

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning OCT 1, 2015, and ending SEP 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

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

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

Name of exempt organization

**ST FRANCIS HOSPITAL AND MEDICAL CENTER**

Employer identification number

**06-0646813**

Name and title of officer

**JENNIFER SCHNEIDER  
VP FINANCE**

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

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

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>835,505,359.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

## Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2015 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 2015 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 2015 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 ▶ Jennifer Schneider Date ▶ 8/15/2017

## Part III Certification and Authentication

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

**06411606103**

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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

Form **990**

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

OMB No. 1545-0047

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning **OCT 1, 2015** and ending **SEP 30, 2016**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>114 WOODLAND STREET, MS-510358</b> City or town, state or province, country, and ZIP or foreign postal code <b>HARTFORD, CT 06105</b> <b>F</b> Name and address of principal officer: <b>JENNIFER SCHNEIDER</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number  <b>06-0646813</b> <b>E</b> Telephone number  <b>860-714-4000</b> <b>G</b> Gross receipts \$ <b>852,301,896.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.STFRANCISCARE.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: <b>1897</b>		<b>M</b> State of legal domicile: <b>CT</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b> 17
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b> 9
	<b>5</b> Total number of individuals employed in calendar year 2015 (Part V, line 2a) .....	<b>5</b> 5262
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b> 555
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b> 2,347,300.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b> 0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	Prior Year 10,382,181. Current Year 5,704,286.
	<b>9</b> Program service revenue (Part VIII, line 2g) .....	697,116,965. 786,769,013.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....	7,918,182. 7,680,958.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....	22,232,294. 35,351,102.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....	737,649,622. 835,505,359.
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		0. 0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		343,255,144. 338,569,372.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		0. 0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ .....		0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....		382,310,083. 478,250,583.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	726,251,477. 817,483,855.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	11,398,145. 18,021,504.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) .....	Beginning of Current Year 817,609,157. End of Year 753,218,691.
	<b>21</b> Total liabilities (Part X, line 26) .....	663,859,903. 621,943,785.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....	153,749,254. 131,274,906.

**Part II Signature Block**

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 672,622,599. including grants of \$ 663,900. ) (Revenue \$ 809,268,816. ) SEE SCHEDULE O

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 672,622,599.

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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> .....	<b>X</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	<b>X</b>	
<b>3</b> 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> .....		<b>X</b>
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	<b>X</b>	
<b>5</b> 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> .....		<b>X</b>
<b>6</b> 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> .....		<b>X</b>
<b>7</b> 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> .....		<b>X</b>
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		<b>X</b>
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		<b>X</b>
<b>10</b> 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> .....	<b>X</b>	
<b>11</b> 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.		
<b>a</b> 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> .....	<b>X</b>	
<b>b</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> .....		<b>X</b>
<b>c</b> 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> .....		<b>X</b>
<b>d</b> 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> .....	<b>X</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	<b>X</b>	
<b>f</b> 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> .....		<b>X</b>
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		<b>X</b>
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	<b>X</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		<b>X</b>
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		<b>X</b>
<b>b</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> .....		<b>X</b>
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		<b>X</b>
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		<b>X</b>
<b>17</b> 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> .....		<b>X</b>
<b>18</b> 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> .....		<b>X</b>
<b>19</b> 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> .....		<b>X</b>

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

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

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....	X	
<b>23</b> 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	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....	X	
<b>c</b> 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	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	X	
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	<b>1a</b> 329		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 5262		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 17		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 9		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

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

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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 or note to any line in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO / DIRECTOR	55.00 7.40	X					1,715,289.	0.	807,101.	
(2) BARBARA J. CALDERONE, B.S.N., J.D. SECRETARY	1.00 0.00	X		X			0.	0.	0.	
(3) ROBERT M. ELLIS DIRECTOR	2.00 2.00	X					0.	0.	0.	
(4) P. ANTHONY GIORGIO, PH.D. CHAIRMAN	1.00 1.00	X		X			0.	0.	0.	
(5) WALTER HARRISON, PH.D. VICE-CHAIRMAN	1.00 0.00	X		X			0.	0.	0.	
(6) PATRICK J. KINNEY DIRECTOR	1.00 0.00	X					0.	0.	0.	
(7) DR. GALO A. RODRIGUEZ, MPH DIRECTOR	1.00 0.00	X					0.	0.	0.	
(8) JOSEPH J. SPALLUTO DIRECTOR	1.00 0.00	X					0.	0.	0.	
(9) ADRIENNE W. COCHRANE, J.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(10) MURTHAPPA N. PRAKASH, M.D. DIRECTOR	1.00 3.00	X					75,000.	0.	0.	
(11) JOHN F. RODIS, M.D., MBA PRESIDENT	55.00 5.00	X		X			999,136.	0.	71,578.	
(12) STEVEN COHEN, M.D. DIRECTOR	1.00 0.00	X					30,900.	0.	0.	
(13) SISTER SUSAN CUNNINGHAM, CSJ DIRECTOR	1.00 0.00	X					0.	0.	0.	
(14) DOUGLAS GERARD, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(15) ANTHONY POSTERARO III, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(16) FRANKLIN ROSENBERG, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	
(17) PHILLIP J. KARANIAN, M.D. DIRECTOR	1.00 0.00	X					0.	0.	0.	



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HEATHER BOTTICELLO ASSISTANT SECRETARY	40.00 0.00	X		X				79,801.	0.	22,344.
(19) DAVID BITTNER CFO & SR VP FINANCE	55.00 10.00				X			546,588.	0.	46,817.
(20) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	55.00 2.00				X			372,168.	0.	58,972.
(21) JENNIFER SCHNEIDER VP FINANCE	55.00 6.00				X			307,820.	0.	45,678.
(22) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	55.00 0.00				X			317,038.	0.	38,927.
(23) LINDA SHANLEY VP AND CIO	55.00 0.00				X			338,597.	0.	37,592.
(24) DENISE PETERSON VP PROF NRSNG PRACTICE & QUAL/CNO	55.00 0.00				X			237,253.	0.	21,824.
(25) JANEANNE LUBIN-SZAFRANSKI GENERAL COUNSEL & SVP LGL AFFAIRS	55.00 2.00				X			415,258.	0.	34,371.
(26) STUART ROSENBERG PRESIDENT-JMMC	55.00 0.40					X		346,389.	0.	46,175.
<b>1b Sub-total</b>								5,781,237.	0.	1,231,379.
<b>c Total from continuation sheets to Part VII, Section A</b>								3,494,462.	272,694.	312,996.
<b>d Total (add lines 1b and 1c)</b>								9,275,699.	272,694.	1,544,375.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **418**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
<b>4</b> 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	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
UCONN MEDICAL CENTER 263 FARMINGTON AVE, FARMINGTON, CT 06030 DTZ, INC.	PHYSICIAN FEES & SERVICES	17,671,302.
4002 SOLUTIONS CENTER, CHICAGO, IL 60677	CLEANING SERVICES	3,835,734.
AMN HEALTHCARE, INC., 2735 COLLECTIONS CENTER DR, CHICAGO, IL 60693	TEMP NURSING SERVICES	3,345,539.
KFORCE, INC. 191 WEST STAFFORD RD, ATLANTA, GA 30384	TEMPORARY SERVICES	1,621,559.
TOTAL RENAL CARE, INC. P.O. BOX 8500-1607, PHILADELPHIA, PA 19178	HEMODIALYSIS SERVICES	1,212,825.

**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 **53**

**SEE PART VII, SECTION A CONTINUATION SHEETS**

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**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	3,243,671.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,693,065.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	767,550.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....						
	<b>h Total.</b> Add lines 1a-1f .....		5,704,286.				
	<b>Program Service Revenue</b>	<b>2 a</b> PATIENT REVENUE .....	<b>Business Code</b> 622110	745,504,245.	745,504,245.		
<b>b</b> LABORATORY REVENUE .....		621511	35,927,471.	34,688,899.	1,238,572.		
<b>c</b> LAUNDRY REVENUE .....		812300	4,956,008.	4,956,008.			
<b>d</b> PARTNERSHIP REVENUE .....		541990	381,289.	368,922.	12,367.		
<b>e</b> .....							
<b>f</b> All other program service revenue .....							
<b>g Total.</b> Add lines 2a-2f .....			786,769,013.				
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		3,717,079.			3,717,079.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	6,447,240.				
		(ii) Personal					
		<b>b</b> Less: rental expenses .....	0.				
	<b>c</b> Rental income or (loss) .....		6,447,240.				
	<b>d</b> Net rental income or (loss) .....		6,447,240.			6,447,240.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	18,841,623.				
		(ii) Other	1,918,793.				
		<b>b</b> Less: cost or other basis and sales expenses .....	16,796,537.	0.			
		<b>c</b> Gain or (loss) .....	2,045,086.	1,918,793.			
	<b>d</b> Net gain or (loss) .....		3,963,879.			3,963,879.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue		<b>Business Code</b>					
<b>11</b>	<b>a</b> OTHER PATIENT SVCS .....	624190	9,240,730.	8,584,997.	655,733.		
	<b>b</b> INTERCOMPANY ALLOCATION INCOME .....	900099	8,199,965.	8,199,965.			
	<b>c</b> NON-INTERCOMPANY ALLOCATION INCOM .....	900099	2,733,218.	2,733,218.			
	<b>d</b> All other revenue .....	900099	8,729,949.	2,981,623.	440,628.	5,307,698.	
	<b>e Total.</b> Add lines 11a-11d .....		28,903,862.				
<b>12 Total revenue.</b> See instructions. ....		835,505,359.	808,017,877.	2,347,300.	19,435,896.		

