,553.	MANAGED CAR		X
REBECCA BURKE	KEY EMPLOYEE	2,533,349.	PURCHASE OF		X
REBECCA BURKE	KEY EMPLOYEE	856,843.	RENTAL OF O		X
REBECCA BURKE	KEY EMPLOYEE	16,744,700.	RENTAL OF O		X
REBECCA BURKE	KEY EMPLOYEE	23,043,771.	PURCHASE OF		X
DANIEL O'CONNELL	DIRECTOR	205,885.	RENTAL OF O		X
DANIEL O'CONNELL	DIRECTOR	2,701,553.	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 N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 205,885.

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

TELECOMMUNICATIONS, AND ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT

FRANCIS HEALTHCARE PARTNERS. JOHN N. GIAMALIS IS A BOARD MEMBER 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 \$ 2,701,553.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SAINT FRANCIS

HEALTHCARE PARTNERS. JOHN N. GIAMALIS IS A BOARD MEMBER OF SAINT FRANCIS

HEALTHCARE PARTNERS.

(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: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 205,885.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 2,701,553.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 2,533,349.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

**Part V** Supplemental Information

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

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 856,843.

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 16,744,700.

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

IS A DIRECTOR OF COLLABORATIVE LABORATORY SERVICES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 23,043,771.

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

(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: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 205,885.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE,  
TELECOMMUNICATIONS, AND ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT  
FRANCIS HEALTHCARE PARTNERS. DANIEL O'CONNELL IS A BOARD MEMBER 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 \$ 2,701,553.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 3,745,146.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

**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:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 3,075,646.

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

(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 \$ 101,051.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILIP J. SCHULZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 272,349.

(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: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EVP & CHIEF ADMIN OFFICER

(C) AMOUNT OF TRANSACTION \$ 476,670.

**Part V** Supplemental Information

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

(C) AMOUNT OF TRANSACTION \$ 476,670.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT FRANCIS CARE MEDICAL GROUP. KATHLEEN ROCHE 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 \$ 476,670.

(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: TERESA BOLTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 476,670.

(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 CARE MEDICAL GROUP. TERESA BOLTON IS  
A DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: P. ANTHONY GIORGIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,476,426.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KARL KRAPEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,476,426.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 202,034.

(D) DESCRIPTION OF TRANSACTION: SON - DR. ERIC VAN ROOY IS AFFILLIATED

**Part V** Supplemental Information

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

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 \$ 110,200.

(D) DESCRIPTION OF TRANSACTION: DR. JOHN PAPANDREA'S SPOUSE, DR.

KATHLEEN KENNEDY, IS A CARDIOLOGIST IN A PRIVATE PRACTICE THAT PROVIDES PROFESSIONAL SERVICES TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER. DR.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 105,963.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VP & COO

**Part V Supplemental Information**

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

(C) AMOUNT OF TRANSACTION \$ 205,885.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE,  
TELECOMMUNICATIONS, AND ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT  
FRANCIS HEALTHCARE PARTNERS. JOHN RODIS IS A BOARD MEMBER OF SAINT  
FRANCIS HEALTHCARE PARTNERS.

(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 \$ 205,885.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE,  
TELECOMMUNICATIONS, AND ADMINISTRATIVE & ACCOUNTING SERVICES TO SAINT  
FRANCIS HEALTHCARE PARTNERS. DAVID BITTNER IS A BOARD MEMBER 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 \$ 2,701,553.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(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).

SR VP FINANCE

(C) AMOUNT OF TRANSACTION \$ 2,701,553.

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

(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 \$ 329,680.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KARL KRAPEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 329,680.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUSAN J. SAPPINGTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V Supplemental Information**

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

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 66,300.

(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 GROUP AND SAINT FRANCIS CARE, INC.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

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

Employer identification number  
**06-0646813**

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

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

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

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

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

OUR MISSION:

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

OUR CORE VALUES:

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

Employer identification number  
**06-0646813**

**RESPECT:**

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

**INTEGRITY:**

**WE ARE FAITHFUL, TRUSTWORTHY AND JUST.**

**SERVICE:**

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

**LEADERSHIP:**

**WE ENCOURAGE INITIATIVE, CREATIVITY, LEARNING AND RESEARCH.**

**STEWARDSHIP:**

**WE CARE FOR AND STRENGTHEN RESOURCES ENTRUSTED TO US.**

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

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

**"COMMUNITY BENEFIT" IS A PLANNED, MANAGED, AND MEASURED APPROACH TO  
BOTH EVALUATING AND PROVIDING THOSE SERVICES IDENTIFIED AS HIGH**

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

Employer identification number  
**06-0646813**

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 2014.

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 2014, SAINT FRANCIS PROVIDED \$78,102,500 IN COMMUNITY BENEFIT, OF WHICH \$5,967,252 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$21,847,988 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS).

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

Employer identification number  
**06-0646813**

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 2014, SAINT FRANCIS PROVIDED COMMUNITY BENEFIT SERVICES TO 147,675 INDIVIDUALS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS.

CHARITY CARE - \$ 5,967,252

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. THIS YEAR'S REPORT HIGHLIGHTS THE WORK OF THE FINANCIAL COUNSELORS WHO ADMINISTER CHARITY CARE, SOMETIMES REFERRED TO AS FINANCIAL RELIEF. CHARITY CARE IS REPORTED IN TERMS OF COSTS, NOT CHARGES.

COMMUNITY BENEFIT SERVICES - \$ 30,235,625

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 HEALTHCARE - \$ 41,899,623

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

Employer identification number  
**06-0646813**

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 - \$ 78,102,500

COMMUNITY BENEFIT - SERVICES

WHAT ARE THE NUMBERS? COMMUNITY BENEFIT IS CATEGORIZED INTO THREE BROAD AREAS WHICH INCLUDE: CHARITY CARE, GOVERNMENT-SPONSORED HEALTHCARE, AND COMMUNITY BENEFIT SERVICES. THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION, WHICH THIS PAST YEAR TOTALED \$30,235,625.

A. COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 2,035,780

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

COMMUNITY HEALTH EDUCATION

- ADAPTIVE ROWING PROGRAM

- BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH

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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 & 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 PROGRAM OUTREACH

**COMMUNITY-BASED CLINICAL SERVICES**

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

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- SUPPORT FOR MALTA VAN HEALTHCARE SUPPORT SERVICES
- 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
- HEALTH EQUITY FELLOWSHIP
- LITERACY SUPPORT PROGRAMS
- TRANSPORTATION SUPPORT
- LANGUAGE SUPPORT SERVICES
- THE AUXILIARY REPETITIONS THRIFT STORE
- JOAN C. DAUBER EMERGENCY FOOD BANK
- KEEP-THE-POWER-ON UTILITY CLINIC

**B. HEALTH PROFESSIONS EDUCATION - \$ 24,803,442**

**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

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

**C. SUBSIDIZED HEALTH SERVICES - \$ 2,382,497**

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

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

**D. RESEARCH - \$ 230,090**

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 - \$ 237,064**

THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED TO INDIVIDUALS NOT AFFILIATED WITH THE ORGANIZATION, OR TO COMMUNITY

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GROUPS AND OTHER NOT-FOR-PROFIT ORGANIZATIONS. IN-KIND SERVICES INCLUDE  
HOURS CONTRIBUTED BY STAFF TO THE COMMUNITY WHILE ON WORK TIME;  
OVERHEAD EXPENSES OF SPACE DONATED TO NOT-FOR-PROFIT COMMUNITY GROUPS;  
AND THE DONATION OF FOOD, EQUIPMENT, AND SUPPLIES.

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

F. COMMUNITY-BUILDING ACTIVITIES - \$ 238,668

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 - \$ 308,084

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

BRIDGING THE DIVIDE - 2014 COMMUNITY BENEFIT REPORT

WELCOME

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SIR ISAAC NEWTON ONCE WROTE, "WE BUILD TOO MANY WALLS AND NOT ENOUGH BRIDGES."

TODAY, MORE THAN EVER, WE NEED BRIDGES BETWEEN THE VOICES OF FAMILIES IN OUR COMMUNITIES AND HEALTHCARE PROVIDERS WHO SEEK TO FOCUS RESOURCES WHERE THEY ARE NEEDED MOST. WITH THE GREAT DIVERSITY OF OUR REGION, WE HAVE AN OPPORTUNITY TO IMPROVE THE HEALTH OF ALL THE COMMUNITIES WE SERVE, INCLUDING THE MOST VULNERABLE, BY PROVIDING CULTURALLY APPROPRIATE, COMMUNITY-INFORMED, PREVENTION-SMART RESOURCES THAT HARNESS THE MOST VISIONARY APPROACHES IN HEALTHCARE TODAY. OUR DESTINY MUST BE YOUR BESTCARE.

OUR MISSION WILL HELP US BUILD BRIDGES THAT ENSURE YOUR HEALTH AND WELLNESS IS EASIER TO MAINTAIN BY PROVIDING BETTER ACCESS, LESS COMPLICATED SERVICES, MINDFUL OF ELIMINATING THE BARRIERS TO QUALITY CARE AND OUTCOMES.

IN THE STORIES THAT FOLLOW, YOU WILL SEE MOVING EXAMPLES OF HOW OUR MISSION TO GIVE BACK TO OUR COMMUNITY IS MAKING A DIFFERENCE. IN 2014, OVER \$78,102,500 WAS TARGETED TO COMMUNITY NEEDS. THAT AMOUNTS TO \$213,979 EACH DAY. EVERY DOLLAR MUST PASS THE MISSION TEST TO BENEFIT THE COMMUNITIES WE SERVE, ESPECIALLY THOSE IN MOST NEED.

ASK DEBORAH, WHOSE DESTINATION IN LIFE CROSSED A BRIDGE THAT INTRODUCED EASIER ACCESS TO CARE, MORE MEANINGFUL RELATIONSHIPS THAT ASSISTED ALL ASPECTS OF LIFE THAT MADE A DIFFERENCE IN HER OUTLOOK. OR REV. DAVID MASSEY, WHO ENGAGED PROVIDERS AT SAINT FRANCIS AS FAMILY...HONESTLY

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SHAPING THE WAY CARE NEEDED TO HAPPEN FOR HIM. TALK WITH MEMBERS OF THE  
BHUTAN COMMUNITY WHO SEE SAINT FRANCIS AS A NEIGHBORHOOD PARTNER  
HELPING THEM TRANSITION TO A NEW HOME.

