

Return of Organization Exempt From Income Tax

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning **OCT 1, 2011** **and ending** **SEP 30, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST FRANCIS HOSPITAL AND MEDICAL CENTER Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 114 WOODLAND STREET City or town, state or country, and ZIP + 4 HARTFORD, CT 06105 F Name and address of principal officer: DAVID BITTNER SAME AS C ABOVE	D Employer identification number 06-0646813 E Telephone number 860-714-4000 G Gross receipts \$ 815,060,588. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.STFRANCISCARE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1897		M State of legal domicile: CT

Part I Summary			
	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 34
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 25
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 4621
	6	Total number of volunteers (estimate if necessary)	6 683
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 1,737,697.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b -416,168.
Revenue	8	Contributions and grants (Part VIII, line 1h)	8 5,680,898. 8,168,970.
	9	Program service revenue (Part VIII, line 2g)	9 599,773,105. 666,212,249.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10 9,629,672. 9,690,833.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11 30,187,498. 31,898,909.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12 645,271,173. 715,970,961.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13 23,500. 20,900.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	14 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15 301,213,081. 328,022,416.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17 343,215,751. 374,904,918.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18 644,452,332. 702,948,234.
19	Revenue less expenses. Subtract line 18 from line 12	19 818,841. 13,022,727.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	20 779,231,759. 788,480,298.
	21	Total liabilities (Part X, line 26)	21 641,422,627. 669,366,643.
	22	Net assets or fund balances. Subtract line 21 from line 20	22 137,809,132. 119,113,655.

Part II Signature Block

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

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

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

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Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 576,428,424. including grants of \$ 20,900.) (Revenue \$ 684,045,235.) AS THE LARGEST CATHOLIC HOSPITAL IN NEW ENGLAND WITH 115 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 576,428,424.

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Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; 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, XII, and XIII</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, XII, and XIII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	X	

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	34			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		25		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6 Did the organization have members or stockholders?	6			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?	8a		X	
b Each committee with authority to act on behalf of the governing body?	8b		X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9			X

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

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

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
- 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, HARTFORD, CT 06105

132006
01-23-12

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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	X		X			0.	0.	0.	
(2) MOST REV. HENRY J. MANSSELL, D.D. CHAIRMAN, EX OFFICIO	2.00	X		X			0.	0.	0.	
(3) CHRISTOPHER M. DADLEZ PRESIDENT & CEO	55.00	X		X			1,357,444.	0.	48,681.	
(4) BARBARA J. CALDERONE, B.S.N., J SECRETARY	1.00	X		X			0.	0.	0.	
(5) L. JEFFREY BALDWIN DIRECTOR	2.00	X					0.	0.	0.	
(6) SURENDRA K. CHAWLA, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(7) ROBERT M. ELLIS DIRECTOR	2.00	X					0.	0.	0.	
(8) P. ANTHONY GIORGIO, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(9) WALTER HARRISON, PH.D. DIRECTOR	1.00	X					0.	0.	0.	
(10) JEFFREY S. HOFFMAN DIRECTOR	1.00	X					0.	0.	0.	
(11) PETER G. KELLY, J.D. DIRECTOR	1.00	X					0.	0.	0.	
(12) KARL J. KRAPEK DIRECTOR	1.00	X					0.	0.	0.	
(13) SISTER DOLORES LAHR, CSJ DIRECTOR	1.00	X					0.	0.	0.	
(14) DAVID A. LENTINI DIRECTOR	1.00	X					0.	0.	0.	
(15) JOYCE D. MANDELL DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN J. MARA, M.D. DIRECTOR	1.00	X					0.	0.	0.	
(17) REV. MSGR JOHN MCCARTHY, J.C.D. DIRECTOR	1.00	X					0.	0.	0.	

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PAUL F. MITCHELL, DMD DIRECTOR	1.00	X						68,750.	263,770.	32,601.
(19) DANIEL P. O'CONNELL DIRECTOR	3.00	X						0.	0.	0.
(20) KEVIN J. O'CONNOR, J.D. DIRECTOR	2.00	X						0.	0.	0.
(21) JOHN D. PAPANDREA, M.D. DIRECTOR	1.00	X						0.	0.	0.
(22) CURTIS D. ROBINSON DIRECTOR	4.00	X						0.	0.	0.
(23) JOHN W. RODGERS, M.D. DIRECTOR	1.00	X						0.	0.	0.
(24) DR. GALO A. RODRIGUEZ, MPH DIRECTOR	1.00	X						0.	0.	0.
(25) ANDREW A. SADANOWICZ DIRECTOR	1.00	X						0.	0.	0.
(26) SUSAN J. SAPPINGTON DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								1,426,194.	263,770.	81,282.
c Total from continuation sheets to Part VII, Section A								7,195,217.	305,754.	410,552.
d Total (add lines 1b and 1c)								8,621,411.	569,524.	491,834.

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 **322**

	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
PRICEWATERHOUSE COOPERS LLP P.O. BOX 7247-800, PHILADELPHIA, PA 19170	CONSULTING SERVICES	3,436,412.
DAY PITNEY LLP P.O. BOX 416234, BOSTON, MA 02241	LEGAL SERVICES	2,165,008.
COVINGTON & BURLING LLP 1201 PENNSYLVANIA AVE, WASHINGTON, DC 20004	LEGAL SERVICES	1,310,485.
WOODLAND ANESTHESIOLOGY 114 WOODLAND STREET, HARTFORD, CT 06105	ANESTHESIOLOGY SERVICES	920,874.
GILBERT LLP, 1100 NEW YORK AVE NW STE 700, WASHINGTON, DC 20005	LEGAL SERVICES	447,249.

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 **9**

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) HENRY S. SCHERER, JR. DIRECTOR	3.00	X						0.	0.	0.
(28) PHILIP J. SCHULZ DIRECTOR	2.00	X						0.	0.	0.
(29) ROSALIND E. SHENKMAN, L.C.S.W. DIRECTOR	1.00	X						0.	0.	0.
(30) JEAN-PIERRE VAN ROOY DIRECTOR	1.00	X						0.	0.	0.
(31) GEN. (R) JOHN M. WATKINS DIRECTOR	2.00	X						0.	0.	0.
(32) E. MERRITT MCDONOUGH, JR. SECRETARY	1.00	X		X				0.	0.	0.
(33) JENNIFER SMITH-TURNER DIRECTOR	1.00	X						0.	0.	0.
(34) RONALD D. JARVIS DIRECTOR	1.00	X						0.	0.	0.
(35) RICHARD GORDON, J.D. DIRECTOR	1.00	X						0.	0.	0.
(36) ADRIENNE W. COCHRANE, J.D. DIRECTOR	2.00	X						0.	0.	0.
(37) ANDREW J. PINKES DIRECTOR	1.00	X						0.	0.	0.
(38) TIMOTHY L. PRETE DIRECTOR	2.00	X						0.	0.	0.
(39) SHERI A. LEMIEUX ASSISTANT SECRETARY	55.00			X				105,554.	0.	7,996.
(40) TERESA M. BOLTON GENERAL COUNSEL	55.00				X			313,648.	0.	29,013.
(41) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55.00				X			358,386.	0.	33,789.
(42) GREG MAKOUL SVP, CHIEF ACADEMIC OFFICER	55.00				X			435,679.	0.	28,338.
(43) PAUL F. PENDERGAST SENIOR VP & CDO	55.00				X			346,638.	0.	9,086.
(44) KATHLEEN M. ROCHE EXECUTIVE VP & COO	55.00				X			621,542.	0.	30,637.
(45) DONALD STRACESKI INTERIM CFO	55.00				X			405,989.	0.	40,053.
(46) JENNIFER SCHNEIDER CHIEF COMPLIANCE OFFICER	55.00				X			209,998.	0.	28,828.
Total to Part VII, Section A, line 1c										

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2183958.				
	e	Government grants (contributions)	1e	4500049.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1484963.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		8168970.				
Program Service Revenue	2 a	PATIENT REVENUE	Business Code 624100	626,836,075.	626,836,075.			
	b	LABORATORY REVENUE	621500	37,827,912.	36,444,311.	1,383,601.		
	c	PARTNERSHIP REVENUE	541900	1692885.	1670314.	22,571.		
	d	PARTNERSHIP REVENUE	621110	83,760.	83,760.			
	e	PARTNERSHIP REVENUE	621300	-38,045.	-38,045.			
	f	All other program service revenue	812300	-190,338.		-190338.		
	g	Total. Add lines 2a-2f		666,212,249.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6405493.		6,405,493.		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	4,925,227.				
			(ii) Personal	0.				
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	4,925,227.			
	d	Net rental income or (loss)		4925227.		4,925,227.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	102,374,948.				
			(ii) Other	19.				
			b	Less: cost or other basis and sales expenses	99,089,627.	0.		
			c	Gain or (loss)	3,285,321.	19.		
d	Net gain or (loss)		3285340.		3,285,340.			
8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
b	Less: direct expenses	b						
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19	a						
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	PREMIUM INCOME	524298	9892438.	9370575.	521,863.			
b	OTHER PATIENT SVCS	624100	9070807.			9,070,807.		
c	MEANINGFUL USE INCOME	900099	4710870.	4710870.				
d	All other revenue	900099	3299567.	3191432.		108,135.		
e	Total. Add lines 11a-11d		26,973,682.					
12	Total revenue. See instructions.		715,970,961.	682,269,292.	1,737,697.	23,795,002.		