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	638,600.	638,600.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	25,300.	25,300.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	6,498,393.	105,900.	6,392,493.	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	265,181,351.	214,715,371.	50,465,980.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,557,574.	10,132,386.	2,425,188.	
<b>9</b> Other employee benefits	34,953,275.	28,033,233.	6,920,042.	
<b>10</b> Payroll taxes	19,378,779.	15,358,069.	4,020,710.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	1,617,544.		1,617,544.	
<b>c</b> Accounting	1,330,568.		1,330,568.	
<b>d</b> Lobbying	643,913.		643,913.	
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	74,334.		74,334.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	104,589,125.	88,607,627.	15,981,498.	
<b>12</b> Advertising and promotion	1,495,024.	3,699.	1,491,325.	
<b>13</b> Office expenses	15,794,281.	14,840,951.	953,330.	
<b>14</b> Information technology	13,719,190.	13,706,753.	12,437.	
<b>15</b> Royalties				
<b>16</b> Occupancy	40,449,551.	38,468,285.	1,981,266.	
<b>17</b> Travel	1,319,876.	1,319,876.		
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest	9,040,805.	8,115,509.	925,296.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	44,248,313.	44,248,313.		
<b>23</b> Insurance	11,051,091.	301,830.	10,749,261.	
<b>24</b> 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.)				
<b>a</b> <b>MEDICAL SUPPLIES</b>	123,080,845.	123,080,845.		
<b>b</b> <b>HOSPITAL TAX</b>	38,215,460.	38,215,460.		
<b>c</b> <b>PROVISION FOR BAD DEBTS</b>	15,047,055.	15,047,055.		
<b>d</b> <b>LAB EXPENSE</b>	8,040,890.	8,040,890.		
<b>e</b> All other expenses	48,492,718.	9,616,647.	38,876,071.	
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	817,483,855.	672,622,599.	144,861,256.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	48,119,752.	<b>1</b>	16,251,839.	
	<b>2</b> Savings and temporary cash investments .....	52,046,968.	<b>2</b>	2,168,307.	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>		
	<b>4</b> Accounts receivable, net .....	70,386,496.	<b>4</b>	74,960,659.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....	566,992.	<b>7</b>	888,262.	
	<b>8</b> Inventories for sale or use .....	9,701,459.	<b>8</b>	8,912,030.	
	<b>9</b> Prepaid expenses and deferred charges .....	8,724,005.	<b>9</b>	4,018,516.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	434,561,677.			
	<b>b</b> Less: accumulated depreciation .....	43,802,970.			
	<b>11</b> Investments - publicly traded securities .....	83,759,484.	<b>10c</b>	390,758,707.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	18,802,515.	<b>11</b>	16,666,476.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>		
	<b>14</b> Intangible assets .....		<b>13</b>	7,050,000.	
	<b>15</b> Other assets. See Part IV, line 11 .....	69,334,616.	<b>14</b>	231,543,895.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	817,609,157.	<b>15</b>	753,218,691.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	38,257,732.	<b>16</b>	75,800,162.	
	<b>18</b> Grants payable .....		<b>17</b>		
	<b>19</b> Deferred revenue .....		<b>18</b>		
	<b>20</b> Tax-exempt bond liabilities .....	246,119,985.	<b>19</b>	0.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>21</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	5,331,951.	<b>22</b>	244,660,734.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	374,150,235.	<b>24</b>	301,482,889.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	663,859,903.	<b>25</b>	621,943,785.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	76,152,826.	<b>26</b>	46,398,727.	
	<b>28</b> Temporarily restricted net assets .....	24,417,140.	<b>27</b>	29,565,529.	
	<b>29</b> Permanently restricted net assets .....	53,179,288.	<b>28</b>	55,310,650.	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>33</b> Total net assets or fund balances .....	153,749,254.	<b>32</b>	131,274,906.	
	<b>34</b> Total liabilities and net assets/fund balances .....	817,609,157.	<b>33</b>	753,218,691.	

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**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	835,505,359.
2	Total expenses (must equal Part IX, column (A), line 25)	2	817,483,855.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,021,504.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,749,254.
5	Net unrealized gains (losses) on investments	5	1,314,690.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-41,810,542.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	131,274,906.

**Part XII Financial Statements and Reporting**

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

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

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**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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) .....	14	%
<b>15</b> Public support percentage from 2014 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2015.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2014.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2014 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2015.** 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 - 2014.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally-Integrated Supporting Organizations**

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

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

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

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

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

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

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013			
<b>e</b> From 2014			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2015 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013			
<b>d</b> Excess from 2014			
<b>e</b> Excess from 2015			

ST FRANCIS HOSPITAL AND MEDICAL

Schedule A (Form 990 or 990-EZ) 2015 CENTER

06-0646813 Page 8

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2015**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

Name of organization	<b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b>	Employer identification number	<b>06-0646813</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

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**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....		X	
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		643,913.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		65,812.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			709,725.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

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**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2015**  
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" on Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Revenue included on Form 990, Part VIII, line 1 .....

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

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

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

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

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

**Part V Endowment Funds.** Complete if the organization answered "Yes" on 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	65,802,167.	70,923,245.	68,114,560.	64,278,125.	60,257,184.
b Contributions					
c Net investment earnings, gains, and losses	3,661,192.	-5,121,078.	2,808,685.	3,836,435.	4,020,941.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	69,463,359.	65,802,167.	70,923,245.	68,114,560.	64,278,125.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  15.76 %
  - b Permanent endowment  79.63 %
  - c Temporarily restricted endowment  4.61 %
- The percentages on 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:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) unrelated organizations | X   |    |
| (ii) related organizations  |     | X  |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		7,940,000.		7,940,000.
b Buildings		268,330,645.	10,933,438.	257,397,207.
c Leasehold improvements		1,890,000.	110,774.	1,779,226.
d Equipment		87,821,471.	22,876,024.	64,945,447.
e Other		68,579,561.	9,882,734.	58,696,827.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				390,758,707.

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) OTHER ASSETS	48,064,743.
(2) DUE FROM AFFILIATED ENTITIES	49,783,992.
(3) ASSETS LIMITED OR RESTRICTED BY BOARD	23,503,761.
(4) ASSETS LIMITED OR RESTRICTED BY DONORS	74,736,702.
(5) TRINITY HEALTH POOLED INVESTMENT PROGRAM	33,338,034.
(6) DEFERRED COMP. TRUST	2,116,663.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	231,543,895.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION AND RETIREE HEALTH	
(3) COSTS	231,615,021.
(4) DUE TO 3RD PARTY REIMBURSEMENT	8,955,979.
(5) SELF-INSURANCE RESERVES	49,698,335.
(6) OTHER LONG TERM LIABILITIES	11,213,554.
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	301,482,889.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments .....	<b>2a</b>	
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) .....		<b>5</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements .....		<b>1</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities .....	<b>2a</b>	
<b>b</b>	Prior year adjustments .....	<b>2b</b>	
<b>c</b>	Other losses .....	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) .....	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> .....		<b>2e</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....		<b>3</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b .....	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.) .....	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> .....		<b>4c</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) .....		<b>5</b>

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE USED TO SUPPORT HEALTHCARE SERVICES.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2015**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		10,443	2,718,176.		2,718,176.	.33%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		37,740	46,497,671.		46,497,671.	5.69%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			18,396,862.		18,396,862.	2.25%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		48,183	67,612,709.		67,612,709.	8.27%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....		12,105	2,397,112.	895,151.	1,501,961.	.18%
<b>f</b> Health professions education (from Worksheet 5) .....			31,157,815.	7,684,786.	23,473,029.	2.87%
<b>g</b> Subsidized health services (from Worksheet 6) .....						
<b>h</b> Research (from Worksheet 7) .....			178,023.		178,023.	.02%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....						
<b>j Total.</b> Other Benefits .....		12,105	33,732,950.	8,579,937.	25,153,013.	3.07%
<b>k Total.</b> Add lines 7d and 7j .....		60,288	101,345,659.	8,579,937.	92,765,722.	11.34%

**ST FRANCIS HOSPITAL AND MEDICAL CENTER**

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support		6,999	47,653.		47,653.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			29,210.		29,210.	.00%
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
<b>10 Total</b>		<b>6,999</b>	<b>76,863.</b>		<b>76,863.</b>	<b>.01%</b>

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

	Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....	1	X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount .....	2	14,575,173.
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit .....	3	
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.		

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) .....	5	184,276,978.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6	158,548,616.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	25,728,362.
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input checked="" type="checkbox"/> Other		

**Section C. Collection Practices**

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

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

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





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

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

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

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input checked="" type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>15</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, PAGE 7</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>CT.GOV.DPH.COM</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>13</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X
a If "Yes," (list url): <u>WWW.SAINTFRANCISCARE.ORG</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

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

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input checked="" type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Included measures to publicize the policy within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>WWW.SAINTFRANCIS.ORG/FINANCIAL-ASSISTANCE</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 7</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		

**Billing and Collections**

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

**Part V Facility Information** (continued)

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

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

**Policy Relating to Emergency Medical Care**

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

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

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

**Part V** Facility Information (continued)

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

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 3J: THE HOSPITAL PUBLISHED A COMPREHENSIVE COMMUNITY HEALTH NEEDS ASSESSMENT IN JUNE OF 2016. THE PROCESS BEGAN IN JANUARY OF 2015 WITH PARTNERSHIP DISCUSSIONS AND INVESTMENTS IN THE DATA HAVEN WELL BEING TELEPHONE SURVEY WHICH WAS USED TO GATHER PRIMARY DATA FROM RESIDENTS ABOUT THEIR HEALTH AND WELL-BEING. THIS PRIMARY DATA AND SECONDARY DATA INCLUDING CENSUS DATA; INFORMATION FROM THE SAINT FRANCIS COMMUNITY PROFILE FROM THE CT HOSPITAL ASSOCIATION; LOCAL REPORTS ON ASTHMA; OBESITY AND ACCESS TO HEALTHY FOODS AND OTHER RESOURCES. DATA WERE ANALYZED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT PARTNERS AND RESULTS WERE USED TO DEVELOP KEY INFORMANT INTERVIEWS WHICH WERE COMPLETED IN JUNE - AUG OF 2015. FINALLY A PRIORITY SETTING ACTIVITY WITH COMMUNITY INPUT WAS COMPLETED PRIOR TO PUBLICATION. SUBSEQUENT TO THIS PUBLICATION AN IMPLEMENTATION STRATEGY WAS DEVELOPED AND APPROVED BY THE BOARD OF DIRECTORS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 5: PERSONS INVOLVED IN PLANNING THE CHNA INCLUDED LEADERS OF LOCAL COMMUNITY AGENCIES; FAITH LEADERS; HEALTHCARE PROVIDERS; GOVERNMENT EMPLOYEES AND FOUNDATIONS STAFF. DURING THE DATA GATHERING PROCESS COMMUNITY MEMBERS WERE INTERVIEWED AND COMMUNITY CONVERSATIONS WERE HELD ONCE PRELIMINARY ANALYSIS WAS COMPLETED TO IDENTIFY PRIORITIES AND CONFIRM THE FINDINGS FROM THE PERSPECTIVE OF THOSE WHO LIVE AND WORK IN THE COMMUNITIES SERVED. ADDITIONALLY, HEALTH LEADERS FROM THE GREATER HARTFORD AREA WERE CONSULTED TO DETERMINE IF THE FINDINGS

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

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

REFLECTED THEIR COMMUNITY NEEDS AS WELL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6A: OTHER HOSPITAL FACILITIES WHO PARTICIPATED IN THE CHNA INCLUDED MOUNT SINAI HOSPITAL; JOHNSON MEMORIAL HOSPITAL AND CONNECTICUT CHILDREN'S MEDICAL CENTER

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 6B: OTHER ORGANIZATIONS INCLUDED IN CONDUCTING THE CHNA INCLUDED HARTFORD FOUNDATION FOR PUBLIC GIVING, DATA HAVEN, HARTFORD HEALTH AND HUMAN SERVICES AND COMMUNITY SOLUTIONS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 11: THE IMPLEMENTATION STRATEGY ADOPTED JANUARY 25, 2017 ADDRESSES THE NEEDS FOUND IN THE CHNA INCLUDING:

1. COMMUNITY SAFETY & VIOLENCE
2. FAMILY & SOCIAL SUPPORT
3. EMPLOYMENT AND POVERTY
4. ACCESS TO CARE

A COPY OF THE COMMUNITY HEALTH IMPROVEMENT STRATEGY IS INCLUDED IN THE APPENDIX.