AFTER 118 YEARS, SAINT FRANCIS' MISSION IS WELL POSITIONED TO BUILD  
BRIDGES TO MORE PERSONAL HEALTH AND WELLNESS FOR YOU, AS WELL. WHERE  
RELATIONSHIPS MATTER MOST. WE VALUE OUR RELATIONSHIP WITH YOU AND YOUR  
FAMILY, AND WELCOME YOUR INSIGHTS! MORE THAN EVER, WE ARE HONORED TO BE  
A TRUSTED PROVIDER OF HEALTHCARE TO BENEFIT OUR COMMUNITIES!

BRIDGING THE DIVIDE

THE ROLE OF COMMUNITY IN HEALTHCARE IS CHANGING - NEVER BEFORE HAS THE  
HEALTHCARE SYSTEM FOCUSED SO MUCH ATTENTION ON THE NEEDS OF PATIENTS  
AND THE IDEA THAT RELATIONSHIPS WITH THE PEOPLE IN THE COMMUNITY CAN  
LEAD TO A BETTER SYSTEM FOR PROVIDING THE CARE AND SUPPORT NEEDED FOR  
OPTIMAL HEALTH.

COMMUNITY BENEFIT IS EMBLEMATIC OF THAT CHANGE - FROM ITS START AS A  
SIMPLE PLAN FOR COLLECTING AND REPORTING DATA ABOUT COMMUNITY-BASED  
HOSPITAL ACTIVITIES, TO THE DEVELOPMENT OF A REQUIRED ANNUAL REPORTING  
TO THE IRS AND PERIODIC COMMUNITY HEALTH NEEDS ASSESSMENT AND THE  
SUBSEQUENT STRATEGIC IMPLEMENTATION PLAN DESIGNED TO ADDRESS THOSE  
NEEDS. COMMUNITY BENEFIT AT SAINT FRANCIS HAS EVOLVED TO TARGET  
RESOURCES WHERE THEY ARE NEEDED MOST AND TO BRIDGE THE DIVIDE BETWEEN  
THE SYSTEM OF HEALTHCARE DELIVERY AND THE CURRENT NEEDS OF COMMUNITY  
MEMBERS WHO CHOOSE SAINT FRANCIS AS THEIR HEALTHCARE PROVIDER.

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THE SAINT FRANCIS STRATEGIC IMPLEMENTATION PLAN FOR COMMUNITY BENEFIT IDENTIFIES FOUR PRIORITY AREAS OF WORK BASED ON THE FINDINGS OF THE COMMUNITY HEALTH NEEDS ASSESSMENT COMPLETED IN 2012. (SEE CALL-OUT BOX.) THESE PRIORITIES HIGHLIGHT ISSUES THAT HAVE A SIGNIFICANT IMPACT ON HEALTH OUTCOMES FOR PATIENTS BOTH WITHIN THE HEALTHCARE SYSTEM AND IN THE COMMUNITY. THIS REPORT WILL IDENTIFY THOSE PRIORITIES AND THEN PROVIDE EXAMPLES OF PATIENTS WHO HAVE BENEFITED FROM OUR COMMITMENT TO PROVIDING SERVICES THAT TARGET COMMUNITY PRIORITIES AND IMPROVE HEALTH OUTCOMES. THESE STORIES ARE IMPORTANT, NOT ONLY FOR THOSE IN NEED OF CARE, BUT FOR US ALL. AS A COMMUNITY OF PEOPLE WHO PARTICIPATE TOGETHER IN A HEALTHCARE SYSTEM, WE NEED TO UNDERSTAND HOW THAT SYSTEM CAN HELP EACH OF US WHEN WE NEED IT MOST. BY HIGHLIGHTING A FEW EXAMPLES WE HOPE TO SHARE OUR PRIORITIES, DEMONSTRATE THE VALUE OF BRIDGING THE DIVIDE BETWEEN THE COMMUNITY AND THE HEALTHCARE SYSTEM, AND ENGAGE THE COMMUNITY IN THIS IMPORTANT DISCUSSION.

STRATEGIC PRIORITIES FOR COMMUNITY BENEFIT:

IMPROVE COMMUNICATION

EXAMPLE: WORK WITH A NEW IMMIGRANT GROUP RESULTS IN BETTER UNDERSTANDING.

REMOVE BARRIERS TO HEALTHCARE

EXAMPLE: COLLABORATION WITH COMMUNITY AGENCY IMPROVES HEALTH OUTCOMES FOR A PATIENT.

PROVIDE COORDINATED CARE

EXAMPLE: A PATIENT WITH COMPLEX HEALTH ISSUES GETS THE SERVICES NEEDED

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TO RETURN TO HEALTH.

TARGET SOCIAL DETERMINANTS OF HEALTH

EXAMPLE: FINANCIAL COUNSELORS HELP PATIENTS ENROLL IN NEEDED HEALTH  
INSURANCE.

IMPROVING COMMUNICATION

THE WELCOMING COMMITTEE IS A SUB-COMMITTEE OF THE ASYLUM HILL  
NEIGHBORHOOD ASSOCIATION (WWW.ASYLUMHILL.ORG) AND HAS BEEN MEETING  
MONTHLY AT THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY AT SAINT  
FRANCIS FOR THE PAST YEAR. THIS GROUP IS MADE UP OF MEMBERS FROM BOTH  
THE IMMIGRANT AND RECEIVING COMMUNITIES, AND FOCUSES ON SUPPORTING NEW  
IMMIGRANTS TO INTEGRATE INTO THE NEIGHBORHOOD AS WELL AS NAVIGATE THE  
SERVICES THEY NEED TO MAKE HARTFORD THEIR NEW HOME. THE SPACE IS  
OFFERED FREE TO COMMUNITY GROUPS, AND PROVIDES EASY ACCESS TO PARKING  
AND IS LOCATED RIGHT ON THE BUS LINE WHICH ENHANCES THE ABILITY OF  
GROUP MEMBERS TO ATTEND REGULARLY, THEREBY IMPROVING GROUP  
COHESIVENESS.

MEMBERS HAIL FROM COUNTRIES THAT INCLUDE TOGO, CAMEROON, BHUTAN, BURMA,  
PERU, THE IVORY COAST, GHANA AND NEPAL. MANY ARE LEARNING ENGLISH AND  
ESTABLISHING THEMSELVES AND THEIR FAMILIES BY CONNECTING WITH FELLOW  
RESIDENTS, NEIGHBORHOOD AGENCIES AND INSTITUTIONS OFFERING THEM A RANGE  
OF SERVICES AND TARGETED ASSISTANCE. THE SUPPORT OF THE CENTER  
FACILITATES SUCH CONNECTIONS TO MULTIPLE RESOURCES AND SERVES AS A  
BRIDGE BETWEEN GROUP MEMBERS AND THE SERVICES THAT EXIST IN THE  
COMMUNITY. THIS PAST YEAR STAFF FROM THE URBAN LEAGUE, LOCATED IN THE

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SAME BUILDING, GAVE WORKSHOPS ON "BUYING YOUR FIRST HOME" AND "FINDING EMPLOYMENT," TOPICS THAT GROUP MEMBERS HAD ASKED TO LEARN MORE ABOUT.

THE RELATIONSHIP WITH THE WELCOMING COMMITTEE WORKS BOTH WAYS IN THAT THE MEMBERS SOMETIMES SERVE AS A RESOURCE FOR SAINT FRANCIS. ONE EXAMPLE OF THIS IS WHEN A HOSPITAL CHAPLAIN WAS WORKING WITH A PATIENT WHOSE FAMILY MEMBER WAS DYING; SHE WAS NOT AWARE OF THE CULTURAL AND RELIGIOUS CUSTOMS OF THIS FAMILY AND WAS TRYING TO FIND A RELIGIOUS LEADER FROM WITHIN THAT COMMUNITY WHO COULD ASSIST THE FAMILY THROUGH THIS DIFFICULT TIME. BY CONTACTING A MEMBER OF THE WELCOMING COMMITTEE, AN APPROPRIATE RELIGIOUS LEADER WAS FOUND AND THE FAMILY FOUND SOME SOLACE DURING THIS DIFFICULT TIME. IN ANOTHER CASE, A SOCIAL WORKER FROM THE SAINT FRANCIS CHILDREN'S ADVOCACY CENTER HAD CONCERNS ABOUT COMMUNICATING APPROPRIATELY TO THE FAMILY MEMBER OF A CHILD WHO WAS SEXUALLY ABUSED. AGAIN, THE WELCOMING COMMITTEE SERVED AS A RESOURCE FOR FINDING THE INFORMATION NEEDED TO HELP THE STAFF MEMBER COMMUNICATE THIS SENSITIVE INFORMATION TO THE FAMILY IN A CULTURALLY APPROPRIATE MANNER.

REMOVING BARRIERS TO HEALTHCARE

MANAGEMENT OF A CHRONIC ILLNESS CAN BE A DIFFICULT TASK, BUT IT IS EVEN MORE CHALLENGING WHEN FACED WITH LIMITED RESOURCES AND INSUFFICIENT HEALTH INSURANCE COVERAGE. SAINT FRANCIS HAS PARTNERED WITH A NATIONAL ORGANIZATION CALLED COMMUNITY SOLUTIONS, WHICH IS ENGAGED LOCALLY IN COMMUNITY DEVELOPMENT DESIGNED TO IMPROVE THE QUALITY OF LIFE FOR THE RESIDENTS IN THE NORTH END OF HARTFORD. ONE FOCUS OF THIS PARTNERSHIP HAS BEEN TO HELP RESIDENTS FIND THE SERVICES THEY NEED TO MANAGE

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CHRONIC ILLNESS RATHER THAN USING THE HIGH-COST SERVICES OF THE EMERGENCY ROOM FOR THEIR HEALTHCARE. IN THE FIRST NINE MONTHS OF A PILOT PROJECT, PARTICIPANTS EXPERIENCED A 57 PERCENT DECREASE IN THEIR EMERGENCY ROOM USE. A SOCIAL WORKER FROM COMMUNITY SOLUTIONS, NADIA LUGO, SAYS HER CLIENT DEBORAH KNOWLES' STORY SHOWS HOW THE NEW APPROACH WORKS.