**ST FRANCIS HOSPITAL AND MEDICAL
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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) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	20,900.	20,900.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,640,919.		6,640,919.	
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	251008324.	204210863.	46,797,461.	
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	16,111,911.	12,845,913.	3,265,998.	
9 Other employee benefits	36,038,207.	28,881,995.	7,156,212.	
10 Payroll taxes	18,223,055.	14,498,416.	3,724,639.	
11 Fees for services (non-employees):				
a Management				
b Legal	2,861,664.		2,861,664.	
c Accounting	364,175.		364,175.	
d Lobbying	133,167.		133,167.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	196,567.		196,567.	
g Other	102620091.	86,328,618.	16,291,473.	
12 Advertising and promotion	1,967,106.	9,910.	1,957,196.	
13 Office expenses	16,410,915.	15,618,688.	792,227.	
14 Information technology	8,125,611.	7,796,736.	328,875.	
15 Royalties				
16 Occupancy	35,085,772.	33,537,803.	1,547,969.	
17 Travel	2,510,692.	2,492,654.	18,038.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	12,771,287.	11,964,520.	806,767.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,205,153.	35,205,153.		
23 Insurance	15,170,325.	287,401.	14,882,924.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	115377555.	115377555.		
b PROF LIABILITY INSURANC	8,563,037.		8,563,037.	
c HOSP DUES/FEES/MEMBERSH	2,043,331.	184,790.	1,858,541.	
d RESIDENT TAX	1,888,788.	1,888,788.		
e All other expenses	13,609,682.	5,277,721.	8,331,961.	
25 Total functional expenses. Add lines 1 through 24e	702948234.	576428424.	126519810.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

ST FRANCIS HOSPITAL AND MEDICAL
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Form 990 (2011)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	57,455,081.	1	61,293,114.
	2	Savings and temporary cash investments	52,315,791.	2	56,003,680.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	66,709,118.	4	64,010,089.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	943,954.	7	830,773.
	8	Inventories for sale or use	5,826,486.	8	7,079,572.
	9	Prepaid expenses and deferred charges	6,568,624.	9	6,008,051.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 853,853,390.		
	b	Less: accumulated depreciation	10b 408,696,105.	10c	445,157,285.
	11	Investments - publicly traded securities	63,591,383.	11	58,072,717.
	12	Investments - other securities. See Part IV, line 11	19,022,066.	12	17,412,422.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	54,547,671.	15	72,612,595.
16	Total assets. Add lines 1 through 15 (must equal line 34)	779,231,759.	16	788,480,298.	
Liabilities	17	Accounts payable and accrued expenses	30,550,768.	17	33,975,759.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	262,310,000.	20	258,580,000.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	9,834,343.	23	7,334,987.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	338,727,516.	25	369,475,897.
	26	Total liabilities. Add lines 17 through 25	641,422,627.	26	669,366,643.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	43,762,715.	27	21,687,622.
	28	Temporarily restricted net assets	46,527,888.	28	44,602,134.
	29	Permanently restricted net assets	47,518,529.	29	52,823,899.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	137,809,132.	33	119,113,655.	
34	Total liabilities and net assets/fund balances	779,231,759.	34	788,480,298.	

Form 990 (2011)

**ST FRANCIS HOSPITAL AND MEDICAL
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Form 990 (2011)

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	715,970,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	702,948,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,022,727.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,809,132.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-31,718,204.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	119,113,655.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued 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		
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	
b	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** (2011)

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. ▶ See separate instructions.

OMB No. 1545-0047

2011

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 - Other
- 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? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		
- 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 support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2011

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

Schedule C (Form 990 or 990-EZ) 2011

LHA

132041
01-27-12

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a	Lobbying nontaxable amount				
b	Lobbying ceiling amount (150% of line 2a, column(e))				
c	Total lobbying expenditures				
d	Grassroots nontaxable amount				
e	Grassroots ceiling amount (150% of line 2d, column (e))				
f	Grassroots lobbying expenditures				

Schedule C (Form 990 or 990-EZ) 2011

ST FRANCIS HOSPITAL AND MEDICAL

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		181,422.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			181,422.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2011

Open to Public Inspection

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

Employer identification number
06-0646813

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

9 In Part XIV, 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 XIV, 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

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Schedule D (Form 990) 2011

06-0646813 Page 2

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 XIV.

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 XIV and complete the following table:

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

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

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	60,257,184.	62,884,485.	59,910,100.	60,938,954.	
b Contributions				18,366.	
c Net investment earnings, gains, and losses	4,020,941.	-2,627,301.	2,974,385.	-1,047,220.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	64,278,125.	60,257,184.	62,884,485.	59,910,100.	

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

- a Board designated or quasi-endowment 24.00 %
- b Permanent endowment 76.00 %
- c Temporarily restricted endowment _____ %

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,025,317.		6,025,317.
b Buildings		456785632.	134202277.	322583355.
c Leasehold improvements		2,454,427.	2,283,319.	171,108.
d Equipment		349068629.	261137471.	87,931,158.
e Other		39,519,385.	11,073,038.	28,446,347.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				445157285.

Schedule D (Form 990) 2011

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Schedule D (Form 990) 2011

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

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

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

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

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

(a) Description	(b) Book value
(1) CHEFA BOND SERIES	5,993,477.
(2) BOND ISSUANCE COST, LESS AMORTIZATION	2,246,799.
(3) ASSETS HELD IN TRUST	48,538,385.
(4) OTHER ASSETS	3,231,073.
(5) DUE FROM AFFILIATED ENTITIES	12,602,861.
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	72,612,595.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SALARIES & WAGES	34,529,670.
(3) ACCRUED EXPENSES & INTEREST	6,809,253.
(4) PENSION AND OTHER ACCRUED EXPENSES	318,014,535.
(5) DUE TO AFFILIATED ENTITIES	7,520,192.
(6) DUE TO 3RD PARTY REIMBURSEMENT	2,602,247.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	369,475,897.

FIN 48 (ASC 740) Footnote. In Part XIV, 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).

ST FRANCIS HOSPITAL AND MEDICAL
CENTER

Schedule D (Form 990) 2011

06-0646813 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	715,970,961.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	702,948,234.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,022,727.
4	Net unrealized gains (losses) on investments	4	4,702,283.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-36,420,487.
9	Total adjustments (net). Add lines 4 through 8	9	-31,718,204.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-18,695,477.

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

1	Total revenue, gains, and other support per audited financial statements	1	707339441.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	4,702,283.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	42,896,080.
e	Add lines 2a through 2d	2e	47,598,363.
3	Subtract line 2e from line 1	3	659741078.
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 XIV.)	4b	56,229,883.
c	Add lines 4a and 4b	4c	56,229,883.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	715970961.

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

1	Total expenses and losses per audited financial statements	1	692342689.
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 XIV.)	2d	35,733,616.
e	Add lines 2a through 2d	2e	35,733,616.
3	Subtract line 2e from line 1	3	656609073.
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 XIV.)	4b	46,339,161.
c	Add lines 4a and 4b	4c	46,339,161.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	702948234.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

SERVICES.

PART X, LINE 2: (AMOUNTS IN THOUSANDS)

THE HOSPITAL AND MEDICAL CENTER AND ITS PRINCIPAL SUBSIDIARIES ARE

TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE

CODE. TAX PROVISIONS AND RELATED LIABILITIES FOR CERTAIN TAXABLE

SUBSIDIARIES ARE NOT MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

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Part XIV Supplemental Information (continued)

THE HOSPITAL AND MEDICAL CENTER HAS NET OPERATING LOSS CARRYFORWARDS
RESULTING IN THE AMOUNT OF APPROXIMATELY \$1,727. THESE NET OPERATING LOSS
CARRYFORWARDS RESULT IN A DEFERRED TAX ASSET OF APPROXIMATELY \$691, WHICH
IS OFFSET BY A CORRESPONDING VALUATION ALLOWANCE OF THE SAME AMOUNT.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

INCREASE IN ASSETS HELD IN TRUST BY OTHERS	5,305,369.
DECREASE IN MINIMUM PENSION LIABILITY	-26,208,459.
DECREASE IN INTEREST IN ST FRANCIS FOUNDATION	-1,669,222.
NET PARTNERSHIP INCOME	-1,548,846.
CHANGE IN FAIR MARKET VALUE OF SWAP	-10,315,522.
NET ASSETS RELEASED FROM RESTRICTIONS FOR RENOVATIONS	-2,352,000.
COLLABORATIVE LAB SERVICES BEGINNING NET ASSETS	368,193.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-36,420,487.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INCOME FROM SUBSIDIARIES	23,867,688.
BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER	18,629,069.
BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES	399,323.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	42,896,080.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INCOME FROM PARTNERSHIP INVESTMENTS	1,553,846.
INCOME FROM ST. FRANCIS INDEMNITY CORPORATION, LLC	14,662,946.
INCOME FROM COLLABORATIVE LAB SERVICES	37,829,133.
NET TRANSFER FROM SAINT FRANCIS FOUNDATION	2,183,958.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	56,229,883.