ACTIVITIES HAVE BEEN DEVELOPED BY SAINT FRANCIS AND WITH COMMUNITY PARTNERS TO ADDRESS THE NEEDS IDENTIFIED, THEY INCLUDE:

**Part V** Facility Information (continued)

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

COMMUNITY SAFETY & VIOLENCE PREVENTION:

- ANNUAL GUN BUY BACK EVENT
- FUNDING OF HARTFORD COMMUNITIES THAT CARE - VIOLENCE PREVENTION TRAINING FOR YOUTH
- SUPPORT FOR PEACE BUILDERS - TRAINEES TO SUPPORT CLINICAL STAFF AFTER VIOLENT EVENTS

FAMILY & SOCIAL SUPPORT (INCREASE HEALTHY BEHAVIORS):

- SUPPORT FOR AGENCIES TO PROVIDE PROGRAMS TO FAMILIES NEEDING SUPPORT
- YMCA - DIABETES PREVENTION PROGRAM
  - LIVE WELL DIABETES
  - COOKING MATTERS

FAMILY & SOCIAL SUPPORT (TOBACCO CESSATION):

- MATCH COALITION
- REGIONAL HEALTH MINISTRIES AND POLICY SUPPORT FOR TOBACCO 21

ACCESS TO CARE (BEHAVIORAL HEALTH SERVICES):

- DEVELOPMENT OF A COALITION OF BEHAVIORAL HEALTH PARTNERS TO SUPPORT HARTFORD'S NORTH END COMMUNITY INCLUDING
- SAINT FRANCIS BEHAVIORAL HEALTH
  - GENGRAS AMBULATORY CARE CLINIC
  - INTERCOMMUNITY
  - WHEELER CLINIC
  - CATHOLIC CHARITIES

**Part V** Facility Information (continued)

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

THE IMPLEMENTATION STRATEGY WILL BE ORGANIZED AS AN INITIATIVE CALLED WELL BEING 360 AND IS FUNDED IN PART WITH GRANT DOLLARS AND A REALLOCATION OF A PORTION OF THE COMMUNITY BENEFIT DOLLARS THAT SAINT FRANCIS HAS DEDICATED TO THIS WORK.

A HEALTH COALITION IS BEING DEVELOPED WHICH WILL PARTNER WITH THE GREATER HARTFORD PROMISE ZONE TO ADDRESS THE BROADER ISSUES OF HOUSING AND EMPLOYMENT WHICH ARE NOT BEING ADDRESSED DIRECTLY BY THE HOSPITAL.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, SECTION B, LINE 13B:

PRESUMPTIVE SUPPORT:

THE HOSPITAL RECOGNIZES THAT NOT ALL PATIENTS ARE ABLE TO PROVIDE COMPLETE FINANCIAL INFORMATION THEREFORE, APPROVAL FOR FINANCIAL SUPPORT MAY BE DETERMINED BASED ON LIMITED AVAILABLE INFORMATION. WHEN SUCH APPROVAL IS GRANTED IT IS CLASSIFIED AS "PRESUMPTIVE SUPPORT."

EXAMPLES OF PRESUMPTIVE SUPPORT CASES INCLUDE:

- A. DECEASED PATIENTS WITH NO KNOWN ESTATE
- B. HOMELESS
- C. UNEMPLOYED PATIENTS WITH NO SPOUSE OR ASSETS.
- D. NON-COVERED MEDICALLY NECESSARY SERVICES PROVIDED TO PATIENTS QUALIFYING FOR PUBLIC ASSISTANCE PROGRAMS.
- E. OUT OF STATE MEDICAID IN WHICH WE ARE NOT A PROVIDER.
- F. PATIENT WHO IS CURRENTLY ON PUBLIC ASSISTANCE BUT WAS INELIGIBLE AT THE TIME OF SERVICE.

**Part V** Facility Information (continued)

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

**G. DISCHARGED BANKRUPTCIES**

**H. MEMBERS OF RELIGIOUS ORGANIZATIONS WHO HAVE TAKEN A VOW OF POVERTY AND HAVE NO RESOURCES INDIVIDUALLY OR THROUGH THE RELIGIOUS ORDER.**

FOR PATIENTS WHO ARE NON-RESPONSIVE TO THE FAP APPLICATION PROCESS, OTHER SOURCES OF INFORMATION, IF AVAILABLE SHOULD BE USED TO MAKE AN INDIVIDUAL ASSESSMENT OF FINANCIAL NEED. THIS INFORMATION WILL ENABLE THNE TO MAKE AN INFORMED DECISION ON THE FINANCIAL NEED OF NON-RESPONSIVE PATIENTS.

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16B, FAP APPLICATION WEBSITE:

WWW.SAINSTFRANCIS.ORG/HOSPITAL-PUBLICATIONS

SAINT FRANCIS HOSPITAL AND MEDICAL CENTE

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

WWW.SAINSTFRANCIS.ORG/FINANCIAL-ASSISTANCE

SAINT FRANCIS HOSPITAL AND MEDICAL CENTER:

PART V, LINE 7A, HOSPITAL FACILITY WEBSITE:

WWW.SAINSTFRANCISCARE.ORG/COMMUNITY-HEALTH-NEEDS-ASSESSMENTS



ST FRANCIS HOSPITAL AND MEDICAL  
CENTER

Schedule H (Form 990) 2015

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**Part V** Facility Information (continued)

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

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

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

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

Schedule H (Form 990) 2015

ST FRANCIS HOSPITAL AND MEDICAL  
CENTER

**Part V** Facility Information (continued)

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

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

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

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



**Part VI Supplemental Information**

Provide the following information.

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

PART I, LINE 3C:

N/A

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

PART I, LINE 6A:

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

**Part VI** Supplemental Information (Continuation)

WEBSITE.

PART I, LINE 7:

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

PART II, COMMUNITY BUILDING ACTIVITIES:

THE HOSPITAL IS INVOLVED IN A VARIETY OF COMMUNITY BUILDING ACTIVITIES WHICH ADDRESS BOTH THE ROOT CAUSES OF HEALTH PROBLEMS SPECIFIC TO THE COMMUNITY SERVED AND WHICH TAKE A MORE GLOBAL APPROACH TO STRUCTURAL BARRIERS. REALLOCATION OF COMMUNITY BENEFIT DOLLARS FOR COMMUNITY TRANSFORMATION IS A NEW INITIATIVE WHICH WILL SUPPORT THIS WORK.

HOUSING SUPPORT:

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

**Part VI** Supplemental Information (Continuation)

PARTNERSHIPS THIS PAST YEAR WITH HOUSING EXPERTS INCLUDING STAFF AT:  
COMMUNITY SOLUTIONS; JOURNEY HOME AND THE PARTNERSHIP FOR A STRONGER  
COMMUNITY.

ECONOMIC DEVELOPMENT:

SAINT FRANCIS HAS A STRONG COMMITMENT TO INCREASING SPENDING WITH SMALL  
BUSINESS AND WOMEN AND MINORITY OWNED COMPANIES. THIS INITIATIVE IS  
CALLED THE SUPPLIER DIVERSITY PROJECT AND IS STAFFED BY A FULL TIME PERSON  
WHO WORKS TO IMPROVE RELATIONSHIPS WITH TARGETED BUSINESSES. AN ANNUAL  
EVENT, SPONSORED BY SAINT FRANCIS FOR MINORITY AND SMALL BUSINESS VENDORS  
IS HELD TO INCREASE THE OPPORTUNITIES FOR SMALL BUSINESS TO MEET LOCAL  
PURCHASERS. ADDITIONALLY, TRINITY HEALTH IS CONNECTED TO NATIONAL AND  
LOCAL COMMUNITY DEVELOPMENT FINANCE INSTITUTIONS WHICH WILL ENHANCE  
OPPORTUNITIES IN THIS AREA.

COMMUNITY SUPPORT:

SAINT FRANCIS HOSPITAL IS INVOLVED IN A WIDE ARRAY OF COMMUNITY SUPPORT  
PROGRAMS AND INITIATIVES INCLUDING A FOCUS ON: THE IMPACT OF UNINTENTIONAL  
INJURIES; AND PROVIDING SUPPORT TO STUDENTS AND INTERNS.

THE VISION OF THE VIOLENCE & INJURY PREVENTION PROGRAM IS: TO IMPROVE THE  
HEALTH AND OVERALL WELL-BEING OF THE PEOPLE IN OUR SHARED COMMUNITY BY  
DEVELOPING AND IMPLEMENTING SUSTAINABLE, INNOVATIVE PREVENTION AND  
RESEARCH INITIATIVES THAT REDUCE THE OCCURRENCE AND CONSEQUENCE OF  
VIOLENCE AND INJURY. THE PROGRAM INCLUDES INITIATIVES TO PROMOTE THE USE  
OF CAR SEATS TO PREVENT INJURY, INCREASING AWARENESS OF CHILD ABUSE AND  
STEPS THAT CAN BE TAKEN TO PREVENT IT, A DOMESTIC VIOLENCE TRAINING  
PROGRAM FOR HEALTH CARE PROVIDERS, AND A PROGRAM TO HELP TEENS MAKE THE

**Part VI** Supplemental Information (Continuation)

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.

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

ENVIRONMENTAL IMPROVEMENTS:  
SAINT FRANCIS PLAYS A CRITICAL ROLE IN THE DISASTER PLANNING FOR THE CITY  
OF HARTFORD. THIS WORK INVOLVES A VARIETY OF COLLABORATIVE EFFORTS TO  
IMPROVE READINESS FOR DISASTER RESPONSE. THE HOSPITAL CONTRIBUTES  
SIGNIFICANT RESOURCES FOR THIS ENVIRONMENTAL IMPROVEMENT INITIATIVE.

**Part VI** Supplemental Information (Continuation)

ADDITIONALLY STAFF SERVE ON THE BOARD OF LOCAL ORGANIZATIONS THAT ADVOCATE FOR ENVIRONMENTAL ISSUES INCLUDING THE ASYLUM HILL NEIGHBORHOOD ORGANIZATION; THE REACH COALITION AND THE NORTHEAST NEIGHBORHOOD IMPROVEMENT ASSOCIATION.

LEADERSHIP DEVELOPMENT:

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

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

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



**Part VI** Supplemental Information (Continuation)

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

PART III, LINE 2:

BAD DEBT REPRESENTS ACTUAL EXPENSE AS REPORTED ON THE AUDITED FINANCIAL  
STATEMENTS.

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 III, LINE 8:

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

PART III, LINE 9B:

SEE PART III, LINE 4

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 2:

SAINT FRANCIS' 2016 CHNA IS BASED ON AN ITERATIVE COMMUNITY ENGAGEMENT AND DATA COLLECTION STRATEGY THAT BEGAN IN JULY OF 2015 AND CONTINUED FOR THE NEXT NINE MONTHS. THE PROCESS COMMENCED WITH THE IDENTIFICATION OF A TEAM REPRESENTING HEALTHCARE, COMMUNITY DEVELOPMENT, GOVERNMENT AND LOCAL GROUPS AND COMMUNITY FOUNDATION AGENCIES. WORK OFFICIALLY BEGAN WITH AN AGREEMENT AMONG THESE GROUPS TO REVIEW EXISTING DATA SETS; TO ENGAGE DATAHAVEN (A NONPROFIT DATA-COLLECTION ORGANIZATION SPECIALIZING IN PUBLIC HEALTH) TO COMPLETE TELEPHONE INTERVIEWS OF COMMUNITY RESIDENTS; TO INVOLVE PROGRAM PARTICIPANTS AND CONDUCT INTERVIEWS AND DISCUSS PRIORITIES WITH "KEY INFORMANTS" (COMMUNITY LEADERS AND LEADERS OF PARTNER AGENCIES).