DEBORAH IS A NORTH END RESIDENT BY WAY OF SOUTH CAROLINA. SHE LIVES IN A VERY CLEAN AND HOMEY APARTMENT, AND SHE HAS AN AMAZING SMILE - THAT BECOMES EVEN MORE AMAZING WHEN YOU LEARN SHE IS LIVING WITH CHRONIC BACK PAIN, CIRRHOSIS OF THE LIVER, DIABETES, AND HYPERTENSION. IT'S CLEAR WHEN YOU SIT IN HER KITCHEN THAT SHE LOVES TO COOK. SHE HAS A LARGE BAG OF ONIONS AND POTATOES ON THE SHELF IN THE CORNER ALONG WITH BIG BAGS OF BOTH RICE AND BEANS. SHE EVEN HAS A SET OF MEASURING CUPS ADORNING THE WALLS.

"WHEN I WAS A KID WE MOVED TO SOUTH CAROLINA AND WE DIDN'T HAVE ANY FURNITURE IN OUR NEW HOUSE. MY MOM SAID SHE COULD BUY THE FURNITURE IF WE ALL AGREED TO EAT BEANS FOR A FULL MONTH. SO WE DID - AND WE GOT THAT FURNITURE. AND YOU KNOW - I STILL LOVE TO COOK BEANS."

WHEN SHE MET NADIA, DEBORAH WAS USING THE EMERGENCY ROOM TO DEAL WITH HER HEALTH ISSUES. SHE DID NOT HAVE TRANSPORTATION, AND BECAUSE OF ACUTE BACK PAIN, SHE WAS UNABLE TO WALK TO THE BUS STOP. SOMETIMES HER MEDICAL CABS DID NOT SHOW UP, SO SHE WOULD CALL THE AMBULANCE TO GET TO THE EMERGENCY ROOM AND RECEIVE THE TREATMENT SHE NEEDED. THIS USE OF THE EMERGENCY ROOM WAS LOGICAL, BUT IT WAS ALSO EXPENSIVE AND TIME-CONSUMING FOR DEBORAH. NADIA HELPED HER DEVELOP A BETTER STRATEGY

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FOR MANAGING HER CHRONIC CONDITIONS.

SINCE SHE MET NADIA, DEBORAH HAS SEEN HER QUALITY OF LIFE, AND HER HEALTH, IMPROVE SIGNIFICANTLY. SHE NOW HAS A PLAN SET UP WITH HER LANDLORD TO ADDRESS BACK RENT, AND A WALKER AND STABILITY BARS TO GET AROUND HER APARTMENT MORE EASILY. HER PRESCRIPTIONS ARE NOW DELIVERED TO HER HOME, AND SHE HAS GAINED CONTROL OF HER DIABETES THANKS TO A PRIMARY CARE DOCTOR AND A VISITING NURSE, WHO HELPS WITH HER INSULIN SHOTS. DEBORAH NO LONGER SPENDS THE DAY IN BED DEPRESSED AND IN CHRONIC PAIN. INSTEAD, SHE SAYS SHE WANTS TO GET OUTSIDE MORE AND VISIT HER FRIENDS AND FAMILY. SHE IS EVEN CONSIDERING ATTENDING THE VALENTINE'S DAY DANCE AT THE ELKS CLUB.

COMMUNITY-BASED CARE COORDINATION HAS HELPED DEBORAH SPEND LESS TIME IN THE HOSPITAL AND MORE TIME DOING WHAT SHE LOVES. SHE IS FOREVER GRATEFUL TO NADIA FOR HELPING HER GET HER LIFE BACK.

PROVIDING COORDINATED CARE

PASTOR DAVID MASSEY HAS SEEN A LOT OF SAINT FRANCIS IN THE PAST FEW YEARS. FIRST HE WAS DIAGNOSED WITH HEART DISEASE, CONCURRENTLY HE HAD DIABETES AND THEN, JUST AS SOON AS HE RECOVERED HIS HEALTH, HE FOUND A LUMP ON THE SIDE OF HIS NECK. IT PROVED TO BE NASAL PHARYNX CANCER AND BECAME THE MOST DIFFICULT OF HIS HEALTH ISSUES TO ADDRESS. FOR ALMOST A YEAR HE RECEIVED RADIATION AND CHEMOTHERAPY TREATMENT AT THE SAINT FRANCIS/MOUNT SINAI REGIONAL CANCER CENTER. IT WAS A LONG AND DIFFICULT JOURNEY THAT INCLUDED MANY HEALTHCARE PROVIDERS.

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"I'VE BEEN AT SAINT FRANCIS A LOT LATELY, IT FEELS LIKE FAMILY TO ME AND ONE PERSON CAN MAKE A BIG DIFFERENCE."

HEALTH ISSUES HAVE CHANGED REVEREND MASSEY IN MANY WAYS. THE FIRST THING YOU NOTICE IS THAT HIS WEIGHT HAS DROPPED FROM OVER 200 LBS. TO A SLIM 170 - A WEIGHT THAT HE DESCRIBES AS "LOOKING GOOD ON ME." HE ALSO SAYS HE HAS A LOT MORE KNOWLEDGE ABOUT HOW TO BE AN ADVOCATE FOR HIMSELF AND HE ACTIVELY PARTICIPATES IN HEALTHCARE DECISIONS. FOR EXAMPLE, WHEN HE SAW THAT HIS BLOOD SUGARS WERE NORMAL AFTER HAVING LOST ALL THAT WEIGHT HE SUGGESTED THAT HE STOP THE MEDICINE TO SEE IF HIS BLOOD SUGAR WAS NOW STABLE, AND HE WAS RIGHT. BEFORE THIS JOURNEY HE WAS NOT SO GOOD AT THAT. BUT NOW HE SAYS, "I'M HEALTHY IN MY MIND, AND I PLAY A ROLE IN MY HEALING AND MY CARE."

PASTOR MASSEY IS A THOUGHTFUL, ARTICULATE PERSON - AND HE DESCRIBES HIMSELF AS "PARTICULAR." SO WHEN HE WAS NOT GETTING WHAT HE NEEDED FROM SAINT FRANCIS STAFF HE ASKED TO TALK WITH A SUPERVISOR AND THINGS IMPROVED; WHEN HE FELT THAT HE COULD BENEFIT FROM TAKING THE DIABETES CLASS A SECOND TIME HE ASKED TO BE ENROLLED IN THE NEXT CLASS; AND WHEN HE FOUND THE MUSIC IN THE CHEMOTHERAPY SUITE NOT TO HIS LIKING, THE STAFF FOUND SOMETHING MORE APPROPRIATE. PATIENTS APPRECIATE IT WHEN THEY ARE RECOGNIZED AS INDIVIDUALS AND HEALTHCARE PROVIDERS WORK TO COORDINATE THE CARE THEY NEED. ACKNOWLEDGEMENT FROM A HEALTHCARE PROVIDER OF THE STRUGGLE TO STAY POSITIVE WHEN YOU ARE SICK CAN GO A LONG WAY. THE SMALL THINGS CAN MAKE ALL THE DIFFERENCE IN HEALING. REVEREND MASSEY SAID IT BEST WHEN HE SAID, "I'VE BEEN AT SAINT FRANCIS A LOT LATELY, IT FEELS LIKE FAMILY TO ME AND ONE PERSON CAN MAKE A BIG DIFFERENCE." IMAGINE THE DIFFERENCE PASTOR MASSEY CAN MAKE WHEN HE

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SPEAKS TO HIS CONGREGATION OF OVER 1,700 PEOPLE ABOUT HIS INSIGHTS ON HEALTH AND THE COORDINATION OF HEALTHCARE SERVICES HE RECEIVED FROM SAINT FRANCIS.

TARGETING SOCIAL DETERMINANTS OF HEALTH

ISSUES ON THE MARGINS OF HEALTHCARE, BUT IN THE CENTER OF PEOPLE'S LIVES CAN HAVE A HUGE IMPACT ON HEALTH OUTCOMES. HOW MUCH MONEY SOMEONE MAKES, THE NEIGHBORHOOD THEY LIVE IN, THEIR LEVEL OF EDUCATION, THE TYPE OF WORK THEY DO, HOUSING, FOOD SECURITY, EXPOSURE TO VIOLENCE, EXPERIENCE OF TRAUMA - ALL OF THESE ISSUES ARE REFERRED TO AS THE "SOCIAL DETERMINANTS OF HEALTH" AND MUST BE ADDRESSED TO MAINTAIN GOOD HEALTH.

AT SAINT FRANCIS, FIVE FULL-TIME FINANCIAL COUNSELORS HELP PATIENTS AND COMMUNITY MEMBERS ENROLL IN HEALTH INSURANCE - EITHER MEDICARE; MEDICAID, OR INSURANCE ON THE HEALTH EXCHANGE. PATIENTS ARE ALSO SCREENED TO DETERMINE IF THEY QUALIFY FOR RESOURCES AVAILABLE FOR A SPECIFIC ILLNESS OR AN EXPENSIVE DRUG. FINALLY, CHARITY CARE, OR "FINANCIAL RELIEF," IS OFFERED THROUGH THIS OFFICE TO THOSE WHO CANNOT GET HEALTH INSURANCE. THE STAFF IS A DIVERSE GROUP OF COMMITTED PROFESSIONALS - 4 OUT OF 5 ARE BILINGUAL; THEY WORK AT THE GENGRAS AND BURGDORF CLINICS; IN THE EMERGENCY ROOM; AND ON THE HOSPITAL FLOORS. THEY PROVIDE HELP WHEN IT IS NEEDED MOST.

HERE IS WHAT THEY HAD TO SAY ABOUT THEIR WORK:

TELL ME ABOUT A TYPICAL DAY IN THE LIFE OF A FINANCIAL COUNSELOR.

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"OUR WORK MOSTLY INCLUDES TALKING WITH PEOPLE TO FIND OUT THEIR NEEDS AND THEN MATCHING THEM UP WITH THE PROGRAMS THAT CAN HELP."

CAN YOU TELL ME MORE ABOUT THOSE PROGRAMS?