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Part XIV Supplemental Information (continued)

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES FROM SUBSIDIARIES	16,705,224.
BAD DEBT EXPENSE - ST FRANCIS HOSPITAL & MEDICAL CENTER	18,629,069.
BAD DEBT EXPENSE - COLLABORATIVE LAB SERVICES	399,323.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	35,733,616.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES FROM ST. FRANCIS INDEMNITY COMPANY, LLC	9,295,765.
EXPENSES FROM COLLABORATIVE LAB SERVICES	37,038,396.
EXPENSES FROM PARTNERSHIP INVESTMENTS	5,000.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	46,339,161.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
b Did the organization use FPG to determine eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	X	
c If the organization did not use FPG to determine 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, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?		X
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)		13,232	6,269,109.		6,269,109.	.89%
b Medicaid (from Worksheet 3, column a)		37,329	36,807,574.		36,807,574.	5.24%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs		50,561	43,076,683.		43,076,683.	6.13%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)		22,160	3,478,585.	8,450.	3,470,135.	.49%
f Health professions education (from Worksheet 5)		1,181	25,659,834.	8,637,777.	17,022,057.	2.42%
g Subsidized health services (from Worksheet 6)		8,619	975,679.		975,679.	.14%
h Research (from Worksheet 7)			847,783.		847,783.	.12%
i Cash and in-kind contributions for community benefit (from Worksheet 8)		802	784,871.		784,871.	.11%
j Total Other Benefits		32,762	31,746,752.	8,646,227.	23,100,525.	3.28%
k Total. Add lines 7d and 7j		83,323	74,823,435.	8,646,227.	66,177,208.	9.41%

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			1,584.		1,584.	.00%
2 Economic development						
3 Community support			184,125.		184,125.	.03%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy			227,597.		227,597.	.03%
8 Workforce development						
9 Other						
10 Total			413,306.		413,306.	.06%

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	X
2 Enter the amount of the organization's bad debt expense	2	6,318,679.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.		

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	188659301.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	187233543.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	1,425,758.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

Section C. Collection Practices

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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 GRTR HTFD	HEALTH CARE SERVICES -			
LITHOTRIPTY, LLC	LITHOTRIPTY	20.00%		40.00%
2 ST FRANCIS GI	HEALTH CARE SERVICES -			
ENDOSCOPY, LLC	ENDOSCOPY	49.00%		51.00%

ST FRANCIS HOSPITAL AND MEDICAL
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Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: ST FRANCIS HOSPITAL AND MEDICAL CENTER

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input 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 type="checkbox"/> How data was obtained		
e <input 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 type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5 Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

ST FRANCIS HOSPITAL AND MEDICAL CENTER

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

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

Billing and Collections

14	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	
15	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged: a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)		X
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): a <input type="checkbox"/> Notified patients of the financial assistance policy on admission b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)		

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Schedule H (Form 990) 2011

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

Policy Relating to Emergency Medical Care

18 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
18	X	

If "No," indicate why:

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

Individuals Eligible for Financial Assistance

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

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

20		X
21		X

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?

If "Yes," explain in Part VI.

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Part VI Supplemental Information

Complete this part to provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: N/A

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

PART I, LINE 6A: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT. THIS REPORT IS AVAILABLE ON THE SAINT FRANCIS HOSPITAL WEBSITE.

PART I, LINE 7: SAINT FRANCIS HOSPITAL AND MEDICAL CENTER USES A

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Part VI Supplemental Information

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

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

PHYSICAL IMPROVEMENTS AND HOUSING
HOUSING ISSUES ARE A MAJOR CONCERN THROUGHOUT HARTFORD AS EVIDENCED BY THE LOW PERCENTAGE OF HOME OWNERSHIP AND THE HIGH INCIDENCE OF LEAD POISONING IN CHILDREN WHO LIVE IN THE CITY. SAINT FRANCIS HAS PARTNERED FOR MANY YEARS IN A VARIETY OF HOUSING RELATED PROJECTS INCLUDING THE LEAD ACTION FOR MEDICAID PRIMARY PREVENTION (LAMPP) PROGRAM TO PROVIDE SERVICES TO FAMILIES IMPACTED BY LEAD POISONING. THE LAMPP PROGRAM WORKS WITH LANDLORDS AND HOMEOWNERS TO REMEDIATE HOMES THAT HAVE BEEN IDENTIFIED WITH HIGH LEVELS OF LEAD DUST WHICH CAN IMPACT THE HEALTH OF VULNERABLE CHILDREN. THE SAINT FRANCIS DEPARTMENT OF PEDIATRICS RUNS A LEAD SAFE HOUSE WITH LEAD FREE APARTMENTS THAT CAN BE USED BY THOSE ENROLLED IN

Part VI Supplemental Information

LAMPP SO THAT THEY HAVE A PLACE TO STAY WHILE THEIR HOMES ARE REMEDIATED OF LEAD CONTAMINANTS. THE PARTNERSHIP ENABLES THE LAMPP PROGRAM TO EFFICIENTLY IMPROVE HOUSING CONDITIONS SO THAT CHILDREN ARE NOT AT RISK OF LEAD POISONING.

THE SAINT FRANCIS FOUNDATION ALSO MAKES CONTRIBUTIONS TO ORGANIZATIONS THAT FOCUS ON HOUSING IN THE HARTFORD COMMUNITY SUCH AS THE SOUTH PARK INN (A HOMELESS SHELTER), HABITAT FOR HUMANITY, REBUILDING HARTFORD TOGETHER, AND SHELTER FOR WOMEN.

ON AN ANNUAL BASIS THE DEPARTMENT OF ENGINEERING AT SAINT FRANCIS PARTNERS WITH REBUILDING HARTFORD TOGETHER AND WORKS TO REBUILD OR REMODEL A HOME FOR A FAMILY IN NEED OF ASSISTANCE. SAINT FRANCIS STAFF CONTRIBUTES TIME, MATERIALS AND EXPERTISE TO THE PROJECT AND PLAY A CRITICAL ROLE IN THE COORDINATION AND EXECUTION OF THE PROJECT. ADDITIONALLY, ONE MEMBER SITS ON THE BOARD OF DIRECTORS FOR REBUILDING HARTFORD TOGETHER ON A YEAR ROUND BASIS.

ECONOMIC DEVELOPMENT

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

Part VI Supplemental Information

IN THE CITY.

COMMUNITY SUPPORT

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

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

Part VI Supplemental Information

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

LET'S NOT MEET BY ACCIDENT IS A COMPREHENSIVE EDUCATION PROGRAM TO ENCOURAGE TEENS TO MAKE HEALTHY DECISIONS IN RISKY SITUATIONS. IT IS PRESENTED BY THE VIOLENCE AND INJURY PREVENTION PROGRAM OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND MAKES USE OF THE HELICOPTER PAD, THE TRAUMA DEPARTMENT AND THE EMERGENCY ROOM TO SIMULATE A "MOCK ACCIDENT" SO THAT YOUTH CAN SEE FOR THEMSELVES THE RESULTS OF POOR DECISION MAKING. THE GOAL OF THE PROGRAM IS TO ENCOURAGE TEENS TO MAKE "HEALTHY CHOICES IN RISKY SITUATIONS". PARTICIPANTS LEARN THAT TRAUMATIC INJURIES CLAIM THE LIVES OF MORE AMERICANS UNDER AGE 34 THAN AIDS, CANCER, AND HEART DISEASE COMBINED.

SAINT FRANCIS HOSPITAL & MEDICAL CENTER FURTHER DEMONSTRATES ITS COMMITMENT TO PREVENTION BY SUPPORTING THE CHILD ADVOCACY CENTER AND PARTICIPATING REGULARLY IN THE CHILD PROTECTION TEAM MEETINGS. THIS WORK FOCUSES ON ISSUES REGARDING CHILD ABUSE/NEGLECT & CHILD ABUSE PREVENTION. THESE, ALONG WITH OTHER SAINT FRANCIS PROGRAMS, INCREASE THE UNDERSTANDING OF THE PROBLEM OF CHILD ABUSE; SERVE AS A RESOURCE FOR PATIENTS, FAMILIES AND STAFF; AND FOSTER AN ENVIRONMENT THAT IS COMMITTED TO CHILD ABUSE

Part VI Supplemental Information

PREVENTION. PREVENTION EFFORTS ARE THE KEY IN ENDING CHILD ABUSE. REACHING CHILDREN & FAMILIES BEFORE THEY ARE IN A CRISIS IS NEEDED. THE BEST WAY TO OFFER THIS IS THROUGH CREATIVE, CONCRETE PROGRAMS THAT OFFER SUPPORT AND SOLUTIONS TO THE COMPLEX PROBLEMS FACING TODAY'S CHILDREN AND FAMILIES.