ALL ASPECTS OF THE INFORMATION-GATHERING PROCESS WERE DESIGNED TO REACH BEYOND THE WALLS OF THE HOSPITAL TO GET ANSWERS TO THE QUESTIONS: WHO? WHAT? WHERE? HOW? THROUGHOUT, THE EMPHASIS WAS ON SIGNIFICANT COMMUNITY INPUT-IN THE FORM OF TELEPHONE INTERVIEWS WITH COMMUNITY MEMBERS, SURVEYS OF PROGRAM PARTICIPANTS, INFORMAL DISCUSSIONS WITH COMMUNITY LEADERS AND INTERVIEWS WITH KEY INFORMANTS TO GAIN A BETTER UNDERSTANDING OF WHAT IS AFFECTING THE HEALTH OF THE HARTFORD REGION. THE TEAM COLLECTED DATA AT THE LOCAL LEVEL TO FACILITATE AND IDENTIFY WHERE THE GREATEST NEEDS ARE CONCENTRATED AND GATHERED INFORMATION FROM COLLABORATIVE PARTNERS THROUGH KEY INFORMANT INTERVIEWS TO MAXIMIZE WHO SHOULD BE INCLUDED FOR COLLECTIVE IMPACT. THE RESULTING ASSESSMENT WILL SERVE AS A STARTING POINT TO DEVELOP DATA-DRIVEN GOALS AND STRATEGIES ON HOW TO ADDRESS THE NEEDS THAT HAVE BEEN IDENTIFIED.

PART VI, LINE 3:

PATIENTS' ABILITY TO PAY FOR HEALTH CARE IS ASSESSED DURING THE INTAKE

**Part VI** Supplemental Information (Continuation)

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

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

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

**Part VI** Supplemental Information (Continuation)

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

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

THE FINANCIAL ASSISTANCE POLICY IS REVIEWED AT A MINIMUM ON AN ANNUAL BASIS AND MORE OFTEN AS NEEDED. CLARIFICATIONS ABOUT THE CHANGES IMPLEMENTED DUE TO THE AFFORDABLE CARE ACT WERE INCORPORATED INTO THE POLICY IN JANUARY 2014; FURTHER EDITS WERE INCLUDED AND APPROVED IN NOVEMBER 2015.

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

**Part VI** Supplemental Information (Continuation)

70% OF CHILDREN IN THE HARTFORD PUBLIC SCHOOLS RECEIVED FREE OR REDUCED PRICE LUNCH. THE RATE OF INFANTS BORN LOW-BIRTH WEIGHT (LESS THAN 2500 G) IS 9.4%, WELL OVER THE NATIONAL AVERAGE OF 6.8%. HARTFORD IS AN URBAN COMMUNITY, THE MAJORITY OF HARTFORD RESIDENTS ARE MINORITIES WITH RESIDENTS REPORTING 42% LATINO (OF ANY RACE) , 37% AFRICAN AMERICAN, 33% WHITE. A VERY LARGE PROPORTION OF LATINOS ARE FROM PUERTO RICO AND APPROXIMATELY 35% OF HARTFORD RESIDENTS SPEAK A LANGUAGE OTHER THAN ENGLISH. RECENT INCREASES IN IMMIGRANT POPULATIONS FROM COUNTRIES SUCH AS BURMA; INDONESIA; VIETNAM, WEST AFRICAN COUNTRIES AND FROM IRAN HAVE INCREASED THE DIVERSITY OF HARTFORD.

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

PART VI, LINE 5:

COALITION BUILDING:

SAINT FRANCIS IS TAKING A LEADERSHIP ROLE IN THE DEVELOPMENT OF A HEALTH COALITION CALLED THE NORTH HARTFORD TRIPLE AIM COLLABORATIVE. THIS PROCESS IS WELL UNDERWAY AND THE DESIGN PHASE OF THE WORK HAS NOW BEEN COMPLETED. THE COLLABORATIVE HAS PARTNERED WITH THE NORTH HARTFORD PROMISE ZONE TO SERVE AS THE HEALTH "ARM" OF THEIR WORK AND WILL BE ORGANIZING TO ENGAGE OTHERS TO JOIN. HARTFORD IS A SMALL CITY AND RESOURCES ARE VERY LIMITED; A COLLABORATIVE APPROACH TO SOLVING ISSUES RELATED TO HEALTH HAS BEEN WELL RECEIVED AND HAS ALREADY BEEN SUPPORTED BY NUMEROUS AGENCIES AT THE LOCAL, STATE AND NATIONAL LEVEL.

EXECUTIVE STAFF AT SAINT FRANCIS IS EXPECTED TO PARTICIPATE IN COMMUNITY

**Part VI** Supplemental Information (Continuation)

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.

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. SAINT FRANCIS STAFF ARE ALSO ENGAGED WITH TOBACCO CESSATION  
ACTIVITIES AT THE COALITION LEVEL BY PARTICIPATION IN THE MATCH COALITION  
- A GROUP WORKING TO IMPROVE LAWS AND POLICIES WHICH LIMIT ACCESS TO  
TOBACCO BY YOUTH. THIS PARTNERSHIP EXTENDS TO TRINITY HEALTH CORPORATE  
WHICH IS ABLE TO PROVIDE A MYRIAD OF RESOURCES TO MOVE THIS AGENDA  
FORWARD.

POLICY WORK IN THE AREAS OF SUPPORT FOR BREASTFEEDING AND ACCESS TO  
HEALTHY FOODS AS WELL AS WORK TO IMPROVE THE OPPORTUNITIES FOR ACTIVE  
LIVING HAS ALSO BECOME PRIORITIES FOR SAINT FRANCIS. THE HOSPITAL IS  
INVOLVED IN A VARIETY OF INITIATIVES THAT FOCUS ON IMPROVING THE HEALTH OF  
THE COMMUNITY OVERALL. COLLABORATIVE EFFORTS WITH THE CITY HEALTH  
DEPARTMENT, THE STATE DEPARTMENT OF SOCIAL SERVICES, THE DEPARTMENT OF  
MENTAL HEALTH AND ADDITION SERVICES, LOCAL COMMUNITY FOUNDATIONS AND  
NON-PROFIT ORGANIZATIONS ARE NUMEROUS.

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

**Part VI** Supplemental Information (Continuation)

- CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY: SERVING AS A BRIDGE BETWEEN COMMUNITY MEMBERS AND THE HOSPITAL SYSTEM
- THE COMPREHENSIVE WOMEN'S HEALTH CENTER: PROVIDING FREE MAMMOGRAM AND BREAST CANCER TREATMENT SERVICES TO WOMEN IN NEED OF ASSISTANCE
- THE JOAN C DAUBER FOOD BANK: PROVIDING FOOD TO FAMILIES IN NEED
- LET'S NOT MEET BY ACCIDENT: TEEN VIOLENCE PREVENTION
- KISS - CT (KIDS IN SAFETY SEATS): PROVIDING FREE CAR SEATS AND INSPECTION FOR FAMILIES WITH YOUNG CHILDREN
- NURTURING FAMILIES NETWORK: TEEN PARENT SUPPORT PROGRAM
- HEALTHY START PROGRAM: WORKING TO PREVENT INFANT MORTALITY
- MEDICAL LEGAL PARTNERSHIP: LEGAL SUPPORT FOR FAMILIES WITH CHILDREN WHO HAVE SPECIAL NEEDS
- WOMEN'S HEART PROGRAM: FREE HEART HEALTH SCREENING AND ASSESSMENT IN THE COMMUNITY
- CHILDREN'S ADVOCACY CENTER: SUPPORT FOR CHILDREN AND FAMILIES IMPACTED BY CHILD SEXUAL ABUSE
- INTEGRATIVE MEDICINE: FREE MEDICAL SERVICES PROVIDED TO SUPPORT TRADITIONAL APPROACHES OF CARE

PART VI, LINE 6:

AFFILIATED HEALTH CARE SYSTEM:

SAINT FRANCIS HOSPITAL IS A MEMBER OF TRINITY HEALTH, ONE OF THE LARGEST CATHOLIC HEALTH CARE DELIVERY SYSTEMS IN THE COUNTRY. TRINITY HEALTH ANNUALLY REQUIRES THAT ALL MEMBER ORGANIZATIONS DEFINE - AND ACHIEVE - SPECIFIC COMMUNITY HEALTH AND WELL-BEING GOALS. IN FISCAL YEAR 2016, GOALS INCLUDED 1) PARTNERING WITH COMMUNITY ORGANIZATIONS IN INSURANCE ENROLLMENT ACTIVITIES TARGETED AT UNINSURED INDIVIDUALS TO IMPROVE ACCESS TO HEALTHCARE, 2) PARTICIPATING IN LOCAL ADVOCACY EFFORTS AIMED AT CURBING

**Part VI** Supplemental Information (Continuation)

TOBACCO USE AND PREVENTING OBESITY, AND 3) DEVELOPING A STRATEGY WITH MULTI-DISCIPLINARY TEAMS TO OPTIMIZE CARE FOR VULNERABLE PERSONS, WITH PARTICULAR FOCUS ON THOSE WHO ARE DUALY ENROLLED IN MEDICAID AND MEDICARE.

TRINITY HEALTH APPRECIATES THE IMPACT SOCIAL DETERMINANTS SUCH AS ADEQUATE HOUSING, SAFETY, ACCESS TO FOOD, EDUCATION, INCOME, AND HEALTH COVERAGE HAVE ON THE HEALTH OF THE COMMUNITY. IN FISCAL YEAR 2016, TRINITY HEALTH LAUNCHED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI), AWARDING EIGHT COMMUNITIES FUNDING TO IMPROVE THE HEALTH AND WELL-BEING OF THEIR COMMUNITIES IN PARTNERSHIP WITH THE LOCAL TRINITY HEALTH MEMBER HOSPITAL. THE AWARDED PROGRAMS FOCUS ON POLICY, SYSTEM, AND ENVIRONMENTAL CHANGES THAT SPECIFICALLY IMPACT COMMUNITY IDENTIFIED AREAS OF NEED AND THAT WILL REDUCE OBESITY AND TOBACCO USE.

AS A SYSTEM, TRINITY HEALTH SUPPORTED PROGRAMS AND ORGANIZATIONS WHO ADDRESS THESE SOCIAL DETERMINANTS OF HEALTH. PROGRAMS INCLUDE GRANTING SEVEN DACA "DREAMERS" LOW INTEREST LOANS, ENABLING RECEIPIENTS TO ATTEND MEDICAL SCHOOL AT STRITCH SCHOOL OF MEDICINE, AND PROVIDING A GRANT TO THE U.S. SOCCER FOUNDATION TO FUND ITS SOCCER FOR SUCCESS PROGRAM IN NINE COMMUNITIES, OFFERING STUDENTS IN UNDERSERVED AREAS THE OPPORTUNITY TO SAFELY AND COST-EFFECTIVELY ENGAGE IN A HEALTHY AND ACTIVE LIFESTYLE.

AS A NOT-FOR-PROFIT HEALTH SYTEM, TRINITY HEALTH REINVESTS ITS PROFITS BACK INTO OUR COMMUNITIES THROUGH PROGRAMS SERVING THOSE WHO ARE POOR AND UNINSURED, HELPING MANAGE CHRONIC CONDITIONS LIKE DIABETES, PROVIDING HEALTH EDUCATION, PROMOTING WELLNESS AND REACHING OUT TO UNDERSERVED POPULATIONS. ANNUALLY, THE ORGANIZATION INVESTS NEARLY \$1 BILLION IN SUCH



**Part VI** Supplemental Information (Continuation)

COMMUNITY BENEFITS AND WORKS TO ENSURE THAT ITS MEMBER HOSPITALS AND OTHER ENTITIES/AFFILIATES ENHANCE THE OVERALL HEALTH OF THE COMMUNITIES THEY SERVE BY ADDRESSING THE SPECIFIC NEEDS OF EACH COMMUNITY.