"WE PROVIDE INFORMATION ABOUT HEALTH INSURANCE THAT IS ON THE EXCHANGE (ACCESS HEALTH CT) AND INFORMATION ABOUT MEDICAID AND HUSKY, AND THEN WE ALSO WORK WITH PEOPLE TO SEE IF THEY QUALIFY FOR "FINANCIAL RELIEF," SOMETIMES CALLED CHARITY CARE, AND FINALLY WE HELP WITH PAYMENT PLANS."

WHEN YOU SAY PAYMENT PLANS, WHAT DO YOU MEAN?

"THIS IS WHEN SOMEONE HAS A BILL AND THEY CANNOT PAY IT ALL OFF BUT THEY CAN COME UP WITH A PLAN TO PAY IT OFF SLOWLY UNTIL IT IS FULLY PAID."

WHERE DO YOU GET REFERRALS?

"ALL OVER, THE EMERGENCY ROOM, THE 'DAILY REPORT' WHICH INCLUDES ALL THE IN-HOUSE SELF PAY PATIENTS, FROM CASE MANAGEMENT AND NOW WE ALSO GET REFERRALS FROM THE STATE 211 HELPLINE. THE FINANCIAL COUNSELORS AT SAINT FRANCIS ARE QUALIFIED TO HELP PEOPLE FIND HEALTH INSURANCE ON THE STATE HEALTH EXCHANGE. SO THAT MEANS WE MIGHT BE HELPING A PERSON WITH PRIVATE INSURANCE OR STATE COVERAGE AND IT ALSO MEANS THEY MIGHT NOT COME TO SAINT FRANCIS FOR THEIR HEALTHCARE."

YOU MEAN YOU ARE SIGNING UP PEOPLE WHO JUST COME INTO THE HOSPITAL TO FIND HEALTH INSURANCE?

"YES, NOW THAT WE ARE TRAINED TO DO THIS WORK WHEN PEOPLE CALL THE 211 HELPLINE THEY MIGHT REFER THEM TO US FOR ASSISTANCE WITH THEIR APPLICATION. RIGHT NOW IS THE "OPEN ENROLLMENT" PERIOD SO IT'S PRETTY

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BUSY WITH PEOPLE WHO ARE TRYING TO FIND INSURANCE ON THE EXCHANGE."

TELL ME A LITTLE MORE ABOUT HOW YOU DO YOUR SCREENING?

"WE HAVE TO LEARN ABOUT WHAT THEIR NEEDS ARE SO WE ASK IF THEY ARE CITIZENS, IF THEY HAVE INSURANCE OR NOT, IF THEY ARE FULLY INSURED OR IF THEY NEED MORE INSURANCE. WE NEED TO KNOW ABOUT THEIR INCOME, WHO THEY LIVE WITH, WHERE THEY WORK, IT'S A LOT OF INFORMATION THAT WE ASK FOR, SO BY THE END WE HAVE A CLEAR PICTURE OF WHAT IS GOING ON."

DO YOU HAVE EXAMPLES OF PATIENTS THAT YOU HAVE HELPED?

"I HELPED A FAMILY WITH 6 PEOPLE; 4 WERE UNDOCUMENTED AND THE 2 YOUNGEST CHILDREN WERE BORN HERE, SO THEY WERE U.S. CITIZENS. THEY WERE AFRAID TO ASK FOR HELP BECAUSE THEY THOUGHT THAT ONLY 2 OF THE KIDS WOULD QUALIFY FOR ASSISTANCE AND IN FILLING OUT THAT PAPERWORK THE OTHERS WOULD GET FOUND OUT. SO THEY DIDN'T FILL IT OUT FOR A LONG TIME. BUT I TALKED TO THEM AND EXPLAINED THE OTHERS WOULD QUALIFY FOR HELP FROM THE HOSPITAL AND IN THE END EVERYONE GOT THE HEALTHCARE THEY NEEDED."

"I HAD A FAMILY WHERE THE MOTHER WAS VERY SICK, BUT SHE DIDN'T HAVE THE MONEY TO PAY FOR THE PREMIUM FOR HER HEALTH INSURANCE. THE MOTHER DID NOT SPEAK ENGLISH VERY WELL SO HER DAUGHTER HELPED WITH COMMUNICATING AND WITH FILLING OUT THE PAPERWORK NEEDED TO GET COVERAGE. THE DAUGHTER WAS PREGNANT AND VERY WORRIED ABOUT HER MOTHER WHO NEEDED SURGERY QUICKLY. SO WE EXPEDITED THE APPROVAL PROCESS AND THE MOTHER GOT HER SURGERY. THEN AFTER THE DAUGHTER HAD HER BABY WE COUNSELED HER TO TELL THE INSURANCE COMPANY ABOUT THIS CHANGE; AS A RESULT THE PREMIUM SHE WAS PAYING DECREASED SIGNIFICANTLY. SHE WAS SO HAPPY WHEN SHE GOT THIS

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NEWS SHE CAME IN TO THE OFFICE TO TELL THE NEWS."

WHAT DO YOU WANT OTHERS TO KNOW ABOUT THE WORK THAT YOU DO?

"WELL IT'S VERY REWARDING, YOU KNOW. WE SEE PEOPLE AT THEIR WORST AND THEN WITH OUR HELP THEY GET BETTER."

"SOMETIMES BECAUSE OF OUR HELP, THEY ARE ALIVE. I ONCE WORKED WITH A WOMAN WHO NEEDED A HEART TRANSPLANT. SHE HAD 3 CHILDREN AND WAS VERY SICK. BUT WE HELPED HER AND NOW SHE IS DOING REALLY WELL."

"WE HAVE TO DEVELOP TRUST BEFORE WE CAN HELP - SOMETIMES PEOPLE ARE TOO PROUD TO ASK FOR ASSISTANCE, BUT WE APPROACH IT BY MAKING A CONNECTION AND THEN TELLING THEM THE INFORMATION THEY NEED TO KNOW."

"PEOPLE HAVE LOTS OF WRONG INFORMATION SO IT'S NICE TO BE ABLE TO TELL THEM WHAT WE HAVE TO OFFER."

"ALSO, SOMETIMES WE ARE ACTUALLY SAVING THE HOSPITAL MONEY. ONE TIME I HAD A PATIENT WHO WAS VERY SICK WITH DIABETES AND HE WAS COMING INTO THE EMERGENCY ROOM AND ENDING UP IN THE ICU. HE WAS NOT HERE LEGALLY SO HE DIDN'T QUALIFY FOR MEDICAID OR OTHER INSURANCE. BUT WE FINALLY CONVINCED HIM TO SHARE THE DOCUMENTS WE NEEDED AND WERE ABLE TO GET HIM ON FINANCIAL RELIEF. THEN HE STARTED TAKING CONTROL OF HIS DIABETES AND HE WOULD COME INTO THE CLINIC INSTEAD OF GOING TO THE EMERGENCY ROOM."

BRIDGE. NAVIGATE. SUPPORT.

THE MISSION OF THE CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY IS TO

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

Employer identification number  
**06-0646813**

DEVELOP, DELIVER, AND SUPPORT INNOVATIVE HEALTH EQUITY SOLUTIONS WITH AND FOR THE COMMUNITIES SERVED BY SAINT FRANCIS CARE TO IMPROVE OVERALL HEALTH OUTCOMES.

FOUNDED IN 2012 AFTER THE SAINT FRANCIS CARE BOARD OF DIRECTORS PASSED A RESOLUTION TO FOCUS ON SPECIFIC HEALTH EQUITY PRIORITIES, THE CENTER IS STAFFED WITH A MULTICULTURAL TEAM COMMITTED TO A COLLABORATIVE APPROACH TO ACHIEVING OPTIMAL HEALTH THROUGH COMMUNITY ENGAGEMENT, EDUCATION, HEALTH ADVOCACY AND RESEARCH.

STAFF AT THE CENTER FOR HEALTH EQUITY FOCUS ON ACCOMPLISHING THE STRATEGIC PRIORITIES OUTLINED IN THIS REPORT BY:

- BRIDGING THE DIVIDE BETWEEN HEALTHCARE PROVIDERS AND PATIENTS.
- NAVIGATING THE HEALTHCARE SYSTEM TO FIND SOLUTIONS.
- SUPPORTING THE COMMUNITY IN ADDRESSING HEALTH DISPARITIES.

WE WELCOME YOU TO JOIN US IN THIS WORK!

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.

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

Employer identification number  
**06-0646813**

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

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

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

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

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

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

AN EXTERNAL MARKET ANALYSIS IS PERFORMED & REVIEWED BY THE  
COMPENSATION AND MANAGEMENT DEVELOPMENT 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	55,332,330.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	55,332,330.

## SECURITY EXPENSE:

PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,247,678.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,247,678.

## OUTSIDE LABORATORIES:

PROGRAM SERVICE EXPENSES	2,901,095.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,901,095.

## COLLECTION FEES:

PROGRAM SERVICE EXPENSES	41,412.
MANAGEMENT AND GENERAL EXPENSES	2,240,511.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	2,281,923.

## DIALYSIS FEES:

PROGRAM SERVICE EXPENSES	1,347,830.
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Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,347,830.

CONSULTING FEES:

PROGRAM SERVICE EXPENSES 13,750.

MANAGEMENT AND GENERAL EXPENSES 7,384,097.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 7,397,847.

REGISTRY NURSES FEES:

PROGRAM SERVICE EXPENSES 2,404,916.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 2,404,916.

PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES 1,738,951.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 1,738,951.

TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES 4,453,699.

MANAGEMENT AND GENERAL EXPENSES 958,344.

FUNDRAISING EXPENSES 0.

TOTAL EXPENSES 5,412,043.

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

PROGRAM SERVICE EXPENSES	3,416,171.
MANAGEMENT AND GENERAL EXPENSES	470,349.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,886,520.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	85,951,133.

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

INCREASE IN ASSETS HELD IN TRUST BY OTHERS	1,869,863.
CHANGE IN PENSION FUNDING AND POSTRETIREMENT OBLIGATIONS	-53,441,917.
DECREASE IN INTEREST IN ST FRANCIS FOUNDATION	-163,702.
CHANGE IN FAIR MARKET VALUE OF SWAP	-602,811.
LOSS ON EXTINGUISHMENT OF DEBT	-1,719,078.
TOTAL TO FORM 990, PART XI, LINE 9	-54,057,645.