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

LEADERSHIP DEVELOPMENT

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

CLINICAL PASTORAL EDUCATION (CPE) IS AN INTERFAITH PROFESSIONAL EDUCATION PROGRAM FOR MINISTRY. IT BRINGS THEOLOGY STUDENTS, CLERGY OF ALL FAITHS, AND QUALIFIED LAY PEOPLE INTO SUPERVISED ENCOUNTERS WITH PERSONS IN CRISIS. PARTNERS IN CPE IS A UNIQUE PROGRAM CO-SPONSORED BY MERCY

Part VI Supplemental Information

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 WHEN NEEDED.

SEE SCHEDULE O FOR CONTINUATION

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

Part VI Supplemental Information

PART III, LINE 8: N/A FOR SHORTFALL REPORTED IN LINE 7.

MEDICARE ALLOWABLE COSTS OF CARE ON LINE 6 WERE DETERMINED FROM THE
MEDICARE COST REPORTS.

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

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

SECONDARY DATA PROFILE FINDINGS:

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

KEY INFORMANT INTERVIEW FINDINGS:

Part VI Supplemental Information

RESULTS FROM THE KEY INFORMANT INTERVIEWS SERVED TO CLARIFY THE ISSUES THAT THOSE WORKING IN THE COMMUNITY SEE AS KEY COMMUNITY NEEDS.

INTERESTINGLY, THE INFORMATION ON THE MOST IMPORTANT HEALTH ISSUES WAS RIGHT ON TARGET WITH DIABETES, OBESITY, MENTAL ILLNESS AND DRUG ABUSE ALL INCLUDED IN THE TOP 5 KEY HEALTH ISSUES. 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 THAT WERE ADMINISTERED TO LEARN ABOUT THE NEEDS PATIENTS SAW AS PRIORITIES.

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

IN AREAS OF THE HOSPITAL WHERE NEW PATIENTS ARRIVE: THE AMBULATORY CARE CLINIC, THE ADMISSIONS AREA, THE PEDIATRIC CLINIC AND THE EMERGENCY DEPARTMENT, SIGNAGE IS POSTED ABOUT THE FINANCIAL ASSISTANCE AVAILABLE TO ALL PATIENTS WHO QUALIFY. THIS INFORMATION OUTLINES, IN BOTH ENGLISH AND SPANISH, THE AVAILABILITY OF FINANCIAL COUNSELING AND ASSISTANCE FOR MEDICAL BILLS. ADDITIONALLY, A "PATIENT AND FAMILY INFORMATION NOTEBOOK" WHICH INCLUDES A CHAPTER ON THE AVAILABILITY OF FINANCIAL ASSISTANCE FOR

Part VI Supplemental Information

PATIENTS WHO EITHER DO NOT HAVE COVERAGE OR ARE NOT COVERED FULLY BY THEIR HEALTH INSURANCE IS LOCATED IN EACH PATIENT ROOM. 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.

THE CHARITY CARE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED. CLARIFICATIONS ABOUT SELF PAY PATIENTS WERE ADDED IN

Part VI Supplemental Information

APRIL OF 2011.

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.

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.

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

Part VI Supplemental Information

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

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

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

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

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

LET'S NOT MEET BY ACCIDENT - TEEN VIOLENCE PREVENTION

KISS - CT KIDS IN SAFETY SEATS

NURTURING FAMILIES NETWORK - TEEN PARENT SUPPORT PROGRAM

HEALTHY START PROGRAM - WORKING TO PREVENT INFANT MORTALITY

PARENT AID PROGRAM - PARENTING SUPPORT TO PREVENT CHILD ABUSE AND NEGLECT

EMERGENCY FOOD BANK - PROVIDING FOOD TO FAMILIES IN NEED

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

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

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

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

MEDICAL MISSIONS - SERVICES PROVIDED IN OTHER COUNTRIES FREE OF CHARGE

Part VI Supplemental Information

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

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

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

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

COMMUNITY DIABETES SUPPORT GROUP - SUPPORT FOR COMMUNITY MEMBERS WITH
DIABETES

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

PART VI, 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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

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

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2011

ST FRANCIS HOSPITAL AND MEDICAL CENTER

Schedule J (Form 990) 2011

06-0646813

Page 2

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

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

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

(A) Name	(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	(i)	857,444.	500,000.	0.	15,034.	33,647.	1,406,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PAUL F. MITCHELL, DMD	(i)	68,750.	0.	0.	0.	0.	68,750.	0.
	(ii)	263,770.	0.	0.	19,600.	13,001.	296,371.	0.
3 TERESA M. BOLTON	(i)	279,898.	33,750.	0.	12,601.	16,412.	342,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ROBERT CHRISTOPHER HARTLEY	(i)	291,654.	66,732.	0.	19,934.	13,855.	392,175.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 GREG MAKOUL	(i)	335,679.	100,000.	0.	15,034.	13,304.	464,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PAUL F. PENDERGAST	(i)	196,638.	150,000.	0.	0.	9,086.	355,724.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 KATHLEEN M. ROCHE	(i)	451,542.	170,000.	0.	15,034.	15,603.	652,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DONALD STRACESKI	(i)	360,989.	45,000.	0.	19,934.	20,119.	446,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JENNIFER SCHNEIDER	(i)	179,202.	30,796.	0.	11,601.	17,227.	238,826.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 ARTHUR DETORE	(i)	417,883.	45,000.	0.	0.	11,295.	474,178.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 REBECCA BURKE	(i)	361,459.	0.	0.	0.	11,644.	373,103.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 JOHN N. GIAMALIS	(i)	533,020.	0.	0.	334.	29,894.	563,248.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 FRANK A. BAUER	(i)	450,487.	0.	0.	7,350.	13,170.	471,007.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GEORGE H. BARROWS	(i)	388,528.	5,000.	0.	9,800.	12,424.	415,752.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 PAMELA KOWALCZYK	(i)	450,487.	0.	0.	9,800.	13,024.	473,311.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16 STEVEN WOLF, M.D.	(i)	272,524.	15,000.	0.	11,225.	4,098.	302,847.	0.
	(ii)	89,041.	0.	0.	3,475.	1,269.	93,785.	0.

Schedule J (Form 990) 2011

ST FRANCIS HOSPITAL AND MEDICAL CENTER

06-0646813

Schedule J (Form 990) 2011

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	(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 THOMAS W. TURBLAK	(i)	325,199.	0.	14,700.	5,143.	345,042.	0.
	(ii)	0.	0.	0.	0.	0.	0.
2 HEMA DESILVA	(i)	216,713.	0.	17,199.	6,909.	240,821.	0.
	(ii)	406,631.	5,000.	0.	1,454.	413,085.	0.
3 STEVEN RUBY, M.D.	(i)	0.	0.	0.	0.	0.	0.
	(ii)	145,882.	0.	0.	6,068.	151,950.	0.
4 KATHLEEN A. DEMATTEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	177,455.	2,926.	180,381.	0.
5 EDWARD S. JOHNSON	(i)	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	106,073.	0.	106,073.	0.
6 MARY E. INGUANTI	(i)	29,310.	33,975.	228,870.	9,611.	301,766.	0.
	(ii)	0.	0.	0.	0.	0.	0.
7 JEFF CHITESTER	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

ST FRANCIS HOSPITAL AND MEDICAL CENTER

06-0646813

Page 3

Schedule J (Form 990) 2011

Part III Supplemental Information

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

PART I, LINES 4A-B: SEVERENCE PAYMENTS MADE DURING YEAR ENDED SEPTEMBER

30, 2012:

JEFF CHITESTER = \$133,285

CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT

PLAN DURING THE YEAR.