FOR MORE INFORMATION ABOUT TRINITY HEALTH, VISIT WWW.TRINITY-HEALTH.ORG.

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

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

CT

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2015**

**Open to Public  
Inspection**

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

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MANDELL JEWISH COMMUNITY CENTER 335 BLOOMFIELD AVE WEST HARTFORD, CT 06117	06-0662142	501(C)(3)	72,600.	0.	BOOK	N/A	TO SUPPORT PROGRAMS AND SERVICES FOR THE SOCIAL, PHYSICAL, INTELLECTUAL AND CULTURAL ENJOYMENT
THE GREATER HARTFORD COMMUNITY FDTN, INC., TRAVELERS CHAMPIONSHIP - 90 STATE HOUSE SQUARE, 8TH FL - HARTFORD, CT 06103	42-1684133	501(C)(3)	395,000.	0.	BOOK	N/A	TO SUPPORT COMMUNITY BASED EVENTS FOR THE BENEFIT OF THE CITIZENS, SOCIAL AND WELFARE
CT BRAIN TUMOR ALLIANCE P.O. BOX 370514 WEST HARTFORD, CT 06137	26-0307367	501(C)(3)	16,000.	0.	BOOK	N/A	TO SUPPORT PROGRAMS TO RAISE PUBLIC AWARENESS OF BRAIN TUMORS, ASSIST FAMILIES OF INDIVIDUALS
SUSAN G KOMEN SOUTHERN NEW ENGLAND 74 BATTERSON PARK ROAD FARMINGTON, CT 06032	75-2844629	501(C)(3)	10,000.	0.	BOOK	N/A	SUPPORT FOR THE RACE FOR THE CURE. PROCEED OF WHICH SUPPORTS THE EDUCATION OF WOMEN AND
LEAS FOUNDATION FOR LEUKEMIA RESEARCH - 150 TRUMBULL ST, 2ND FL - HARTFORD, CT 06103	06-1520923	501(C)(3)	25,000.	0.	BOOK	N/A	TO PROMOTE AND HELP FUND ACTIVITIES ASSOCIATED WITH THE EDUCATION, RESEARCH AND TREATMENT OF
THE MALTA HOUSE OF CARE FOUNDATION 19 WOODLAND STREET HARTFORD, CT 06105	20-3562371	501(C)(3)	10,000.	0.	BOOK	N/A	TO SUPPORT CLINIC SERVICES PROVIDED BY THE MALTA HOUSE OF CARE FREE MOBILE MEDICAL CLINIC

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **12.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

Schedule I (Form 990)

06-0646813

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARTFORD SYMPHONY ORCHESTRA 100 PEARL ST, 2ND FLOOR EAST TOWER HARTFORD, CT 06103	06-0637319	501(C)(3)	7,500.	0.	BOOK	N/A	RHAPSODY SPONSOR FOR BRAVO! - TO SUPPORT HSO EDUCATION & COMMUNITY ENGAGEMENT PROGRAMS /
CONNECTICUT SCIENCE CENTER 250 COLUMBUS BLVD. HARTFORD, CT 06103	06-1538101	501(C)(3)	13,500.	0.	BOOK	N/A	THE CT SCIENCE CENTER OFFERS EXCITING TOOLS TO HELP EDUCATORS AND PARENTS BRING TEXTBOOKS
CATHOLIC CHARITIES ARCHDIOCESE OF CONNECTICUT - 896 ASYLUM AVENUE - HARTFORD, CT 06105	06-0667607	501(C)(3)	16,000.	0.	BOOK	N/A	MOTIVATED BY CHRIST'S SOCIAL TEACHINGS AND RESPECT FOR THE RICHNESS OF DIVERSITY, CATHOLIC
CONNECTICUT FORUM 750 MAIN STREET, SUITE 200 HARTFORD, CT 06103	06-1343149	501(C)(3)	6,500.	0.	BOOK	N/A	TO SUPPORT THE MISSION OF ENCOURAGING THE FREE AND ACTIVE EXCHANGE OF IDEAS IN FORUMS WHICH INFORM,
CONNECTICUT CENTER FOR PRIMARY CARE - 3 FARM GLEN BLVD - FARMINGTON, CT 06032	03-0441188	501(C)(3)	10,000.	0.	BOOK	N/A	CCPC ENGAGES IN RESEARCH AND EDUCATION THAT STRENGTHENS THE CENTRAL ROLE OF PRIMARY CARE IN
JEWISH FEDERATION OF GREATER HARTFORD - 333 BLOOMFIELD AVE, SUITE C - WEST HARTFORD, CT 06117	06-0655482	501(C)(3)	9,000.	0.	BOOK	N/A	SPONSORSHIP IN SUPPORT OF A WOMEN'S PHILANTHROPY EVENT "VOICES" / THE MISSION OF THE JEWISH

Schedule I (Form 990)

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EMPLOYEE CHILDREN'S SCHOLARSHIP FUND	15	15,000.	0.	BOOK	N/A
ANNUAL NURSING AWARD	11	9,800.	0.	BOOK	N/A
S.A. CARRABBA, MD, AWARD (RESEARCH PROJECT)	2	500.	0.	BOOK	N/A

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

**PART II, LINE 1, COLUMN (H):**

**NAME OF ORGANIZATION OR GOVERNMENT: MANDELL JEWISH COMMUNITY CENTER**

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

**NAME OF ORGANIZATION OR GOVERNMENT:**

**THE GREATER HARTFORD COMMUNITY FDTN, INC., TRAVELERS CHAMPIONSHIP**

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

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: CT BRAIN TUMOR ALLIANCE

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

NAME OF ORGANIZATION OR GOVERNMENT: SUSAN G KOMEN SOUTHERN NEW ENGLAND

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

NAME OF ORGANIZATION OR GOVERNMENT: LEAS FOUNDATION FOR LEUKEMIA RESEARCH

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

NAME OF ORGANIZATION OR GOVERNMENT: HARTFORD SYMPHONY ORCHESTRA

(H) PURPOSE OF GRANT OR ASSISTANCE: RHAPSODY SPONSOR FOR BRAVO! - TO  
SUPPORT HSO EDUCATION & COMMUNITY ENGAGEMENT PROGRAMS / SPONSORSHIP IN  
SUPPORT OF THE TALCOTT MOUNTAIN MUSIC FESTIVAL

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT SCIENCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: THE CT SCIENCE CENTER OFFERS  
EXCITING TOOLS TO HELP EDUCATORS AND PARENTS BRING TEXTBOOKS TO LIFE.

**Part IV** Supplemental Information

CREATING UNFORGETTABLE EXPERIENCES WITH SCIENCE MOTIVATES STUDENTS AND VISITORS OF ALL AGES TO ENTHUSIASTICALLY EMBRACE SCIENCE AT SCHOOL, AT HOME, AND IN THEIR COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

CATHOLIC CHARITIES ARCHDIOCESE OF CONNECTICUT

(H) PURPOSE OF GRANT OR ASSISTANCE: MOTIVATED BY CHRIST'S SOCIAL TEACHINGS AND RESPECT FOR THE RICHNESS OF DIVERSITY, CATHOLIC CHARITIES EXISTS TO PROMOTE THE DIGNITY, SELF-SUFFICIENCY AND HUMAN POTENTIAL OF THOSE IN NEED.

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT FORUM

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

NAME OF ORGANIZATION OR GOVERNMENT: CONNECTICUT CENTER FOR PRIMARY CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: CCPC ENGAGES IN RESEARCH AND EDUCATION THAT STRENGTHENS THE CENTRAL ROLE OF PRIMARY CARE IN AN EVOLVING HEALTHCARE SYSTEM. PLATINUM SPONSOR FOR ANNUAL PRIMARY CARE SUMMIT

NAME OF ORGANIZATION OR GOVERNMENT: JEWISH FEDERATION OF GREATER HARTFORD

(H) PURPOSE OF GRANT OR ASSISTANCE: SPONSORSHIP IN SUPPORT OF A WOMEN'S PHILANTHROPY EVENT "VOICES" / THE MISSION OF THE JEWISH FEDERATION OF GREATER HARTFORD IS TO ENHANCE, BUILD AND PERPETUATE JEWISH LIFE IN GREATER HARTFORD (GOLD SPONSOR - BUSINESS PARTNER)

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2015**

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input checked="" type="checkbox"/> Travel for companions          | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |
- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2015

**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CHRISTOPHER M. DADLEZ PRESIDENT & CEO / DIRECTOR	(i)	851,337.	795,000.	68,952.	757,196.	49,905.	2,522,390.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JOHN F. RODIS, M.D., MBA PRESIDENT	(i)	709,136.	290,000.	0.	31,000.	40,578.	1,070,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DAVID BITTNER CFO & SR VP FINANCE	(i)	377,165.	155,000.	14,423.	15,422.	31,395.	593,405.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ROBERT CHRISTOPHER HARTLEY SR VP PLANNING & FACILITIES	(i)	322,168.	50,000.	0.	24,534.	34,438.	431,140.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER SCHNEIDER VP FINANCE	(i)	242,171.	60,000.	5,649.	17,698.	27,980.	353,498.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) DAWN BRYANT SVP, CHIEF HUMAN RESOURCE OFFICER	(i)	242,038.	75,000.	0.	15,600.	23,327.	355,965.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) LINDA SHANLEY VP AND CIO	(i)	283,597.	55,000.	0.	19,735.	17,857.	376,189.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) DENISE PETERSON VP PROF NRSG PRACTICE & QUAL/CNO	(i)	219,253.	18,000.	0.	6,977.	14,847.	259,077.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) JANEANNE LUBIN-SZAFRANSKI GENERAL COUNSEL & SVP LGL AFFAIRS	(i)	355,258.	60,000.	0.	5,588.	28,783.	449,629.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STUART ROSENBERG PRESIDENT-JMMC	(i)	310,229.	36,160.	0.	20,800.	25,375.	392,564.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) JAMES W. SCHEPKER VP MARKETING & BUSINESS DEVELOPMENT	(i)	254,168.	50,000.	0.	20,696.	22,717.	347,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DERRICK AMATO ADMINISTRATIVE DIRECTOR	(i)	296,264.	0.	0.	8,200.	13,848.	318,312.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) NICOLE SCHULZ VP REVENUE CYCLE	(i)	275,190.	60,000.	0.	15,811.	28,722.	379,723.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) LYNN ROSSINI VP CHIEF DEVELOPMENT OFFICER	(i)	274,274.	55,000.	0.	18,006.	29,109.	376,389.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) STEVEN T. RUBY, M.D. FORMER DIRECTOR / DEPT. CHAIRMAN	(i)	765,401.	25,000.	0.	15,600.	10,111.	816,112.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PAUL F. MITCHELL, DMD FORMER DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	272,694.	0.	0.	20,800.	23,153.	316,647.	0.