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. ▶ See separate instructions.

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

OMB No. 1545-0047

**2013**

**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	13,418,932.	50,239,478.	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
COLLABORATIVE LABORATORY SERVICES - 06-1520109, 114 WOODLAND STREET, HARTFORD, CT 06105	LAB SERVICES	CONNECTICUT	36,457,234.	7,648,496.	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) 2013



ST FRANCIS HOSPITAL AND MEDICAL

**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	-95,679.	-213,179.		X	N/A		X	86.00%
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-33,522.	-46,325.		X	N/A		X	50.00%

**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 CARE	C CORP	0.	1,248,300.	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	-707,024.	954,578.	100.00%	X	
SAINT FRANCIS HEALTH CARE PARTNERS - 06-1391257, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-105,743.	1,304,843.	50.00%	X	
SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC. - 46-1315402, 95 WOODLAND ST., FOURTH FLOOR, HARTFORD, CT 06105	MGMT AND ADMIN SERVICES	CT	SAINT FRANCIS HEALTH CARE PARTNERS	C CORP	0.	0.	50.00%		X

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

**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
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>o</b> Sharing of paid employees with related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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





CONSOLIDATED FINANCIAL STATEMENTS AND  
SUPPLEMENTARY INFORMATION

Saint Francis Hospital and Medical Center and Subsidiaries  
Years Ended September 30, 2014 and 2013  
With Report of Independent Auditors

Ernst & Young LLP



Building a better  
working world

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Financial Statements  
and Supplementary Information

Years Ended September 30, 2014 and 2013

**Contents**

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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 (the Hospital and Medical Center), which comprise the consolidated balance sheets as of September 30, 2014 and 2013, 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 2014 financial statements of Saint Francis Indemnity Company, LLC (SFICL), a wholly owned subsidiary, which statements reflect total assets of \$50.2 million as of September 30, 2014, and total revenues of \$13.4 million for the year 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 for 2014, 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, 2014 and 2013, 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 6, 2015

# Saint Francis Hospital and Medical Center and Subsidiaries

## Consolidated Balance Sheets

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Assets</b>		
Current assets:		
Cash and cash equivalents	\$ 84,700	\$ 93,987
Short-term investments	33,920	37,397
Assets whose use is limited for current liabilities	1,459	4,883
Accounts receivable – patients, less allowance for doubtful accounts (\$13,431 for 2014 and \$10,516 for 2013)	72,591	61,740
Accounts receivable – other	3,686	3,517
Inventories of supplies	8,855	7,209
Prepaid expenses and deposits	6,724	5,801
Due from affiliated entities	14,831	4,374
Total current assets	226,766	218,908
Assets whose use is limited:		
Board-designated	60,751	51,522
Donor restricted	4,286	4,286
Held under bond indenture	957	4,764
Held in trusts by others	53,033	51,164
Interest in Saint Francis Hospital and Medical Center Foundation, Inc.	10,789	10,952
	129,816	122,688
Assets whose use is limited for current liabilities	(1,459)	(4,883)
	128,357	117,805
Long-term investments	15,998	15,014
Property, plant, and equipment, net	469,060	461,365
Other assets:		
Bond issuance costs, less amortization	1,346	2,053
Other	11,116	8,888
	\$ 852,643	\$ 824,033

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Liabilities and net assets</b>		
Current liabilities:		
Accounts payable	\$ 34,587	\$ 34,425
Accrued payroll and other related expenses	35,966	34,583
Accrued expenses and interest payable	7,378	6,282
Due to third-party reimbursement agencies	14,939	12,474
Current portion of long-term debt	8,760	8,819
Total current liabilities	<u>101,630</u>	<u>96,583</u>
Pension and other accrued expenses	284,381	225,546
Long-term debt, less portion classified as a current liability	<u>251,476</u>	<u>258,637</u>
Total liabilities	<u>637,487</u>	<u>580,766</u>
Net assets:		
Unrestricted	133,482	162,203
Temporarily restricted	24,355	25,614
Permanently restricted	57,319	55,450
	<u>215,156</u>	<u>243,267</u>

<u>\$ 852,643</u>	<u>\$ 824,033</u>
-------------------	-------------------

*See accompanying notes.*

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidated Statements of Operations and Changes in Net Assets

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
Net patient service revenue	\$ 687,135	\$ 671,123
Less: provision for bad debts	<u>(22,553)</u>	<u>(20,788)</u>
Net patient service revenue less provision for bad debts	664,582	650,335
Other operating revenue	34,500	36,278
Net assets released from restrictions for operations	<u>3,927</u>	<u>4,400</u>
Total revenues	703,009	691,013
 Operating expenses:		
Salaries	265,515	263,094
Supplies and other	369,639	371,840
Interest	11,620	11,601
Depreciation and amortization	<u>36,822</u>	<u>35,854</u>
Total operating expenses	683,596	682,389
	<u>19,413</u>	<u>8,624</u>
 Net gain on investment activity	 <u>3,623</u>	 <u>2,296</u>
Operating income	23,036	10,920
 Non-operating gains and losses:		
Loss on refunding and refinancing of debt	(1,719)	-
Interest cost on interest rate swaps	(102)	(305)
Change in fair value of interest rate swaps	<u>(603)</u>	<u>22,523</u>
	<u>(2,424)</u>	<u>22,218</u>
Excess of revenues and gains and losses over expenses	20,612	33,138

*(Continued on next page)*

Saint Francis Hospital and Medical Center and Subsidiaries

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

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
Unrestricted net assets:		
Excess of revenues and gains and losses over expenses (continued)	\$ 20,612	\$ 33,138
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc.	532	1,165
Net assets released from restrictions used for property, plant, and equipment	3,313	3,204
Change in pension funding and postretirement obligations	(53,442)	84,068
Equity transfer to affiliated entity	-	(6,000)
Change in minority interest in subsidiary	264	(148)
(Decrease) increase in unrestricted net assets	(28,721)	115,427
Temporarily restricted net assets:		
Income from investments	109	162
Gifts, contributions, and donations	3,068	6,027
Net unrealized gain on investments	44	43
Net assets released from restrictions for operations	(3,927)	(3,447)
Net assets released from restrictions used for property, plant, and equipment	(3,680)	(7,604)
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc.	3,290	1,897
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc.	(163)	(1,837)
Decrease in temporarily restricted net assets	(1,259)	(4,759)
Permanently restricted net assets:		
Increase in assets held in trusts by others	1,869	2,626
Increase in permanently restricted net assets	1,869	2,626
(Decrease) increase in net assets	(28,111)	113,294
Net assets at beginning of year	243,267	129,973
Net assets at end of year	\$ 215,156	\$ 243,267

*See accompanying notes.*

# Saint Francis Hospital and Medical Center and Subsidiaries

## Consolidated Statements of Cash Flows

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
	<i>(In Thousands)</i>	
<b>Operating activities and other gains</b>		
(Decrease) increase in net assets	\$ (28,111)	\$ 113,294
Adjustments to reconcile (decrease) increase in net assets to net cash provided by operating activities and other gains:		
Depreciation and amortization	35,103	35,854
Bad debts	22,553	20,788
Change in pension funding and postretirement obligations	53,442	(84,068)
Change in fair value of interest rate swaps	603	(22,523)
Net transfer from Saint Francis Hospital and Medical Center Foundation, Inc.	(3,821)	(3,062)
Loss on refunding and refinancing of debt	1,719	-
Decrease in interest in Saint Francis Hospital and Medical Center Foundation, Inc.	163	1,837
Net unrealized gain on investments	(1,427)	(2,033)
Increase in assets held in trusts by others	(1,869)	(2,626)
Restricted contributions and investment income	(3,177)	(6,189)
Increase in pension and other accrued expenses	7,550	3,046
Change in working capital other than cash and cash equivalents	<u>(38,069)</u>	<u>(8,179)</u>
Net cash provided by operating activities and other gains	44,659	46,139
<b>Investing activities</b>		
Purchase of property, plant, and equipment, net	(42,512)	(33,481)
Decrease in investments	3,920	5,651
Increase in noncurrent assets whose use is limited	(7,642)	(8,184)
Decrease in other assets	(4,988)	120
Net cash used in investing activities	<u>(51,222)</u>	<u>(35,894)</u>
<b>Financing activities</b>		
Principal payments on long-term debt and capital leases	(221,810)	(9,786)
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.	3,821	3,062
Restricted contributions and investment income	3,177	6,189
Net cash used in financing activities	<u>(2,724)</u>	<u>(535)</u>
Net (decrease) increase in cash and cash equivalents	(9,287)	9,710
Cash and cash equivalents at beginning of year	93,987	84,277
Cash and cash equivalents at end of year	<u>\$ 84,700</u>	<u>\$ 93,987</u>
<b>Supplemental information</b>		
Non-cash financing:		
Capital lease obligations	<u>\$ 1,298</u>	<u>\$ 11,327</u>

See accompanying notes.

**Year Ended September 30**

	<b>2014</b>	<b>2013</b>
<b>Changes in current assets:</b>		
Assets whose use is limited required for current liabilities	\$ 3,424	\$ 193
Accounts receivable – patients, net	(33,404)	(21,160)
Accounts receivable – other	(169)	(210)
Inventories of supplies	(1,646)	(47)
Prepaid expenses	(923)	1,091
Due from affiliated entities	(10,457)	1,014
	(43,175)	(19,119)
 <b>Changes in current liabilities:</b>		
Accounts payable	162	414
Salaries and wages, payroll taxes, and amounts	1,383	1,641
Accrued expenses and interest payable	1,096	(987)
Due to third-party reimbursement agencies	2,465	9,872
	5,106	10,940
Change in working capital other than cash and cash	(\$38,069)	(\$8,179)

# Saint Francis Hospital and Medical Center and Subsidiaries

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

September 30, 2014

### **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 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 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 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 carried 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 \$11,323 and \$10,302 in 2014 and 2013, 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 \$7,257 and \$6,730 at September 30, 2014 and 2013, 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, 2014. 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 \$6,806 and \$5,300 at September 30, 2014 and 2013, respectively, have been discounted at 4%. The current portion of the accrued workers' compensation liabilities included in accrued expenses and interest payable is \$1,634 and \$1,349 at September 30, 2014 and 2013, respectively, and the long-term portion included in pension and other accrued expenses is \$5,172 and \$3,951 at September 30, 2014 and 2013, 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, 2014 and 2013, the plan had \$1,758 and \$1,411, 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, group purchasing discount revenue, and electronic health record program revenue.