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2011
Open to Public Inspection

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
STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT06-080618620774UZC2	06-080618620774UZC2		05/29/08	39,745,000.	REFUND EXISTING DEBT ISSUED 11/93			X			X
STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT06-080618620774UZH1	06-080618620774UZH1		06/30/08	175,000,000.	PARTIAL REPLACEMENT FACIL			X			X
STATE OF CT HEALTH & EDUCATIONAL FACILITY AUT06-080618620774USF9	06-080618620774USF9		09/30/10	29,870,000.	REFUND EXISTING DEBT ISSUED 4/93			X			X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue			39,745,000.		175,000,000.		29,870,000.	
4 Gross proceeds in reserve funds			629,173.					
5 Capitalized interest from proceeds					13,186,671.			
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			447,069.		1,536,917.		609,546.	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds			38,673,020.		161,813,329.		29,259,335.	
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion					2011			

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X			X	X			
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X		X		X		X		

ST FRANCIS HOSPITAL AND MEDICAL CENTER

06-0646813

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X	X			X		
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?			X					
c Are there any research agreements that may result in private business use of bond-financed property?		X	X			X		
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?			X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X			

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		
2 Is the bond issue a variable rate issue?	X		X		X			
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider	N/A		N/A		N/A			
c Term of hedge								
d Was the hedge superintergrated?		X		X		X		
e Was the hedge terminated?		X		X		X		
4a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	N/A		N/A		N/A			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		
5 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
6 Did the bond issue qualify for an exception to rebate?		X		X		X		

Part V Procedures To Undertake Corrective Action

Check the box if 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

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

SEE PART VI SUPPLEMENTAL EXPLANATION SHEET

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

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME:

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

(F) DESCRIPTION OF PURPOSE: REFUND EXISTING DEBT ISSUED 11/93 [11/10/93]

(A) ISSUER NAME:

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

(F) DESCRIPTION OF PURPOSE:

PARTIAL REPLACEMENT FACILITY AND RENOVATION OF EXISTING FACILITIES.

(A) ISSUER NAME:

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

(F) DESCRIPTION OF PURPOSE: REFUND EXISTING DEBT ISSUED 4/93 [4/10/93]

ST FRANCIS HOSPITAL AND MEDICAL

Schedule L (Form 990 or 990-EZ) 2011 CENTER

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	CFO & SENIOR VP	1,969,462.	RENTAL OF O		X
JOHN N. GIAMALIS	CFO & SENIOR VP	2,915,694.	MANAGED CAR		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	1,969,462.	RENTAL OF O		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT	2,915,694.	MANAGED CAR		X
REBECCA BURKE	KEY EMPLOYEE	2,100,000.	PURCHASE OF		X
REBECCA BURKE	KEY EMPLOYEE	638,034.	PURCHASE OF		X
DANIEL O'CONNELL	DIRECTOR	1,969,462.	RENTAL OF O		X
DANIEL O'CONNELL	DIRECTOR	2,915,694.	MANAGED CAR		X
E. MERRITT MCDONOUGH, JR.	SECRETARY	3,017,081.	EMPLOYEE OF		X
R. CHRISTOPHER HARTLEY	DIRECTOR	3,089,281.	THE HOSPITA		X

Part V Supplemental Information

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

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

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO & SENIOR VP

(C) AMOUNT OF TRANSACTION \$ 1,969,462.

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

ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. JOHN N.

GIAMALIS WAS TREASURER OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CFO & SENIOR VP

(C) AMOUNT OF TRANSACTION \$ 2,915,694.

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

HEALTHCARE PARTNERS. JOHN N. GIAMALIS WAS TREASURER OF SAINT FRANCIS

HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

Part V Supplemental Information

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 1,969,462.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 2,915,694.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 2,100,000.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: REBECCA BURKE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 638,034.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 1,969,462.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DANIEL O'CONNELL

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 2,915,694.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SECRETARY

Part V Supplemental Information

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

(C) AMOUNT OF TRANSACTION \$ 3,017,081.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 3,089,281.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL PURCHASES LAUNDRY SERVICES
FROM TOTAL LAUNDRY COLLABORATIVE. R. CHRISTOPHER HARTLEY IS A DIRECTOR OF
TOTAL LAUNDRY COLLABORATIVE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DONALD STRACESKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 3,089,281.

(D) DESCRIPTION OF TRANSACTION: THE HOSPITAL PURCHASES LAUNDRY SERVICES
FROM TOTAL LAUNDRY COLLABORATIVE. DONALD STRACESKI IS A DIRECTOR OF TOTAL
LAUNDRY COLLABORATIVE.

(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 \$ 1,969,462.

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

Part V Supplemental Information

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

ACCOUNTING SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

(C) AMOUNT OF TRANSACTION \$ 2,915,694.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 174,107.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 115,977.

(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

Part V Supplemental Information

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

(A) NAME OF PERSON: PHILIP J. SCHULZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 267,363.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ARTHUR DETORE, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 1,969,462.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ARTHUR DETORE, MD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 2,915,694.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN N. GIAMALIS

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:

CFO & SENIOR VP

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KATHLEEN ROCHE

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

EXECUTIVE VICE PRESIDENT & COO

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: TERESA BOLTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

Part V Supplemental Information

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

KEY EMPLOYEE

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

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: P. ANTHONY GIORGIO

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 316,269.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: KARL KRAPEK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 316,269.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: SUSAN 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 \$ 267,824.

(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 WAS 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.

OMB No. 1545-0047

2011

Open to Public
Inspection

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

RESPONDING TO THE SCRIPTURAL CALL TO HEAL

OUR MISSION IS:

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

OUR CORE VALUES ARE:

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

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

INTEGRITY:

WE ARE FAITHFUL, TRUSTWORTHY AND JUST.

SERVICE:

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

LEADERSHIP:

WE ENCOURAGE INITIATIVE, CREATIVITY, LEARNING AND RESEARCH.

STEWARDSHIP:

WE CARE FOR AND STRENGTHEN RESOURCES ENTRUSTED TO US.

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

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

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

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

Employer identification number
06-0646813

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER WAS ESTABLISHED BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY IN 1897 IN A SMALL HOUSE ON WOODLAND STREET. THE MISSION WAS AMBITIOUS: WITH MODEST RESOURCES SAINT FRANCIS SOUGHT TO CARE FOR THE SICK IN OUR REGION REGARDLESS OF A PERSON'S ABILITY TO PAY. THE NECESSITY TO RESPOND TO SUCH NEEDS WAS NO LESS IN 2012.

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 2012, SAINT FRANCIS PROVIDED \$74,047,397 IN COMMUNITY BENEFIT, OF WHICH \$6,569,109 REPRESENTS CHARITY CARE AND UNPAID COSTS OF MEDICAID. THESE FIGURES DO NOT TAKE INTO ACCOUNT AN ADDITIONAL \$18,629,069 IN BAD DEBTS (PAYMENTS THAT HAVE NOT COME FROM CONSUMERS).

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

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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.

CHARITY CARE - \$ 6,569,109

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

GOVERNMENT-SPONSORED HEALTHCARE - \$ 35,736,562

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

COMMUNITY BENEFIT SERVICES - \$ 31,741,726

SERVICES PROVIDED TO MEET COMMUNITY NEEDS AND OTHER PROVIDERS ARE UNWILLING TO OFFER THEM, OR BECAUSE THE SERVICES WOULD OTHERWISE NOT BE AVAILABLE TO MEET PATIENT DEMAND. INCLUDED ARE CLINICAL PATIENT CARE SERVICES PROVIDED DESPITE A NEGATIVE MARGIN - PUBLIC HEALTH PROGRAMS, COMMUNITY OUTREACH AND EDUCATION, AND PARTNERSHIPS TO MEET COMMUNITY NEEDS.

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TOTAL COMMUNITY BENEFIT - \$ 74,047,397

COMMUNITY BENEFIT SERVICES

WHAT ARE THE NUMBERS?

AS NOTED EARLIER, COMMUNITY BENEFITS ARE CATEGORIZED INTO THREE BROAD AREAS WHICH INCLUDE: CHARITY CARE, GOVERNMENT-SPONSORED HEALTHCARE, AND COMMUNITY BENEFIT SERVICES.

THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION WHICH THIS PAST YEAR TOTALED \$31,741,726.

A. COMMUNITY HEALTH IMPROVEMENT SERVICES - \$ 3,664,384

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

COMMUNITY HEALTH EDUCATION

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

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- **CHILDBIRTH EDUCATION CLASSES**
- **DIABETES CARE PROGRAM EDUCATION AND OUTREACH**
- **DOMESTIC VIOLENCE PREVENTION TRAINING**
- **HEALTH PROMOTION EDUCATION**
- **HEALTHY START AND PARENTING PROGRAM**
- **INTEGRATIVE HEALTH SERVICES CLASSES**
- **LEAD POISONING PREVENTION EDUCATION AND OUTREACH**
- **MEDICAL LEGAL PARTNERSHIP PROGRAM**
- **VIOLENCE AND INJURY PREVENTION PROGRAMS:**
 - **ELDER FALLS PREVENTION**
 - **LET'S NOT MEET BY ACCIDENT**
 - **KIDS IN SAFETY SEATS**
- **WOMEN'S HEART PROGRAM EDUCATION**

COMMUNITY-BASED CLINICAL SERVICES

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

HEALTHCARE SUPPORT SERVICES

- **ADAPTIVE ROWING PROGRAM**
- **CANCER SUPPORT GROUPS**

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

OTHER HEALTH IMPROVEMENT SERVICES

- CAREGIVER SUPPORT SERVICES
- LITERACY SUPPORT PROGRAMS
- STUDENT EDUCATION
- THE AUXILIARY REPETITIONS THRIFT STORE
- JOAN DAUBER EMERGENCY FOOD BANK
- KEEP-~~THE-POWER-ON~~ UTILITY CLINIC

B. HEALTH PROFESSIONAL EDUCATION - \$ 24,978,960

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.