**ST FRANCIS HOSPITAL AND MEDICAL  
CENTER**

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) SHERI A. LEMIEUX FORMER ASSISTANT SECRETARY	(i)	97,173.	40,000.	0.	2,965.	15,058.	155,196.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) TERESA M. BOLTON FORMER HUMAN RESOURCES COUNSEL	(i)	215,994.	0.	19,550.	10,350.	19,103.	264,997.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) GREG MAKOUL FORMER SVP, CAO	(i)	43,872.	0.	296,290.	0.	13,161.	353,323.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) JOHN N. GIAMALIS FORMER EVP & CAO	(i)	430.	0.	433,500.	0.	13,840.	447,770.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) E. MERRITT MCDONOUGH, JR. FORMER SF FDTN PRESIDENT	(i)	1,656.	0.	290,700.	0.	11,746.	304,102.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINES 4A-B:**

TERESA M. BOLTON RECEIVED A SEVERANCE BENEFIT OF \$19,550.

GREG MAKOUL RECEIVED A SEVERANCE BENEFIT OF \$296,290.

JOHN N. GIAMALIS RECEIVED A SEVERANCE BENEFIT OF \$433,500.

E. MERRITT MCDONOUGH, JR. RECEIVED A SEVERANCE BENEFIT OF \$290,700.

CHRISTOPHER DADLEZ PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT  
PLAN DURING THE YEAR WITH AN ESTIMATED BENEFIT OF \$738,996.



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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JOHN RODIS	PRESIDENT	16,392,876.	RENTAL OF O		X
JOHN RODIS	PRESIDENT	21,297,954.	PURCHASE OF		X
DAVID BITTNER	SR VP FINANCE & CFO	16,392,876.	RENTAL OF O		X
DAVID BITTNER	SR VP FINANCE & CFO	21,297,954.	PURCHASE OF		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT THR	712,089.	RENTAL OF O		X
CHRISTOPHER DADLEZ	CEO & PRESIDENT THR	2,731,130.	MANAGED CAR		X
DAVID BITTNER	SR VP & CFO	712,089.	RENTAL OF O		X
DAVID BITTNER	SR VP & CFO	2,731,130.	MANAGED CAR		X
JOHN RODIS	PRESIDENT	712,089.	RENTAL OF O		X
JOHN RODIS	PRESIDENT	2,731,130.	MANAGED CAR		X

**Part V Supplemental Information**

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

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

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 16,392,876.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 21,297,954.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

**Part V Supplemental Information**

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

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP FINANCE & CFO

(C) AMOUNT OF TRANSACTION \$ 16,392,876.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE & ACCOUNTING SERVICES TO COLLABORATIVE LABORATORIES. DAVID BITTNER IS THE TREASURER OF COLLABORATIVE LABORATORIES.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP FINANCE & CFO

(C) AMOUNT OF TRANSACTION \$ 21,297,954.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

CEO & PRESIDENT THROUGH DECEMBER 2015

(C) AMOUNT OF TRANSACTION \$ 712,089.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CHRISTOPHER DADLEZ

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

**Part V Supplemental Information**

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

CEO & PRESIDENT THROUGH DECEMBER 2015

(C) AMOUNT OF TRANSACTION \$ 2,731,130.

(D) DESCRIPTION OF TRANSACTION: MANAGED CARE SERVICES FROM SERVICES TO SAINT FRANCIS HEALTHCARE PARTNERS. CHRISTOPHER DADLEZ IS THE VICE CHAIRMAN OF SAINT FRANCIS HEALTHCARE PARTNERS.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP & CFO

(C) AMOUNT OF TRANSACTION \$ 712,089.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP & CFO

(C) AMOUNT OF TRANSACTION \$ 2,731,130.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

**Part V Supplemental Information**

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

(C) AMOUNT OF TRANSACTION \$ 712,089.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 2,731,130.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 846,477.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:  
PRESIDENT

**Part V Supplemental Information**

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

(C) AMOUNT OF TRANSACTION \$ 2,179,491.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP & CFO

(C) AMOUNT OF TRANSACTION \$ 1,637,837.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

SR VP & CFO

(C) AMOUNT OF TRANSACTION \$ 3,156,998.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF LAUNDRY SERVICES. DAVID BITTNER IS A DIRECTOR OF TOTAL LAUNDRY COLLABORATIVE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 713,171.

(D) DESCRIPTION OF TRANSACTION: PURCHASE OF SERVICES FROM SAINT FRANCIS



**Part V Supplemental Information**

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

CARE MEDICAL GROUP. JOHN RODIS IS A DIRECTOR OF SAINT FRANCIS CARE  
MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JOHN RODIS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

PRESIDENT

(C) AMOUNT OF TRANSACTION \$ 449,404.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 713,171.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: R. CHRISTOPHER HARTLEY

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 449,404.

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

**Part V Supplemental Information**

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

DIRECTOR OF SAINT FRANCIS CARE MEDICAL GROUP.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JANEANNE LUBIN-SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 713,171.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: JANEANNE LUBIN-SZAFRANSKI

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 449,404.

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 713,171.

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

**Part V Supplemental Information**

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: DAVID BITTNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

KEY EMPLOYEE

(C) AMOUNT OF TRANSACTION \$ 449,404.

(D) DESCRIPTION OF TRANSACTION: RENTAL OF OFFICE SPACE, ADMINISTRATIVE &  
ACCOUNTING SERVICES TO SAINT FRANCIS. DAVID BITTNER IS THE TREASURER 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:

CHAIRMAN

(C) AMOUNT OF TRANSACTION \$ 292,849.

(D) DESCRIPTION OF TRANSACTION: P. ANTHONY GIORGIO IS A 50% OWNER IN A  
BUILDING THAT SFHMC RENTS SPACE.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: ANTHONY POSTERARO III, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 406,646.

(D) DESCRIPTION OF TRANSACTION: ANTHONY POSTERARO III, M.D. IS A PARTNER  
IN RADIOLOGY ASSOCIATES OF HARTFORD WHO PROVIDES HEALTHCARE SERVICES TO  
THE HOSPITAL.

(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: FRANKLIN ROSENBERG, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 1,069,503.

(D) DESCRIPTION OF TRANSACTION: FRANKLIN ROSENBERG, M.D. IS A PARTNER IN WOODLAND ANESTHESIOLOGY ASSOC. PC WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: PHILLIP J. KARANIAN, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 61,487.

(D) DESCRIPTION OF TRANSACTION: PHILLIP J. KARANIAN, M.D. IS A PARTNER IN PRIME HEALTHCARE WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVEN COHEN, M.D.

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR

(C) AMOUNT OF TRANSACTION \$ 42,000.

(D) DESCRIPTION OF TRANSACTION: STEVEN COHEN, M.D. IS A PARTNER IN GREATER HARTFORD CARDIOLOGY WHO PROVIDES HEALTHCARE SERVICES TO THE HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: STEVEN COHEN, M.D.

(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 \$ 30,900.

(D) DESCRIPTION OF TRANSACTION: STEVEN COHEN, M.D. PROVIDED HEALTHCARE  
SERVICES TO THE HOSPITAL.

(E) SHARING OF ORGANIZATION REVENUES? = NO

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2015**

Open to Public  
Inspection

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

**AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, IT IS OUR MISSION TO BE A  
TRANSFORMATIVE, HEALING PRESENCE IN THE COMMUNITY. THIS IS AN  
OPPORTUNITY TO COMPLEMENT OUR HEALTH CARE ROLE BY CREATING PARTNERSHIPS  
THAT ADDRESS NEEDS OUTSIDE THE WALLS OF OUR HOSPITALS. WE ARE HONORED  
TO SHARE IN OUR ANNUAL COMMUNITY BENEFIT REPORT THE WAYS WE ARE TAKING  
ACTION IN LOCAL NEIGHBORHOODS THROUGH EDUCATIONAL FORUMS, ASSESSING HOW  
OUR COMMUNITY CAN ACHIEVE BETTER "WELLNESS," AND BRINGING NEEDED  
SERVICES CLOSER TO YOUR HOME. THE CURTIS D. ROBINSON CENTER FOR HEALTH  
EQUITY BRINGS IT ALL TOGETHER TO ASSURE EQUITABLE CARE FOR EVERY PERSON  
IN OUR COMMUNITY. FROM THE WELL BEING 360 PROGRAM DESIGNED TO ASSIST IN  
ACCESS TO HEALTHY FOODS, APPROPRIATE SOCIAL SERVICES, AND DIABETES  
EDUCATION TO SCREENING AND ENGAGEMENT IN THE COMMUNITY, OUR GOALS FOR  
COMMUNITY HEALTH AND WELL-BEING ARE MISSION INVESTMENTS WE GLADLY SHARE  
IN COOPERATION WITH OUR TRINITY HEALTH OF NEW ENGLAND FAMILY. WE ARE  
PLEASED TO WALK HAND IN HAND WITH THE COMMUNITIES WE SERVE!**

**CREATING A HEALTHY COMMUNITY**

**THE WORD "CREATE" TAKES ON DIFFERENT SHADINGS FOR DIFFERENT PEOPLE. TO  
A SCULPTOR, IT CAN MEAN CARVING A ROUGH HUNK OF STONE INTO A GRACEFUL  
FORM. TO A PASTRY CHEF, IT CAN MEAN WHIPPING UP ORDINARY EGGS INTO A**

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GRAVITY-DEFYING SOUFFLE. TO A VIOLINIST, IT MEANS RUBBING A BOW OVER FOUR STRINGS TO PRODUCE, NOT A SQUAWK, BUT A SOUND THAT PLEASES THE EAR AND THE HEART. AND TO A CHILD, THE WORD CAN MEAN SOMETHING AS SIMPLE AS DIPPING ALL 10 FINGERS INTO TUBS OF PAINT, SQUISHING THOSE PAINT-COVERED FINGERS ON A PIECE OF PAPER, AND MAKING A COLORFUL MASTERPIECE.

APPLYING THE WORD "CREATE" TO A HEALTH CARE INSTITUTION MIGHT SEEM UNEXPECTED. THE MEDICAL WORLD IS OFTEN SEEN AS ONE OF CLINICAL DATA AND SCIENTIFIC PROTOCOL. THAT'S TRUE TO A POINT, BUT IT'S IMPORTANT TO REMEMBER THAT EVERY INNOVATION REQUIRES IMAGINATION-AND CREATIVITY. AND THAT'S JUST AS TRUE FOR DEVELOPING A MIRACLE MEDICATION OR STRUCTURING A COMPLEX HEALTH CARE SYSTEM AS IT IS FOR WRITING A SYMPHONY.

BROADENING THE DEFINITION OF COMMUNITY BENEFIT

CREATING A HEALTHY COMMUNITY IS THE THEME FOR THIS YEAR'S COMMUNITY BENEFIT REPORT, WHICH PROVIDES A SUMMARY OF OUR WORK TO CREATE A COMMUNITY IN WHICH ALL RESIDENTS SHARE IN THE BLESSING OF GOOD HEALTH. CREATING A HEALTHY COMMUNITY REQUIRES AS MUCH KNOWLEDGE, SKILL, HEART, AND IMAGINATION AS ANY OTHER CREATIVE ENDEAVOR-AND IT IS ONE THAT WILL INVOLVE THE EFFORTS OF MANY, BOTH WITHIN AND OUTSIDE OUR WALLS. A HEALTHY COMMUNITY IS NOT SOMETHING THAT CAN BE CREATED BY A SINGLE ENTITY. WE WILL NEED PARTNERS TO SUCCEED.