#### **Excess of Revenues and Gains and Losses over Expenses**

The consolidated statements of operations and changes in net assets include excess of revenues and gains and losses over expenses, which is the performance indicator. Changes in unrestricted net assets, which are excluded from the 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 \$1,678. These net operating loss carryforwards result in a deferred tax asset of \$671, which is offset by a corresponding valuation allowance of the same amount. These expire between September 30, 2027 and September 30, 2032.

## Saint Francis Hospital and Medical Center and Subsidiaries

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

#### **1. Significant Accounting Policies (continued)**

Saint Francis Behavioral Health Group, P.C. has net operating loss carryforwards in the amount of \$5,000. These net operating loss carryforwards result in a deferred tax asset of \$2,000, 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, 2032.

#### **Reclassifications**

Certain 2013 amounts have been reclassified to conform to the 2014 presentation. Such reclassifications had no effect on the consolidated statements of operations and changes in net assets.

#### **New Accounting Pronouncements**

In May 2014, the FASB issued 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, 2017, 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:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
Gross patient service revenue	<b>\$ 2,048,856</b>	\$ 1,990,675
Deductions:		
Contractual allowances and discounts	<b>1,342,803</b>	1,300,189
Charity care at charges	<b>18,918</b>	19,363
	<b>1,361,721</b>	1,319,552
 Net patient service revenue	 <b>687,135</b>	 671,123
Less: provision for bad debts	<b>(22,553)</b>	(20,788)
Net patient service revenue less provision for bad debts	<b>\$ 664,582</b>	\$ 650,335

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 2014 and 2013, 40.8% and 39.4%, respectively, of net patient service revenue was received under the Medicare program; 15.4% and 14.0%, respectively, under the Medicaid program; and 17.9% and 18.3%, 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 2014, the Hospital and Medical Center recorded a net change in estimate of \$8,553, increasing operating revenue related to changes in previously estimated third-party payor settlements. During 2013, the net change in estimate was \$1,000 decreasing operating revenue.

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, 2014 and 2013, is as follows:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
Third-party payors	<b>\$ 669,747</b>	\$ 654,837
Self-pay patients	<b>36,306</b>	35,649
	<b>\$ 706,053</b>	\$ 690,486

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 \$6,020 and \$6,309 for the years ended September 30, 2014 and 2013, 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 34.0% from Medicare, 10.1% from Medicaid, and 42.8% from commercial insurance carriers and managed care companies at September 30, 2014 (26.6%, 14.0%, and 35.6%, respectively, at September 30, 2013).

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:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
Health care services:		
Research and education	\$ 3,112	\$ 3,090
Capital replacement	10,753	10,929
Other health care services	10,490	11,595
	\$ 24,355	\$ 25,614

Permanently restricted net assets are restricted for the following purposes:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
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	53,033	51,164
	\$ 57,319	\$ 55,450

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	
	2014	2013
Board designated:		
Short-term investments	\$ 956	\$ 388
Marketable equity securities and mutual funds	32,995	38,923
United States government securities	11,185	9,064
Corporate bonds and other fixed income	12,634	2,156
Equity method investment	2,981	991
	60,751	51,522
Donor restricted:		
Marketable equity securities	4,286	4,286
	4,286	4,286
Held under bond indenture:		
Cash and cash equivalents	594	1,787
United States government securities	216	1,125
Corporate bonds	147	1,852
	957	4,764
Held in trusts by others:		
Short-term investments	2,086	2,163
Marketable equity securities	15,866	13,957
Mutual funds	8,637	10,402
United States government securities	2,558	1,596
Corporate bonds and other fixed income	7,054	7,652
Collective trust fund	14,693	13,760
Alternative investment	2,139	1,634
	53,033	51,164
Interest in Saint Francis Hospital and Medical Center Foundation, Inc.	10,789	10,952
Total assets whose use is limited	129,816	122,688
Assets whose use is limited for current liabilities	(1,459)	(4,883)
	\$ 128,357	\$ 117,805

# 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. Perpetual trust funds held by others are not included under Accounting Standards Codification (ASC) 958-205. 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, 2014 and 2013, consisted of the following:

	<b>2014</b>		
	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
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	\$ —	\$ 4,286	\$ 4,286
	<b>2013</b>		
	<b>Temporarily Restricted</b>	<b>Permanently Restricted</b>	<b>Total</b>
Net assets, beginning of the year	\$ —	\$ 4,286	\$ 4,286
Investment income	30	—	30
Appropriation of endowment assets for expenditure	(30)	—	(30)
Net assets, end of year	\$ —	\$ 4,286	\$ 4,286

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, 2014 and 2013.

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:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
Money market funds	\$ 1,033	\$ 711
Marketable equity securities	9,140	7,769
United States government securities	778	599
Corporate bonds and other fixed income	2,653	3,587
Equity method investment	2,394	2,348
	<b>\$ 15,998</b>	<b>\$ 15,014</b>

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

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
Realized gain on investments	\$ 2,240	\$ 306
Unrealized gain on investments	1,383	1,990
	<b>\$ 3,623</b>	<b>\$ 2,296</b>

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	
	2014	2013
Land and land improvements	\$ 7,896	\$ 7,896
Buildings	494,313	477,094
Equipment	357,871	304,843
Construction-in-progress (estimated cost to complete of approximately \$7,051 as of 2014)	13,587	40,032
	873,667	829,865
Less accumulated depreciation	404,607	368,500
Total property, plant, and equipment, net	\$ 469,060	\$ 461,365

During the years ended September 30, 2014 and 2013, there were \$956 and \$81,523, respectively, of asset retirements related to obsolete and fully depreciated property, plant, and equipment.

Equipment includes gross capitalized leases aggregating approximately \$26,640 and \$14,014 at September 30, 2014 and 2013, respectively. Accumulated amortization on capital lease assets is approximately \$7,891 and \$5,588 at September 30, 2014 and 2013, respectively.

Construction in progress includes gross capitalized leases aggregating approximately \$11,327 at September 30, 2013.

At September 30, 2014 and 2013, construction-in-progress included \$4,666 and \$24,186, respectively, of computer software costs relating to projects which were in development and were therefore not yet being depreciated.

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 \$2,327 and \$3,728 in other operating revenue related to the program for fiscal years 2014 and 2013, respectively. Included in the amounts are \$613 and \$920 received from Medicaid and \$1,714 and \$2,808 from Medicare for the fiscal years 2014 and 2013, 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 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:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
EHR income	\$ 2,327	\$ 3,728
Rental income	6,345	6,655
Investment income	5,868	4,959
Unrestricted contributions	2,004	2,451
Pharmacy	2,679	2,165
Equity earnings in group purchasing organization	849	1,410
Services to other institutions	4,933	4,734
Gain on joint ventures	1,225	1,901
Other income	8,270	8,275
Total other operating revenues	\$ 34,500	\$ 36,278

## 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, 2014, 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:

	<b>2014</b>	<b>2013</b>
Balance at beginning of year, net	\$ 26,208	\$ 21,873
Incurred related to:		
Current period	9,063	9,619
Prior periods	(46)	(1,190)
Total incurred	9,017	8,429
Paid related to:		
Current period	52	174
Prior periods	4,989	3,920
Total paid	5,041	4,094
Balance at end of year, net of reinsurance recoverable	30,184	26,208
Plus reinsurance recoverable on unpaid losses and loss adjustment expenses	1,690	1,650
Gross balance, included in pension and other accrued expenses in the consolidated balance sheets, at end of year	\$ 31,874	\$ 27,858

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 2014 and 2013 prior year loss development was favorable due to better than actuarial expected results by \$46 and \$1,190, respectively.

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	
	2014	2013
State of Connecticut Health and Educational Facilities Authority (the Authority) revenue bonds:		
Series D	\$ —	\$ 11,340
Series E (interest rate at September 30, 2014 of 6.11%)	38,950	39,745
Series F	—	175,000
Series G	—	28,240
Series H (interest rate at September 30, 2014 of 3.04%)	49,597	—
Series I (interest rate at September 30, 2014 of 1.36%)	59,518	—
Series J (interest rate at September 30, 2014 of 1.81%)	39,677	—
Series K (interest rate at September 30, 2014 of 1.55%)	34,718	—
Series L (interest rate at September 30, 2014 of 1.69%)	19,920	—
Series M (interest rate at September 30, 2014 of 1.40%)	8,150	—
	250,530	254,325
Obligations under capital leases, due in quarterly and monthly installments, at varying rates of interest from 3% to 6.75%	9,706	13,131
	260,236	267,456
Less current portion: Scheduled maturities	8,760	8,819
	\$ 251,476	\$ 258,637

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 Bond 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 currently in place 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)**

Included in non-operating gains and losses, is \$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 remains.

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.

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, 2014 and 2013, 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	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

  

Notional Amount	Maturity Date	Fixed Payment Rate	2013 Fair Value (Liability (Asset))
\$ 130,000	July 1, 2047	3.535%	\$ 24,553
26,620	July 1, 2023	3.349	3,023
26,620	July 1, 2047	3.349	3,023
38,950	July 1, 2047	3.850	(2,760)
			\$ 27,839

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, 2014, 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)

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 2015. The rate is LIBOR plus 1.5%. There were no amounts outstanding as of September 30, 2014 and 2013.

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.

Scheduled principal payments of long-term debt, including capital lease obligations, at September 30, 2014, are as follows:

	<b>Debt</b>	<b>Capital Lease Obligations</b>
2015	\$ 4,410	\$ 4,627
2016	4,517	3,008
2017	4,707	2,244
2018	4,945	281
2019	3,913	—
Thereafter	228,038	—
Less: interest	—	(454)
	\$ 250,530	\$ 9,706

Interest payments of \$10,448 and \$8,883 were made during 2014 and 2013, respectively.

# 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, 2014 and 2013, was \$9,340 and \$8,908, 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:

	<b>Pension Benefits</b>		<b>Postretirement Benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
Unrecognized actuarial (loss) gain	<b>\$ (192,089)</b>	<b>\$ (139,688)</b>	<b>\$ 2,561</b>	<b>\$ 3,602</b>

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, 2015, is \$5,203.