- ACADEMIC SUMMER MEDICINE CAMP
- CLINICAL PASTORAL EDUCATION MENTORSHIP
- DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING
- DIETICIAN TRAINING

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- MEDICAL STUDENT EDUCATION
- NURSES AND NURSING STUDENT EDUCATION
- OTHER HEALTH PROFESSIONAL EDUCATION
- PHARM-D TRAINING SITE
- RESIDENCY TRAINING

C. SUBSIDIZED HEALTH SERVICES - \$ 975,679

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

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

D. RESEARCH - \$ 847,783

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 - \$ 784,871

THIS CATEGORY INCLUDES FUNDS AND IN-KIND SERVICES DONATED TO

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

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

F. COMMUNITY-BUILDING ACTIVITIES - \$ 437,661

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

- DISASTER PLANNING
- HOUSING SUPPORT
- MAGNET SCHOOL ASSISTANCE
- NEIGHBORHOOD ASSOCIATIONS

G. COMMUNITY BENEFIT OPERATIONS - \$ 52,388

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

COMMUNITY BENEFIT - CHARITY CARE

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SAINT FRANCIS CARE FOLLOWS NATIONAL GUIDELINES, DEVELOPED BY THE CATHOLIC HEALTH ASSOCIATION, FOR OUR COMMUNITY BENEFIT PROGRAM. TO QUALIFY AS COMMUNITY BENEFIT, PROGRAMS AND ACTIVITIES MUST DO THE FOLLOWING:

- IMPROVE ACCESS TO HEALTH CARE SERVICES
- ENHANCE THE HEALTH OF THE COMMUNITY
- ADVANCE MEDICAL OR HEALTH KNOWLEDGE
- RELIEVE OR REDUCE THE BURDEN OF GOVERNMENT OR OTHER COMMUNITY EFFORTS

- PROVIDE CHARITY CARE THAT DOES NOT INCLUDE BAD DEBT, CONTRACTUAL ALLOWANCES, OR QUICK-PAY DISCOUNTS

WELCOME

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS A BIG PLACE - 617 BEDS AND 65 BASSINETS; OVER 5,000 EMPLOYEES; 15 BUILDINGS; WITH OVER 100 EXTERIOR DOORS THAT CAN BE USED TO ENTER THESE BUILDINGS. THESE DOORS LEAD TO MILES OF HALLWAYS AND NONCLINICAL AREAS OF THE HOSPITAL. WHAT MOST PEOPLE NEED WHEN THEY ENTER A HOSPITAL SYSTEM IS SOMEONE WHO KNOWS HOW TO OPEN THE RIGHT DOORS -A DOCTOR WHO MAKES A FOLLOW-UP PHONE CALL, A NURSE WHO ASSISTS WITH COORDINATION OF CARE, A SOCIAL WORKER WHO IS ABLE TO ACCESS THE RIGHT RESOURCES. OFTEN IT IS A SINGLE RELATIONSHIP THAT CAN MAKE ALL THE DIFFERENCE. FREQUENTLY THAT ONE PERSON IS A STAFF MEMBER IN THE COMMUNITY OUTREACH OR CASE MANAGEMENT AREA OF THE HOSPITAL.

THIS REPORT FOCUSES ON THE VAST ARRAY OF RESOURCES THAT CAN BE FOUND AT

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SAINT FRANCIS WHICH ARE BEYOND WHAT YOU'D EXPECT FROM A HOSPITAL. THINGS LIKE VOUCHERS FOR TRANSPORTATION TO FOLLOW-UP APPOINTMENTS, A BAG OF FOOD FROM THE FOOD PANTRY TO TIDE A FAMILY OVER UNTIL THE NEXT PAY-CHECK, HELP WITH PAYING UTILITY BILLS, BUYING SCHOOL SUPPLIES OR OUTFITTING CHILDREN WITH WARM WINTER COATS. COMMUNITY BENEFITS INCLUDE THE CLINICAL AND UNREIMBURSED CARE AS WELL AS SERVICES PROVIDED BY SAINT FRANCIS OUTSIDE THE "NORMAL" SCOPE OF MEDICAL CARE; SERVICES THAT ARE PROVIDED BECAUSE IT RESULTS IN BETTER HEALTH OUTCOMES EVEN THOUGH THEY ARE NOT PAID FOR BY AN INSURANCE COMPANY OR A SOCIAL SERVICE AGENCY. IN THE CASES HIGHLIGHTED HERE, MANY "DOORS" WERE OPENED TO FIND HELP FOR EACH PATIENT. THESE STORIES ARE COMPELLING AND UNIQUE IN THEIR OWN WAY, BUT THEY ARE BY NO MEANS UNUSUAL. THIS IS WHAT IT TAKES TO CARE FOR PATIENTS - TO PROVIDE THE SUPPORT AND RESPECT THAT LEADS TO RENEWED HEALTH.

AS SOCIAL WORKERS WE ASSESS EACH PATIENT AND SITUATION INDIVIDUALLY AND PROVIDE COUNSELING, EDUCATION, REFERRAL AND ADVOCACY. OUR GOAL IS TO MEET THE NEEDS OF THE PATIENT AND FAMILY WHILE REDUCING STRESS. RECENTLY A COLLEAGUE FROM ANOTHER HOSPITAL SAID TO ME "I CAN'T BELIEVE ALL THAT YOU DO FOR YOUR PATIENTS." THAT MAKES ME SMILE.

-JANET GOLDBERG, LCSW

OPENING A COLLECTION OF DOORS

WHEN CANDI WAS DIAGNOSED WITH BREAST CANCER BACK IN 2008, IT WAS A SHOCK. SHE WAS YOUNG AND HEALTHY, A SINGLE MOM WITH TWO CHILDREN AND LIVING WITH HER MOTHER-IN-LAW. THE LAST THING SHE NEEDED WAS ONE MORE CHALLENGE IN HER LIFE. SHE REMEMBERS THE FIRST FEW MONTHS AS A BIT OF A BLUR- FIRST A MAMMOGRAM THAT INDICATED A LUMP; THEN A BIOPSY;

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CONFIRMATION THAT IT WAS CANCER; CHEMOTHERAPY TO SHRINK THE MASS; A MASTECTOMY WITH RECONSTRUCTIVE SURGERY, AND THEN MORE CHEMOTHERAPY.

JANET RAGNOW, MSW, THE SOCIAL WORKER IN THE COMPREHENSIVE BREAST HEALTH CENTER, BEGAN WORKING WITH CANDI ONCE SHE WAS DIAGNOSED, "AT FIRST THE FOCUS WAS ON HER PHYSICAL HEALTH AND MAKING CERTAIN SHE RECEIVED THE CANCER TREATMENT SHE NEEDED. BUT THEN WE HAD TO DEAL WITH OTHER ISSUES SUCH AS HER LIVING SITUATION WHICH WAS QUITE STRESSFUL."

"JANET HAS BEEN THERE FOR ME," CANDI SAID. "WE HAVE BEEN THROUGH A LOT TOGETHER." JUST AS CANDI'S LIFE WAS GETTING BACK TO NORMAL AND SHE WAS IN THE 2ND SEMESTER OF A CNA CERTIFICATION PROGRAM SHE WAS AGAIN DIAGNOSED WITH CANCER. THIS TIME IT HAD METASTASIZED TO HER BACK. AGAIN JANET WAS THERE TO COORDINATE CARE AND FIND THE RESOURCES CANDI NEEDED TO KEEP GOING. CANDI IS NOW TAKING CHEMOTHERAPY ON A REGULAR BASIS. SHE DESCRIBED IT BY SAYING, "THE MEDICINE MAKES ME VERY TIRED AND SAD, SO I TRY TO TAKE THE PILLS AFTER MY KIDS HAVE GONE OFF TO SCHOOL, THAT WAY THEY DON'T SEE ME SO TIRED, AND THEY MISS IT IF I START TO CRY."

MANY OF THE RESOURCES THAT JANET HAS PULLED TOGETHER FOR CANDI ARE PART OF THE COMMUNITY OUTREACH WORK THAT IS CRITICAL TO COMMUNITY BENEFITS PROVIDED BY SAINT FRANCIS HOSPITAL, INCLUDING:

- ASSISTING WITH AN APPLICATION FOR MEDICAID INSURANCE COVERAGE.
- HELPING COMPLETE AN APPLICATION TO CATHEDRAL GREEN, AN AFFORDABLE AND SAFE APARTMENT COMPLEX WITHIN WALKING DISTANCE OF THE HOSPITAL.
- ORGANIZING A PAYMENT PLAN WITH CONNECTICUT LIGHT AND POWER TO KEEP UTILITIES ON.
- ENROLLING IN THE BREAST & CERVICAL CANCER EARLY DETECTION PROGRAM

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THAT WILL PAY FOR MAMMOGRAM SCREENING.