THE TERM "COMMUNITY BENEFIT" HAS LONG BEEN USED IN THE NONPROFIT WORLD, BUT SINCE THE PASSAGE OF THE AFFORDABLE CARE ACT, EVERY PARTICIPATING HEALTH CARE INSTITUTION HAS BEEN REQUIRED TO PUBLISH AN ANNUAL

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COMMUNITY BENEFIT REPORT (CBR) ON ITS EFFORTS TO PROMOTE HEALTH AND HEALING IN THE COMMUNITY IN RESPONSE TO HEALTH NEEDS THAT HAVE BEEN IDENTIFIED THERE. (THE AFFORDABLE CARE ACT ALSO REQUIRES HEALTH CARE INSTITUTIONS TO REGULARLY ASSESS COMMUNITY NEEDS AND PUBLISH THE RESULTS IN A DOCUMENT CALLED A COMMUNITY HEALTH NEEDS ASSESSMENT OR CHNA.)

OUR COMMUNITY BENEFIT EFFORTS ARE UNDERTAKEN IN RESPONSE TO DATA IN THREE AREAS:

- CHARITY CARE - FREE OR DISCOUNTED SERVICES OFFERED TO THOSE WHO CAN'T AFFORD TO PAY.
- GOVERNMENT-SPONSORED HEALTH CARE - THE AMOUNT THE HOSPITAL MUST MAKE UP WHEN GOVERNMENT PAYMENTS FALL SHORT OF ACTUAL COSTS.
- COMMUNITY BENEFITS SERVICES - ACTIVITIES DESIGNED TO ADDRESS COMMUNITY NEEDS, SUCH AS PUBLIC HEALTH PROGRAMS, OUTREACH EDUCATION, PARTNERSHIPS WITH LOCAL AGENCIES AND CLINICAL CARE PROVIDED DESPITE A NEGATIVE MARGIN.

LIKE MANY IN THE HEALTH CARE FIELD, WE HAVE SEEN A NEED TO EXTEND OUR REACH EVEN FURTHER. WE BELIEVE THAT IN ORDER TO HELP OUR COMMUNITY ACHIEVE AND SUSTAIN THE BENEFITS OF GOOD HEALTH, WE MUST EXPAND THE HEALTH CARE FIELD'S TRADITIONAL CONCEPT OF COMMUNITY BENEFIT. OF COURSE, WE WILL ALWAYS FOCUS ON ACCESS TO HEALTH CARE AND HEALTH SERVICES, AND WE WILL STRIVE FOR THE VERY BEST HEALTH OUTCOMES POSSIBLE. BUT WE HAVE REDEFINED AND BROADENED THE TERM, SO THAT THE COMMUNITY BENEFIT SERVICES WE PROVIDE TAKE PLACE OUTSIDE THE HOSPITAL'S WALLS. NOW, WHEN WE TALK ABOUT COMMUNITY BENEFIT, WE TALK ABOUT NOTHING LESS THAN TRANSFORMING THE COMMUNITY TO IMPROVE OVERALL HEALTH AND



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WELL-BEING.

THIS CHANGE, THOUGH NEW IN THE CONTEXT OF COMMUNITY BENEFIT, IS VERY MUCH AN EXTENSION OF OUR ORIGINAL MISSION. SINCE OUR FOUNDING IN 1897 BY THE SISTERS OF SAINT JOSEPH OF CHAMBRY, WE HAVE WELCOMED PEOPLE FROM HARTFORD'S ASYLUM HILL COMMUNITY, AS WELL AS THE ENTIRE CITY OF HARTFORD AND THE SURROUNDING AREA. FROM OUR EARLY DAYS AS A TWO-ROOM HOSPITAL TO OUR CURRENT STATUS AS NEW ENGLAND'S LARGEST CATHOLIC HOSPITAL, WITH 617 LICENSED INPATIENT BEDS, 65 BASSINETS AND FIVE CENTERS OF EXCELLENCE, WE HAVE MADE IT OUR MISSION TO SERVE PEOPLE AT EVERY STAGE OF LIFE, FROM EVERY WALK OF LIFE. AND WE HAVE ALWAYS MADE A SPECIAL EFFORT TO SERVE THE POOR AND THE MOST VULNERABLE OF SOCIETY. NOW, WE PLAN TO DO SO IN NEW WAYS.

THIS CHANGE OWES, IN PART, TO OUR AFFILIATION WITH TRINITY HEALTH, ONE OF THE LARGEST HEALTH CARE SYSTEMS IN THE NATION. TRINITY HEALTH WAS BORN NEARLY 170 YEARS AGO AND NOW COMPRISES SOME 93 HOSPITALS AND 120 CONTINUING CARE FACILITIES, AS WELL AS HOME CARE AGENCIES AND OUTPATIENT CENTERS IN 22 STATES. TRINITY HEALTH'S MISSION AND VALUES-AND LONGTIME DEDICATION TO SERVICE-MATCH OUR OWN, AND THE RESOURCES AND BENEFITS AFFORDED TO US BY ITS REGIONAL APPROACH HAVE MADE IT POSSIBLE FOR US TO TAKE A BROADER, MORE COMPREHENSIVE VIEW OF HEALTH.

BUT OUR BROADER VIEW OF THE CONCEPT OF COMMUNITY BENEFIT IS ALSO DUE TO OUR INCREASING AWARENESS THAT A HEALTH CARE SYSTEM'S SUCCESS IS INEXTRICABLY TIED TO CONDITIONS BEYOND THE WALLS OF THE HOSPITAL. TO REACH PEAK EFFECTIVENESS-TO ACHIEVE THE GREATEST GOOD FOR THE GREATEST

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NUMBER OF PEOPLE OF EVERY SOCIO-ECONOMIC STATUS-OUR EFFORTS MUST REACH BROADLY AND DEEPLY INTO THE COMMUNITY ITSELF, REMOVING AS MANY BARRIERS TO HEALTH AND HEALTH CARE AS WE CAN.

WITH THIS IN MIND, WE SEEK TO:

- DEVELOP AND IMPLEMENT POLICIES TO IMPROVE OR CREATE A CLIMATE FOR HEALTHY BEHAVIOR.
- HAVE AN IMPACT ON COMMUNITY SYSTEMS THAT ARE POORLY DESIGNED AND DO NOT SERVE THE RESIDENTS WELL.
- COLLABORATE WITH OTHER AGENCIES TO CHANGE THE PHYSICAL ENVIRONMENT IN WAYS THE LEAD TO BETTER HEALTH AND STRONGER COMMUNITY COHESION.

WE ARE HEARTENED TO NOTE THAT INCREASINGLY, THE HEALTH AND SOCIAL SERVICES FIELDS HAVE RECOGNIZED THAT THAT IT IS NOT ENOUGH TO TREAT ONLY SYMPTOMS, BUT THAT THE ROOT CAUSES OF SOCIETY'S ILLS MUST BE ADDRESSED IF LONG-TERM PROGRESS IS TO BE ACHIEVED. THERE IS RECOGNITION, TOO, THAT SUCH EFFORTS MUST BE COORDINATED ACROSS DISCIPLINES, AND THAT INCREASINGLY LIMITED RESOURCES MUST BE LEVERAGED ACROSS COMMUNITIES AND AGENCIES. MANY HANDS WILL BE NEEDED TO GET TO A POINT AT WHICH THE CONDITIONS OF DAILY LIFE IN LOW-INCOME COMMUNITIES DO NOT POSE BARRIERS TO THE HEALTH AND WELL-BEING OF ITS RESIDENTS.

THIS GOAL WILL NOT BE ACHIEVED OVERNIGHT. IT WILL REQUIRE A LONG-TERM COMMITMENT, BUT IT IS ONE THAT WE ARE READY AND EAGER TO MAKE. WE EXTEND AN INVITATION TO THE COMMUNITY-INDIVIDUALS AND INSTITUTIONS, GOVERNMENT, NONPROFIT, AND BUSINESS-TO WORK WITH US IN CREATING A HEALTHY COMMUNITY.

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**THE COMMUNITY'S NEEDS ARE COMPLEX**

**SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S SERVICE AREA IS HIGHLY DIVERSE: A MIX OF RACES AND ETHNICITIES; A RANGE OF SOCIOECONOMIC LEVELS; A POPULATION SPREAD OVER URBAN, SUBURBAN AND RURAL COMMUNITIES. IT IS COMPOSED OF 32 MUNICIPALITIES CENTERED IN HARTFORD AND EXTENDING TO THE SURROUNDING TOWNS. DESPITE THEIR DIFFERENCES, RESIDENTS OF THE VARIOUS CORNERS OF OUR SERVICE AREA STRUGGLE WITH MANY OF THE SAME HEALTH ISSUES: OBESITY, DIABETES, HEART DISEASE AND BEHAVIORAL HEALTH.**

**YET, THE LARGEST NUMBERS OF PATIENTS SEEN AT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER ARE FROM THE CITY OF HARTFORD ITSELF, WHOSE POPULATION IS YOUNGER, POORER AND MORE DENSELY DISTRIBUTED THAN THOSE OF THE SURROUNDING COMMUNITIES. FOR THE URBAN POOR, THE SIMPLE REALITIES OF DAILY LIFE POSE HUGE OBSTACLES TO ACHIEVING GOOD HEALTH. FOR MANY, MEANINGFUL ACCESS TO VITAL RESOURCES THAT MORE AFFLUENT COMMUNITIES TAKE FOR GRANTED-THINGS THAT PUBLIC HEALTH PROFESSIONALS CALL THE "SOCIAL DETERMINANTS OF GOOD HEALTH"- IS SORELY LACKING.**

**IN FACT, IN APRIL 2015, OUR IMMEDIATE NEIGHBORHOOD OF NORTH HARTFORD-ONE OF THE CITY'S POOREST-WAS ONE OF 20 "HIGH-POVERTY, HIGH CAPACITY" COMMUNITIES NATIONWIDE TO BE DESIGNATED AS PROMISE ZONES BY THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT. (PROMISE ZONES RECEIVE VARIOUS FORMS OF FEDERAL SUPPORT BUT NO NEW DIRECT FUNDING.) TO CITE JUST A FEW STATISTICS, THIS 3.11-SQUARE MILE AREA IS HOME TO 23,950 PEOPLE, OF WHOM 49.3% LIVE IN POVERTY. THE PROMISE ZONE'S PER CAPITA INCOME IS \$12,099. ONLY 38.3% GRADUATE FROM HIGH SCHOOL, AND UNEMPLOYMENT IS OVER 27%. ANNUAL LIFE EXPECTANCY THERE IS 10 YEARS LESS**

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THAN IN NEIGHBORING COMMUNITIES.[1]

THE CAUSES FOR THESE DISMAL HEALTH DISPARITIES ARE COMPLEX AND  
INTERTWINED, AND THEY PAINT A PICTURE OF THE ENORMITY OF THE  
COMMUNITY'S NEEDS.

[1] COMMUNITY SOLUTIONS, "NORTH HARTFORD TRIPLE AIM COLLABORATIVE,"  
DECEMBER 23, 2016.