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	
	2014	2013	2014	2013
<b>Change in benefit obligation</b>				
Benefit obligation at beginning of year	\$ 403,091	\$ 458,611	\$ 7,224	\$ 13,833
Interest cost	21,148	19,085	363	546
Benefits paid	(18,113)	(14,984)	(892)	(934)
Actuarial losses (gains)	58,217	(59,621)	631	(1,624)
Plan amendments	-	-	-	(4,597)
Benefit obligation at end of year	<u>464,343</u>	<u>403,091</u>	<u>7,326</u>	<u>7,224</u>
<b>Change in plan assets</b>				
Fair value of plan assets at beginning of year	263,968	241,281	-	-
Actual return on plan assets	18,723	28,392	-	-
Contributions	8,893	9,279	892	934
Benefits paid	(18,113)	(14,984)	(892)	(934)
Fair value of plan assets at end of year	<u>273,471</u>	<u>263,968</u>	<u>-</u>	<u>-</u>
Funded status of the plan	<u>(190,872)</u>	<u>(139,123)</u>	<u>(7,326)</u>	<u>(7,224)</u>
Accrued benefit cost recognized in pension and other accrued expenses in the consolidated balance sheets	<u>\$ (190,872)</u>	<u>\$ (139,123)</u>	<u>\$ (7,326)</u>	<u>\$ (7,224)</u>

The accumulated benefit obligations for the plans were \$471,669 and \$410,315 at September 30, 2014 and 2013, respectively.

	Pension Benefits		Other Postretirement Benefits	
	2014	2013	2014	2013
<b>Components of net periodic benefit cost</b>				
Interest cost	\$ 21,148	\$ 19,085	\$ 363	\$ 546
Expected return on plan assets	(17,194)	(16,520)	-	-
Net amortization and deferral	4,287	6,280	26	74
Transition asset	-	-	(436)	-
Benefit cost (credit)	<u>\$ 8,241</u>	<u>\$ 8,845</u>	<u>\$ (47)</u>	<u>\$ 620</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:

	<b>Pension Benefits</b>		<b>Other Postretirement Benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
	Discount rate	<b>4.70%</b>	5.35%	<b>4.70%</b>

The weighted-average assumptions used to determine net periodic benefit cost for the years ended September 30 are as follows:

	<b>Pension Benefits</b>		<b>Other Postretirement Benefits</b>	
	<b>2014</b>	<b>2013</b>	<b>2014</b>	<b>2013</b>
	Discount rate	<b>5.35%</b>	4.25%	<b>5.35%</b>
Expected long-term rate of return on assets	<b>7.00</b>	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)**

**Plan Assets**

The actuarial loss in 2014 primarily relates to changes in the discount rate and mortality improvement scale to measure the benefit obligation, and the actuarial gain in 2013 primarily relates to changes in the discount rate used to measure the benefit obligation.

The Hospital and Medical Center's pension plan asset allocations by asset category are as follows:

	<b>September 30</b>	
	<b>2014</b>	<b>2013</b>
<b>Asset category</b>		
Equity securities:		
Domestic	37%	35%
International	16	17
Debt securities	40	38
Commodities	3	3
Real estate	3	3
Cash	1	4
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 \$8,923 to its pension plan and \$865 to its other postretirement benefits plan in 2015.

# 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 following benefit payments, which reflect expected future service, are expected to be paid as follows:

Fiscal year:	<b>Pension</b>	<b>Other</b>
	<b>Benefits</b>	<b>Postretirement</b> <b>Benefits</b>
2015	\$ 19,931	\$ 865
2016	21,709	823
2017	23,243	780
2018	24,235	736
2019	25,561	690
2020–2024	141,665	2,806

### 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, 2014, are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 84,700	\$ —	\$ —	\$ 84,700
Short-term investments	33,920	—	—	33,920
<b>Other assets</b>				
Interest rate swap agreements	—	5,689	—	5,689
Deferred Compensation Assets:				
Marketable equity securities and mutual funds	1,758	—	—	1,758
	1,758	5,689	—	7,627
<b>Assets whose use is limited</b>				
Board designated:				
Short-term investments	956	—	—	956
Marketable equity securities and mutual funds	32,995	—	—	32,995
United States government securities	11,185	—	—	11,185
Corporate bonds and other fixed income	12,594	40	—	12,634
	57,730	40	—	57,770

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
<b>Donor restricted</b>				
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>
<b>Held under bond indenture</b>				
Cash and cash equivalents	594	-	-	594
United States government securities	216	-	-	216
Short-term investments	457	-	-	457
	<u>957</u>	-	-	<u>957</u>
<b>Held in trust by others</b>				
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
<b>Long-term investments</b>				
Money market funds	\$ 1,033	\$ —	\$ —	\$ 1,033
Mutual funds:				
Emerging markets	4,929	—	—	4,929
Equities	4,211	—	—	4,211
United States government securities	778	—	—	778
Corporate bonds and other fixed income	2,611	42	—	2,653
	<u>13,562</u>	<u>42</u>	<u>—</u>	<u>13,604</u>
<b>Liabilities</b>				
Interest rate swap agreements	—	34,130	—	34,130
<b>Pension assets</b>				
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
	<u>272,257</u>	<u>1,214</u>	<u>—</u>	<u>273,471</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)**

Financial assets and liabilities carried at fair value as of September 30, 2013, are classified in the table below in one of the three categories described above:

	Level 1	Level 2	Level 3	Total
<b>Assets</b>				
Cash and cash equivalents	\$ 93,987	\$ —	\$ —	\$ 93,987
Short-term investments	37,397	—	—	37,397
<b>Other Assets</b>				
Interest rate swap agreements	—	2,760	—	2,760
<b>Deferred Compensation Assets:</b>				
Marketable equity securities and mutual funds	1,411	—	—	1,411
	1,411	2,760	—	4,171
<b>Assets whose use is limited</b>				
<b>Board designated:</b>				
Short-term investments	388	—	—	388
Marketable equity securities and mutual funds	38,923	—	—	38,923
United States government securities	9,064	—	—	9,064
Corporate bonds and other fixed income	2,131	25	—	2,156
	50,506	25	—	50,531
<b>Donor restricted</b>				
Short-term investments	31	—	—	31
<b>Mutual funds:</b>				
Emerging markets	357	—	—	357
Equities	2,713	—	—	2,713
Fixed income	175	—	—	175
Real estate	273	—	—	273
Commodities	317	—	—	317
International	420	—	—	420
	4,286	—	—	4,286

Saint Francis Hospital and Medical Center and Subsidiaries

Notes to Consolidated Financial Statements (continued)

*(Amounts In Thousands)*

**12. Fair Values of Financial Instruments (continued)**

	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Total</b>
<b>Held under bond indenture</b>				
Cash and cash equivalents	\$ 1,787	\$ —	\$ —	\$ 1,787
United States				
government securities	1,125	—	—	1,125
Short-term investments	1,852	—	—	1,852
	<u>4,764</u>	<u>—</u>	<u>—</u>	<u>4,764</u>
<b>Held in trust by others</b>				
Short-term investments	—	2,163	—	2,163
Marketable equity securities	—	13,957	—	13,957
Mutual funds	—	10,402	—	10,402
United States				
government securities	—	1,596	—	1,596
Corporate bonds and other				
fixed income	—	7,652	—	7,652
Collective trust fund	—	13,760	—	13,760
Alternative investment	—	1,634	—	1,634
	<u>—</u>	<u>51,164</u>	<u>—</u>	<u>51,164</u>
<b>Long-term investments</b>				
Money market funds	711	—	—	711
Mutual funds:				
Emerging markets	2,508	—	—	2,508
Equities	5,261	—	—	5,261
United States				
government securities	599	—	—	599
Corporate bonds and other				
fixed income	3,536	51	—	3,587
	<u>12,615</u>	<u>51</u>	<u>—</u>	<u>12,666</u>
<b>Liabilities</b>				
Interest rate swap agreements	—	30,599	—	30,599

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
<b>Pension assets</b>				
Cash and short-term investments	\$ 15,879	\$ -	\$ -	\$ 15,879
Fixed income	72,254	-	-	72,254
Mutual funds:				
Other assets	91,231	-	-	91,231
Equities	84,604	-	-	84,604
	263,968	-	-	263,968

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 and \$257,256 at September 30, 2014 and 2013, respectively, 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 \$5,375 and \$3,339 at September 30, 2014 and 2013, respectively.

**13. Related-Party Transactions**

On July 12, 2012, Johnson Memorial Medical Center 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 Johnson Memorial Medical Center. The Hospital and Medical Center provides certain management and other services to Johnson Memorial Medical Center for which the Hospital and Medical Center is reimbursed. For the years ended September 30, 2014 and 2013, the Hospital and Medical Center was reimbursed \$1,594 and \$375, respectively, for services provided to Johnson Memorial Medical Center. Related accounts receivable was \$391 and \$362 for the years ended September 30, 2014 and 2013, respectively.

The Hospital and Medical Center has entered into a letter of credit arrangement with Johnson Memorial Medical Center for \$1,250 that expires on July 27, 2015. As of September 30, 2014, Johnson Memorial Medical Center has not drawn any amounts.

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, 2014 and 2013, was \$386 and \$578, 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**

	<b>Year Ended September 30</b>	
	<b>2014</b>	<b>2013</b>
Changes in current assets:		
Assets whose use is limited for current liabilities	\$ 3,424	\$ 193
Accounts receivable – patients, net	(33,404)	(21,160)
Accounts receivable – other	(169)	(210)
Inventories of supplies	(1,646)	(47)
Prepaid expenses	(923)	1,091
Due from affiliated entities	(10,457)	1,014
	<b>(43,175)</b>	<b>(19,119)</b>
Changes in current liabilities:		
Accounts payable	162	414
Accrued payroll and other related expenses	1,383	1,641
Accrued expenses and interest payable	1,096	(987)
Due to third-party reimbursement agencies	2,465	9,872
	<b>5,106</b>	<b>10,940</b>
Change in working capital other than cash and cash equivalents	<b>\$ (38,069)</b>	<b>\$ (8,179)</b>

## 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	
	2014	2013
Health care services	\$ 620,896	\$ 616,107
General and administrative	62,700	66,282
	<u>\$ 683,596</u>	<u>\$ 682,389</u>

#### 17. Subsequent Events

The Hospital and Medical Center evaluated subsequent events through January 6, 2015, 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 for the year ended September 30, 2014.