- RECEIVING GROCERIES FROM THE SAINT FRANCIS FOOD PANTRY.

- APPLYING FOR HELP TO PURCHASE SCHOOL SUPPLIES FROM THE AUXILIARY FUND.

- CONNECTING TO THE CAPITAL REGION MENTAL HEALTH SUPPORT GROUPS FOR ADJUSTMENT AFTER SURGERY.

- RECEIVING VOUCHERS FOR SUPPORT WITH TRANSPORTATION TO MEDICAL APPOINTMENTS.

- CONNECTING TO THE BREAST CANCER EMERGENCY AID FUND TO GET HELP WITH BUYING CHRISTMAS GIFTS AND WARM CLOTHES FOR THE CHILDREN.

WHEN CANDI DESCRIBES JANET'S ROLE SHE SAYS, "WITHOUT ALL OF THIS HELP I'M NOT SURE WHAT I WOULD HAVE DONE." BUT JANET RESPONDS, "CANDI IS THE REMARKABLE ONE - SHE HAS BEEN THROUGH SO MUCH AND AT A VERY YOUNG AGE, BUT WHEN YOU TALK TO HER, WHAT YOU HEAR IS STRENGTH IN HER VOICE AND A DETERMINATION TO CONTINUE LIVING HER LIFE. IT TRULY IS INSPIRING. I'M HONORED TO BE PART OF HER TEAM."

A WINDOW INTO ONE "ALMOST" TRAGIC CASE

IT CAN HAPPEN TO ANYONE, AN ACCIDENT THAT CHANGES YOUR LIFE. THE CHAOS OF WAKING UP IN A HOSPITAL BED WITH LITTLE OR NO KNOWLEDGE OF WHY YOU ARE THERE OR HOW YOU GOT THERE IS NOT ON ANYONE'S BUCKET LIST. THIS STORY IS ABOUT CARLOS AND THE ACCIDENT THAT LANDED HIM AT SAINT FRANCIS WITH NO HEALTH CARE COVERAGE, LIMITED RESOURCES, AND A HOST OF PROBLEMS.

IT STARTED WHEN CARLOS WAS IN THE WRONG PLACE AT THE WRONG TIME AND HE

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WAS SHOT. WHEN HE WOKE UP FROM SURGERY IT WAS A WHILE BEFORE HE COULD PUT ALL THE PIECES TOGETHER AND IT HAS BEEN A LONG ROAD TO RECOVERY. THE HEROIC EFFORT IT TAKES TO HELP ANY PATIENT WHO HAS BEEN CRITICALLY WOUNDED IS THE EVERYDAY WORK OF THOSE WHO CARE FOR TRAUMA PATIENTS.

CONNECTING WITH A SOCIAL WORKER LIKE BETHANY NORTON, WHO HAS A WIDE COLLECTION OF RESOURCES AND POSITIVE RELATIONSHIPS TO DRAW ON, CAN REALLY HELP. BETHANY WAS ABLE TO OPEN DOORS FOR CARLOS SO THAT HE COULD LEAVE THE HOSPITAL AND BEGIN HIS RECOVERY WITH DIGNITY. SHE COMMENTED, "HE HAS BEEN WONDERFUL TO WORK WITH AND IS A REMARKABLY STRONG YOUNG MAN. HE NEVER SEEMED TO SEE THINGS AS BARRIERS TO HIS RECOVERY; RATHER, HE JUST FOCUSED ON GETTING DONE WHAT HE COULD, MEASURING HIS PROGRESS, AND THEN DOING THAT AGAIN THE NEXT DAY."

IT'S SURPRISING THE NUMBER OF PEOPLE AND PROGRAMS INVOLVED IN A COMPLEX CASE SUCH AS THIS- BUT IT'S WHAT YOU FIND ON A REGULAR BASIS IN THE WORLD OF "COMMUNITY BENEFITS." HERE ARE JUST A FEW OF THE "DOORS" THAT WERE OPENED TO PROVIDE THE CARE CARLOS REQUIRED. SOME WERE EVENTUALLY REIMBURSED BY MEDICAID (ONCE HIS APPLICATION WAS APPROVED) BUT MANY WERE NOT:

- ASSISTANCE WITH FILING FOR MEDICAID COVERAGE - INCLUDING MAILING A FED EX LETTER TO CARLOS' SISTER IN FLORIDA, WHO HAD LEGAL DOCUMENTS NEEDED FOR THE APPLICATIONS.

- COORDINATION WITH THE AUXILIARY THRIFT STORE TO GET CLOTHES FOR CARLOS TO GO HOME IN - SINCE HIS WERE CUT OFF IN THE EMERGENCY ROOM.

- AGREEMENT WITH THE WOUND CARE CENTER TO PROVIDE A PORTABLE WOUND VAC THAT FACILITATES HEALING FROM THE INSIDE OUT TO PREVENT INFECTION IN

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DEEP TISSUE WOUNDS.

- ASSISTANCE FROM THE VISITING NURSES ASSOCIATION TO PROVIDE A VISITING NURSE FOR WOUND CARE IN THE HOME TWICE A WEEK.

- PRESCRIPTION ASSISTANCE FOR PAIN MEDICATION TO GET FILLED ON THE DAY OF DISCHARGE.

- ASSISTANCE WITH UTILITY BILLS THAT WERE NEGLECTED AS MOM VISITED CARLOS IN THE HOSPITAL.

- VOUCHERS FOR TRANSPORTATION TO FOLLOW-UP APPOINTMENTS TO THE AMBULATORY CARE CLINIC.

CARLOS DIDN'T SEEM PHASED BY ALL THE CHALLENGES HE FACED, CARRYING AROUND A WOUND VAC, CHANGING THE DRESSING ON A DAILY BASIS, DEALING WITH A TEMPORARY COLOSTOMY, DOING PHYSICAL THERAPY TO REMAIN STRONG, GAINING BACK THE 30 POUNDS HE LOST WHILE IN A COMA. HE COMMENTED, "I JUST HAVE TO DO IT; I'M NOT HAPPY THIS HAPPENED, BUT IT DID, SO I JUST NEED TO DO WHAT I CAN TO MOVE ON." HIS MOTHER, CARMEN, CHIMED IN, "WE ARE SO THANKFUL FOR THE WORK THAT BETHANY HAS DONE TO HELP US. SHE SEEMED TO THINK OF EVERYTHING, AND WAS SO FOCUSED ON CARLOS GETTING BETTER. IT'S AMAZING 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. SAINT FRANCIS HOSPITAL AND MEDICAL CENTER RENTS SPACE (BEGINNING AUGUST 2012) AND PAID FOR LEASEHOLD IMPROVEMENTS AT OUR AVON ACCESS CENTER IN SIMSBURY THAT IS OWNED BY KEYSTONE CONSULTING, LLC.

DAVID LENTINI (DIRECTOR) WAS PRESIDENT OF CONNECTICUT BANK & TRUST COMPANY

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Schedule O (Form 990 or 990-EZ) (2011)

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UNTIL APRIL 2012 WHEN IT WAS ACQUIRED BY BERKSHIRE BANK. PHILIP SCHULZ (DIRECTOR), KARL KRAPEK (DIRECTOR), AND P. ANTHONY GIORGIO (DIRECTOR) WERE MEMBERS OF THE BOARD OF DIRECTORS OF CONNECTICUT BANK & TRUST COMPANY UNTIL IT WAS ACQUIRED BY BERKSHIRE BANK IN APRIL 2012. MT SINAI REHABILITATION HOSPITAL, A RELATED PARTY TO SAINT FRANCIS HOSPITAL & MEDICAL CENTER MAINTAINED A BUSINESS BANKING RELATIONSHIP WITH CBT AND NOW BERKSHIRE BANK. ONE THOUSAND CORPORATION, A RELATED ENTITY, LEASES SPACE TO A BERKSHIRE BANK LOCATION.

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

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

FORM 990, PART VI, SECTION B, LINE 12C: THE POLICY INCLUDES AN OBLIGATION OF EACH BOARD MEMBER TO ANNUALLY DISCLOSE ALL MATERIAL FACTS AND RELATIONSHIPS AND REFRAIN FROM VOTING ON ANY MATTER WHEN THERE IS A CONFLICT OF INTEREST. THE GOVERNANCE AND NOMINATIONS COMMITTEE REVIEWS THE RESULTS OF THOSE SUBMISSIONS ON AN ANNUAL BASIS FOR COMPLIANCE WITH GOVERNANCE POLICIES.

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

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COMMITTEE.