On December 17, 2014, Saint Francis Care and Trinity Health Corporation (Trinity Health), a multi-institutional Catholic healthcare system serving people and communities in many states, signed a definitive agreement for Trinity Health to become the sole corporate member of Saint Francis Care. Saint Francis Care will become part of Trinity Health and, together with the Sisters of Providence Health System, the organizations will establish a new Trinity Health Regional Health Ministry. Saint Francis Care will continue to serve as the parent and sole corporate member of Saint Francis Hospital and Medical Center, Inc., Mount Sinai Rehabilitation Hospital, Inc., and other entities that are presently subsidiaries of Saint Francis Care. This agreement is contingent upon regulatory review by appropriate state and federal agencies as well as approvals required under Canon Law. During this review period, both organizations will continue to operate independently.

## Supplementary Information

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Balance Sheet

September 30, 2014  
(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 Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
<b>Assets</b>										
Current assets:										
Cash and cash equivalents	\$ 70,507	\$ 12,088	\$ -	\$ 82,595	\$ 287	\$ 292	\$ 1,268	\$ 258	\$ -	\$ 84,700
Short-term investments	25,411	-	-	25,411	-	8,509	-	-	-	33,920
Assets whose use is limited for current liabilities	1,459	-	-	1,459	-	-	-	-	-	1,459
Accounts receivable - patients, less allowance for doubtful accounts	70,949	63	-	70,949	1,228	-	291	414	-	72,591
Accounts receivable - other	1,443	-	-	1,506	-	1,822	-	67	-	3,686
Inventories of supplies	8,855	-	-	8,855	-	-	-	-	-	8,855
Prepaid expenses and deposits	6,327	-	-	6,327	357	40	-	-	-	6,724
Due from affiliated entities	13,206	2,744	(2,744)	13,206	4,260	4,034	(1,530)	(4,893)	(246)	14,831
Total current assets	198,157	14,895	(2,744)	210,308	6,132	14,697	29	(4,154)	(246)	226,766
Assets whose use is limited:										
Board - designated	25,208	-	-	25,208	-	35,543	-	-	-	60,751
Donor restricted	4,286	-	-	4,286	-	-	-	-	-	4,286
Held under bond indenture	957	-	-	957	-	-	-	-	-	957
Held in trusts by others	53,033	-	-	53,033	-	-	-	-	-	53,033
Interest in SFHMC Foundation, Inc.	10,789	-	-	10,789	-	-	-	-	-	10,789
Assets whose use is limited for current liabilities	94,273	-	-	94,273	-	35,543	-	-	-	129,816
	(1,459)	-	-	(1,459)	-	-	-	-	-	(1,459)
	92,814	-	-	92,814	-	35,543	-	-	-	128,357
Long-term investments	17,495	-	-	17,495	-	-	-	-	(1,497)	15,998
Property, plant, and equipment, net	461,983	3,520	-	465,503	1,515	-	2,003	39	-	469,060
Other assets:										
Bond issuance costs, less amortization	1,346	-	-	1,346	-	-	-	-	-	1,346
Due from affiliated entities	(2,744)	-	2,744	-	-	-	-	-	-	-
Other	11,115	-	-	11,115	1	-	-	-	-	11,116
	\$ 780,166	\$ 18,415	\$ -	\$ 798,581	\$ 7,648	\$ 50,240	\$ 2,032	\$ (4,115)	\$ (1,743)	\$ 852,643

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Balance Sheet (continued)

September 30, 2014  
(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 Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
<b>Liabilities and net assets</b>										
Current liabilities:										
Accounts payable	\$ 32,842	\$ -	\$ -	\$ 32,842	\$ 1,365	\$ 77	\$ 289	\$ 14	\$ -	\$ 34,587
Accrued payroll and other related expenses	33,833	-	-	33,833	1,631	-	-	502	-	35,966
Accrued expenses and interest payable	6,978	42	-	7,020	344	-	-	14	-	7,378
Due to third-party reimbursement agencies	14,939	-	-	14,939	-	-	-	-	-	14,939
Due to affiliated entities	8,760	-	-	8,760	-	-	-	-	-	8,760
Current portion of long-term debt	97,352	42	-	97,394	3,340	77	289	530	-	101,630
Total current liabilities	249,644	-	-	249,644	2,810	31,927	-	-	-	284,381
Pension and other accrued expenses	251,476	-	-	251,476	-	-	-	-	-	251,476
Long-term debt, less portion classified as a current liability	598,472	42	-	598,514	6,150	32,004	289	530	-	637,487
Total liabilities:										
Net assets:										
Unrestricted	100,020	18,373	-	118,393	1,498	18,236	1,743	(4,645)	(1,743)	133,482
Temporarily restricted	24,355	-	-	24,355	-	-	-	-	-	24,355
Permanently restricted	57,319	-	-	57,319	-	-	-	-	-	57,319
	181,694	18,373	-	200,067	1,498	18,236	1,743	(4,645)	(1,743)	215,156
	\$ 780,166	\$ 18,415	\$ -	\$ 798,581	\$ 7,648	\$ 50,240	\$ 2,032	\$ (4,115)	\$ (1,743)	\$ 852,643

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets

Year Ended September 30, 2014  
(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 Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Net patient service revenue	\$ 670,630	\$ -	\$ -	\$ 670,630	\$ 13,498	\$ -	\$ -	\$ 3,007	\$ -	\$ 687,135
Less: provision for bad debts	(21,848)	-	-	(21,848)	(579)	-	-	(126)	-	(22,553)
Net patient service revenue less provision for bad debts	648,782	-	-	648,782	12,919	-	-	2,881	-	664,582
Other operating revenues	28,501	2,829	(1,374)	29,956	23,538	13,418	5,405	3,337	(41,154)	34,500
Net assets released from resignations for operations	3,927	-	-	3,927	-	-	-	-	-	3,927
Total revenue	681,210	2,829	(1,374)	682,665	36,457	13,418	5,405	6,218	(41,154)	703,009
Operating expenses:										
Salaries	254,219	137	-	254,356	13,904	-	-	5,245	(7,990)	265,515
Supplies and other	365,151	356	(1,374)	364,133	21,937	9,741	5,405	1,620	(33,197)	369,639
Interest	11,620	-	-	11,620	425	-	-	10	-	11,620
Depreciation and amortization	35,799	355	-	36,154	425	-	233	10	-	36,822
	666,789	848	(1,374)	666,263	36,266	9,741	5,638	6,875	(41,187)	683,596
	14,421	1,981	-	16,402	191	3,677	(233)	(657)	33	19,413
Net gain on investment activity	3,623	-	-	3,623	-	-	-	-	-	3,623
Operating income (loss)	18,044	1,981	-	20,025	191	3,677	(233)	(657)	33	23,036
Non-operating gains and losses:										
Loss on refunding and refinancing of debt	(1,719)	-	-	(1,719)	-	-	-	-	-	(1,719)
Interest cost on interest rate swaps	(102)	-	-	(102)	-	-	-	-	-	(102)
Change in fair value of interest rate swaps	(603)	-	-	(603)	-	-	-	-	-	(603)
	(2,424)	-	-	(2,424)	-	-	-	-	-	(2,424)
Excess (deficiency) of revenues and gains and losses over expenses	15,620	1,981	-	17,601	191	3,677	(233)	(657)	33	20,612

Saint Francis Hospital and Medical Center and Subsidiaries

Consolidating Statement of Operations and Changes in Net Assets (continued)

Year Ended September 30, 2014  
(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 Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center
Unrestricted net assets:										
Excess (deficiency) of revenues and gains and losses over expenses (continued)	\$ 15,620	\$ 1,981	\$ -	\$ 17,601	\$ 191	\$ 3,677	\$ (233)	\$ (657)	\$ 33	\$ 20,612
Transfers from Saint Francis Hospital and Medical Center Foundation, Inc.	532	-	-	532	-	-	-	-	-	532
Net assets released from restrictions used for property, plant, and equipment	3,313	-	-	3,313	-	-	-	-	-	3,313
Net assets released from restrictions prior years	(51,337)	-	-	(51,337)	(2,105)	-	-	-	-	(53,442)
Change in pension funding and postretirement obligations	4,000	-	-	4,000	-	(4,000)	-	-	-	-
Equity transfer to affiliated entity	-	-	-	-	-	-	-	-	264	264
Change in minority interest in subsidiary	-	-	-	-	-	-	-	-	-	-
(Decrease) increase in unrestricted net assets	(27,872)	1,981	-	(25,891)	(1,914)	(323)	(233)	(657)	297	(28,721)
Temporarily restricted net assets:										
Income from investments	109	-	-	109	-	-	-	-	-	109
Gifts, contributions, and donations	3,068	-	-	3,068	-	-	-	-	-	3,068
Net unrealized gain on investments	44	-	-	44	-	-	-	-	-	44
Net assets released from restrictions for operations	(3,927)	-	-	(3,927)	-	-	-	-	-	(3,927)
Net assets released from restrictions used for property, plant, and equipment	(3,680)	-	-	(3,680)	-	-	-	-	-	(3,680)
Transfers from SFHMC Foundation, Inc.	3,290	-	-	3,290	-	-	-	-	-	3,290
Decrease in interest in SFHMC Foundation, Inc.	(163)	-	-	(163)	-	-	-	-	-	(163)
Decrease in temporarily restricted net assets	(1,259)	-	-	(1,259)	-	-	-	-	-	(1,259)
Permanently restricted net assets:										
Increase in assets held in trusts by others	1,869	-	-	1,869	-	-	-	-	-	1,869
Increase in permanently restricted net assets	(27,262)	1,869	-	(25,281)	(1,914)	(323)	(233)	(657)	297	(28,111)
Net assets at beginning of year	208,956	16,392	-	225,348	3,412	18,559	1,976	(1,988)	(2,040)	243,267
Net assets at end of year	\$ 181,694	\$ 18,373	\$ -	\$ 200,067	\$ 1,498	\$ 18,236	\$ 1,743	\$ (4,645)	\$ (1,743)	\$ 215,156

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