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

FORM 990, PART VII, SECTION A:

AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS:

ADRIENNE W. COCHRANE, J.D. - 1 HOUR

ANDREW A. SADANOWICZ - 1 HOUR

ANDREW J. PINKES - 1 HOUR

BARBARA J. CALDERONE, B.S.N., J.D. - 1 HOUR

CHRISTOPHER M. DADLEZ - 11 HOURS

CURTIS D. ROBINSON - 3 HOURS

DANIEL P. O'CONNELL - 3 HOURS

DAVID A. LENTINI - 1 HOUR

DONALD STRACESKI - 2 HOURS

DR. GALO A. RODRIGUEZ, MPH - 1 HOUR

E. MERRITT MCDONOUGH, JR. - 56 HOURS

GEN. (R) JOHN M. WATKINS - 2 HOURS

HENRY S. SCHERER, JR. - 3 HOURS

JEAN-PIERRE VAN ROOY - 1 HOUR

JEFFREY S. HOFFMAN - 1 HOUR

JOHN D. PAPANDREA, M.D. - 1 HOUR

JOHN J. MARA, M.D. - 2 HOURS

JOHN N. GIAMALIS - 11 HOURS

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06-0646813**JOHN W. RODGERS, M.D. - 1 HOUR****JOYCE D. MANDELL - 1 HOUR****KARL J. KRAPEK - 1 HOUR****KATHLEEN M. ROCHE, M.S.R.N. - 6 HOURS****KEVIN J. O'CONNOR, J.D. - 2 HOURS****L. JEFFREY BALDWIN - 2 HOURS****MOST REV. HENRY J. MANSELL, D.D. - 3 HOURS****P. ANTHONY GIORGIO, PH.D. - 2 HOURS****PAUL F. MITCHELL, D.M.D. - 58 HOURS****PETER G. KELLY, J.D. - 3 HOURS****PHILIP J. SCHULZ - 1 HOUR****R. CHRISTOPHER HARTLEY - 2 HOURS****REV. MSGR JOHN MCCARTHY, J.C.D., J.D. - 1 HOUR****REV. THOMAS J. BARRY, J.C.L. - 2 HOURS****ROBERT M. ELLIS - 1 HOUR****ROSALIND E. SHENKMAN, L.C.S.W. - 1 HOUR****SHERI A. LEMIEUX - 2 HOURS****SISTER DOLORES LAHR, CSJ - 1 HOUR****STEVEN C. WOLF, M.D. - 13.8 HOURS****SURENDRA K. CHAWLA, M.D. - 2 HOURS****SUSAN J. SAPPINGTON - 1 HOUR****TERESA M. BOLTON - 4 HOURS****TIMOTHY L. PRETE - 1 HOUR****WALTER HARRISON, PH.D. - 1 HOUR****FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:****NET UNREALIZED GAINS ON INVESTMENTS: 4,702,283.****INCREASE IN ASSETS HELD IN TRUST BY OTHERS 5,305,369.**

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DECREASE IN MINIMUM PENSION LIABILITY	-26,208,459.
DECREASE IN INTEREST IN ST FRANCIS FOUNDATION	-1,669,222.
NET PARTNERSHIP INCOME	-1,548,846.
CHANGE IN FAIR MARKET VALUE OF SWAP	-10,315,522.
NET ASSETS RELEASED FROM RESTRICTIONS FOR RENOVATIONS	-2,352,000.
COLLABORATIVE LAB SERVICES BEGINNING NET ASSETS	368,193.
TOTAL TO FORM 990, PART XI, LINE 5	-31,718,204.

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 H, PART II, COMMUNITY BUILDING ACTIVITIES (CONTINUED):

COALITION BUILDING

IN THE AREAS OF COALITION BUILDING FORMAL PARTICIPATION IN LOCAL COALITIONS SUCH AS THE NORTHEAST INSTITUTIONAL NEIGHBORHOOD ALLIANCE, THE COMMUNITY YOUTH VIOLENCE COALITION AND OTHERS TAKE PLACE ON A REGULAR BASIS. IN ADDITION, INFORMAL PARTNERSHIPS AND COLLABORATIVE RELATIONSHIPS WITH NUMEROUS COMMUNITY ORGANIZATIONS 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.

SAINT FRANCIS IS A MEMBER OF THE CHA FALLS PROTECTION COLLABORATION WHICH IS A MULTIFACETED, MULTIDISCIPLINARY FALL PREVENTION PROGRAM THAT REACHES OLDER ADULTS VIA THE EXISTING HEALTH CARE SYSTEM AND COMMUNITY ORGANIZATIONS. A PRIMARY CONSEQUENCE OF FALLING IS FRACTURE, WHICH MAY

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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LEAD TO SIGNIFICANT CHANGES ON AN OLDER PERSON'S QUALITY OF LIFE, EVERYDAY FUNCTIONING & INDEPENDENCE. FALLS IN THE ELDERLY CAN ALSO HAVE A LARGER IMPACT ON HEALTH CARE SERVICES AND OUR LARGER SOCIETY. IN AN EFFORT TO HELP PREVENT FALLS & RAISE AN AWARENESS OF SAFETY IN EVERYDAY ACTIVITIES. THE PROGRAM FOCUSES BOTH ON THE ACTIONS THAT CAN BE TAKEN IN THE HOSPITAL SETTING AND AT HOME, AFTER DISCHARGE, SO THAT PATIENTS LEARN THE BEHAVIORS THAT CAN HELP TO PREVENT FALLS.

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

Name of the organization **ST FRANCIS HOSPITAL AND MEDICAL
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FRANCIS OFFERS A WIDE ARRAY OF SUPPORT IN THE AREA OF WORKFORCE
DEVELOPMENT AND HAS A LONG HISTORY OF DOING SO.

ADVOCACY FOR HEALTH IMPROVEMENTS

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

DR. KRISTEN ZARFOS WHO WORKED TIRELESSLY TO ADVOCATE FOR MAMMOGRAPHY
SCREENING COVERAGE IN THE NEW HEALTH CARE REFORM LEGISLATION AT THE
NATIONAL LEVEL.

DR. ANITA KELSEY WORKED AT THE STATE LEVEL ON A REGULAR BASIS TO
INCREASE THE PROFILE OF THE CRITICAL HEALTH ISSUE OF CARDIOVASCULAR
DISEASE IN WOMEN.

THOMAS ROMAN WHO IS VERY INVOLVED IN THE NATIONAL ALLIANCE FOR MENTAL
ILLNESS IS THE CURRENT CHAIRPERSON FOR THAT ORGANIZATION AT THE STATE
LEVEL.

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

SCHEDULE R
(Form 990)
Department of the Treasury
Internal Revenue Service

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

2011
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" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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
SAINTE FRANCIS INDEMNITY COMPANY - 90-0656448 76 ST. PAUL ST, SUITE 500 BURLINGTON, VT 05401	MALPRACTICE INSURANCE	VERMONT	14,662,946.	42,222,896.	SAINTE FRANCIS HOSPITAL & MEDICAL CENTER
COLLABORATIVE LABORATORY SERVICES - 06-1520109, 114 WOODLAND STREET, HARTFORD, CT 06105	LAB SERVICES	CONNECTICUT	37,829,133.	7,816,878.	SAINTE FRANCIS HOSPITAL & MEDICAL CENTER

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2011

ST FRANCIS HOSPITAL AND MEDICAL CENTER

06-0646813 Page 2

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(l) 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	-190,338.	3,676,960.		X	N/A		X	86.00%
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	RELATED	-38,246.	1,904.		X	N/A		X	50.00%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373 114 WOODLAND STREET HARTFORD, CT 06105	HEALTH SERVICES	CT	SAINT FRANCIS CARE	C CORP		0.	100.00%
SAINT FRANCIS BEHAVIORAL HEALTH GROUP - 06-1384686 114 WOODLAND STREET HARTFORD, CT 06105	BEHAVIOR HEALTH SERVICES	CT	SAINT FRANCIS HOSPITAL & MEDICAL CENTER	C CORP	-960,286.	651,950.	100.00%
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	-7,897.	1,367,900.	50.00%

ST FRANCIS HOSPITAL AND MEDICAL CENTER

06-0646813

Schedule R (Form 990) 2011

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

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

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

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

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

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

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

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

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

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
	Enter filer's identifying number, see instructions	
Type or print	Name of exempt organization or other filer, see instructions ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number (EIN) or <input checked="" type="checkbox"/> 06-0646813
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 114 WOODLAND STREET	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARTFORD, CT 06105	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

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

DONNA GILBERT

- The books are in the care of **114 WOODLAND STREET - HARTFORD, CT 06105**
Telephone No. **860-714-9632** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2013**

5 For calendar year _____, or other tax year beginning **OCT 1, 2011**, and ending **SEP 30, 2012**

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

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

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

Signature and Verification must be completed for Part II only.

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

Signature Title **VICE PRESIDENT OF FINANCE** Date

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2011, or fiscal year beginning OCT 1, 2011, and ending SEP 30, 2012

2011

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

**ST FRANCIS HOSPITAL AND MEDICAL
CENTER**

Employer identification number

06-0646813

Name and title of officer

**DAVID BITTNER
VICE PRESIDENT OF FINANCE**

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

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

1a	Form 990 check here	▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>715970961</u>
2a	Form 990-EZ check here	▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	▶ <input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 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 2011 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 2011 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.

06418706103
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 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**