THE APPROACH WE ARE TAKING:

WELL BEING 360, A TRANSFORMING COMMUNITIES INITIATIVE

WITH SO MANY HIGH-PRIORITY NEEDS IN THE COMMUNITY INFLUENCING THE  
HEALTH AND WELL-BEING OF RESIDENTS, SAINT FRANCIS HOSPITAL AND MEDICAL  
CENTER IS TAKING A COMPREHENSIVE APPROACH TO ITS COMMUNITY BENEFIT  
PROGRAMS. WE HAVE LAUNCHED A MULTIFACETED INITIATIVE CALLED WELL BEING  
360, A COLLABORATIVE EFFORT BETWEEN THE HOSPITAL, COMMUNITY GROUPS,  
ECONOMIC DEVELOPMENT AGENCIES AND THE CITY OF HARTFORD TO PROMOTE GOOD  
HEALTH BEYOND THE WALLS OF THE HOSPITAL.

TRANSFORMING COMMUNITIES INITIATIVES

WELL BEING 360 IS THE NAME THAT SAINT FRANCIS HOSPITAL AND MEDICAL  
CENTER HAS GIVEN TO OUR LOCAL VERSION OF A NATIONAL EFFORT BY TRINITY  
HEALTH CALLED THE TRANSFORMING COMMUNITIES INITIATIVE (TCI). THUS FAR,  
TRINITY HEALTH HAS IDENTIFIED SAINT FRANCIS HOSPITAL AND MEDICAL CENTER  
AND SEVEN OTHER HEALTH CARE INSTITUTIONS THAT WILL DESIGN

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INDIVIDUALIZED LOCAL INITIATIVES WITH THIS PROGRAM. TRINITY HEALTH HAS PLEDGED TO INVEST \$80 MILLION IN GRANTS, LOANS, COMMUNITY MATCHING DOLLARS AND SERVICES IN THESE COMMUNITIES OVER FIVE YEARS TO ADDRESS SEVERAL DEFINED FOCUS AREAS.

WELL BEING 360

IN ITS INITIAL PHASE, WELL BEING 360 WILL DIRECT ITS EFFORTS AT THE NORTH HARTFORD PROMISE ZONE (WHICH COMPRISES THE CLAY ARSENAL, NORTHEAST AND UPPER ALBANY NEIGHBORHOODS), PLUS THE BLUE HILLS AND ASYLUM HILL NEIGHBORHOODS. OUR COVERAGE WILL EVENTUALLY EXPAND TO THE ENTIRE CITY. THE INVESTMENT PRIORITIES WILL BE ALIGNED WITH THE NEEDS IDENTIFIED IN THE SAINT FRANCIS HOSPITAL AND MEDICAL CENTER CHNA FOR 2016, THE TCI FOCUS AREAS IDENTIFIED BY TRINITY HEALTH, AND COMMUNITY ENGAGEMENT PRIORITIES OF THE HOSPITAL SYSTEM. A REALLOCATION OF THE HOSPITAL'S COMMUNITY BENEFIT FUNDS HAS BEEN COMMITTED TO THIS EFFORT.

THE HOSPITAL'S CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY IS THE LEAD AGENCY FOR WELL BEING 360 AND, WITH A STEERING COMMITTEE OF REPRESENTATIVES FROM COMMUNITY ORGANIZATIONS, IT WILL FOCUS ON OVERSEEING INVESTMENTS IN INNOVATIVE, EVIDENCE-BASED SOLUTIONS ON POLICY, SYSTEM, AND ENVIRONMENT CHANGE THAT ENGAGE THE COMMUNITY AND RESULT IN IMPROVED WELL-BEING FOR RESIDENTS. TOWARD THIS END, WE PLAN A MULTIFACETED APPROACH.

WELL BEING 360 WILL:

- DEVELOP A HEALTH COLLABORATIVE FOR HARTFORD'S NORTH END. THIS COLLABORATIVE WILL COMPRISE HEALTH CARE SYSTEMS, COMMUNITY-BASED

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ORGANIZATIONS, DEVELOPMENT AGENCIES, AND REPRESENTATIVES OF THE CITY OF HARTFORD. PARTNERS IN THE HEALTH COLLABORATIVE INCLUDE:

- SAINT FRANCIS HOSPITAL AND MEDICAL CENTER
- TRINITY HEALTH OF NEW ENGLAND
- CITY OF HARTFORD, DEPARTMENT OF HEALTH AND HUMAN SERVICES
- COMMUNITY SOLUTIONS, A NATIONAL ORGANIZATION FOCUSED ON COMMUNITY HEALTH AND DEVELOPMENT
- INVEST HEALTH, A JOINT EFFORT OF THE REINVESTMENT FUND AND THE ROBERT WOOD JOHNSON FOUNDATION TO HELP LEADERS OF MID-SIZE CITIES IMPROVE THE HEALTH OF THEIR LOW-INCOME COMMUNITIES
- WAY TO WELLVILLE, A 10-YEAR CHALLENGE SPONSORED BY THE NONPROFIT HEALTH INITIATIVE COORDINATING COUNCIL.
- INCREASE PROGRAMMING FOR HEALTHY BEHAVIOR CHANGE. WELL BEING 360 WILL SUPPORT PROGRAMS THAT ENCOURAGE CHANGES IN DIET, EXERCISE, AND TOBACCO AND SUBSTANCE ABUSE AND OTHER HEALTHFUL PRACTICES.
- IMPROVE PATIENT ACCESS TO SOCIAL SERVICE AGENCIES TO MERGE HEALTH CARE DELIVERY SYSTEMS WITH SOCIAL SUPPORT PROGRAMS (TO HELP PATIENTS WITH THEIR MOST SIGNIFICANT AND COMPLEX PROBLEMS).
- CHANGE THE PHYSICAL ENVIRONMENT TO IMPROVE THE QUALITY OF LIFE IN THE NORTH END OF HARTFORD.

CASE STUDIES

TOWN HALL ON DIABETES ENGAGEMENT

DIABETES HITS HARTFORD HARD. STATEWIDE, OVER 8% OF ADULTS ARE DIAGNOSED WITH DIABETES; IN HARTFORD, 12% OF ADULTS DIAGNOSED WITH THE DISEASE. DIABETES IS THE EIGHTH LEADING CAUSE OF DEATH IN CONNECTICUT.

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STATEWIDE, MORTALITY RATES ARE HIGHER AMONG BLACK AND HISPANIC RESIDENTS THAN MORTALITY RATES AMONG WHITES.[2]

IT'S A SERIOUS DISEASE, BUT ONE THAT CAN OFTEN BE MANAGED IF THE PATIENT HAS THE NECESSARY RESOURCES. FOR THE URBAN POOR, HOWEVER, THE LACK OF THESE NECESSARY RESOURCES MAKES MANAGING THE DISEASE MUCH MORE DIFFICULT.

IN NOVEMBER 2016, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY DEVOTED ITS 6TH ANNUAL TOWN HALL MEETING TO "A COMMUNITY CONVERSATION ABOUT DIABETES." THE GOAL WAS TO PROVIDE A FORUM FOR INDIVIDUALS WITH DIABETES TO TELL THEIR STORIES AND LEARN FROM EXPERTS IN THE FIELD.

OVER 70 MEMBERS OF THE PUBLIC ATTENDED THE MEETING, WHICH WAS FACILITATED BY A SIX-PERSON PANEL THAT INCLUDED PHYSICIANS, A NUTRITIONIST, A DIETITIAN, A PHARMACIST, AND AN ATTORNEY.

BUT THE EDUCATION THAT TOOK PLACE AT THIS MEETING WAS NOT JUST FROM THE EXPERTS TO THE AUDIENCE. THE MEETING WAS DESIGNED TO GIVE PARTICIPANTS A PLATFORM TO EDUCATE THE HEALTH CARE PROVIDERS. ONE AFTER ANOTHER, PARTICIPANTS SHARED PERSONAL STORIES OF THEIR INTERACTIONS WITH THE HEALTH CARE SYSTEM, TOLD HOW THE CIRCUMSTANCES OF THEIR LIVES AFFECT THEIR HEALTH AND HOW THEY LIVE WITH DIABETES, AND DESCRIBED THE BARRIERS THEY ENCOUNTER IN MANAGING THE DISEASE. THEY RAISED MANY ISSUES, INCLUDING:

- GETTING ACCESS TO HEALTHY FOOD IN THEIR NEIGHBORHOODS
- FINDING PLACES WHERE THEY CAN EXERCISE AND ENHANCE PHYSICAL FITNESS

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- MAINTAINING A HEALTHY DIET

- LEARNING TO USE INSULIN TO TREAT DIABETES.

THE INFORMATION THAT EMERGED FROM THE MEETING WILL BE USED BY THE HOSPITAL AND OUR COMMUNITY PARTNERS TO DEVELOP STRATEGIES AND POLICIES TO PROMOTE HEALTHY LIFESTYLES. THIS DISCUSSION WAS BENEFICIAL FOR OUR HOSPITAL LEADERSHIP TEAM, AND GAVE INSIGHT ABOUT WHICH OUTREACH ORGANIZATIONS WE SHOULD ENGAGE TO CONFRONT THE ISSUE OF DIABETES MANAGEMENT IN THE COMMUNITY.

[2] SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, COMMUNITY HEALTH NEEDS ASSESSMENT REPORT, 2016

#### CASE STUDIES

BREASTFEEDING, HERITAGE AND PRIDE: A BREASTFEEDING SUPPORT PROJECT

IN 2014, THE W.K. KELLOGG FOUNDATION AWARDED A THREE-YEAR \$498,980 GRANT TO SAINT FRANCIS HOSPITAL AND MEDICAL CENTER AND THE HARTFORD HISPANIC HEALTH COUNCIL (HHC) TO COLLABORATE ON A PROGRAM CALLED BREASTFEEDING: HERITAGE AND PRIDE.

THE IMMEDIATE GOAL OF THE GRANT IS TO INCREASE THE RATE OF BREASTFEEDING AMONG AFRICAN AMERICAN AND LATINA MOTHERS WHO ARE PATIENTS AT THE HOSPITAL'S WOMEN'S HEALTH CENTER, AN OBSTETRICS AND GYNECOLOGICAL CLINIC. THE LONG-TERM GOAL IS NORMALIZATION OF THE PRACTICE.

THE HERITAGE AND PRIDE PROGRAM, WHICH THE HHC DEVELOPED FOR USE



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ELSEWHERE IN THE CITY, RELIES ON AN OPERATING MODEL THAT IS UNIQUE IN CONNECTICUT: PEER COUNSELORS TEACH EXPECTANT AND NEW MOTHERS ABOUT BREASTFEEDING, AND ONCE THE BABIES ARE BORN, FOLLOW UP IN THE HOSPITAL, IN COMMUNITY CLINICS, AND AT HOME, TO OFFER SUPPORT AND ASSISTANCE. PEER COUNSELORS MUST BE FROM THE LOCAL COMMUNITY AND MUST HAVE BREASTFED THEIR OWN CHILDREN; THE PROGRAM IS BASED ON MOTHER-TO-MOTHER SUPPORT AND RELIES ON THE DEVELOPMENT OF PERSONAL RELATIONSHIPS BETWEEN COUNSELOR AND CLIENT. PEER COUNSELORS RECEIVE EXTENSIVE TRAINING BEFORE THEY BEGIN COUNSELING OTHERS. THE FACT THAT THEY MAKE FREE VISITS TO COMMUNITY CLINICS AND CLIENTS' HOMES IS UNIQUE AMONG LACTATION PROGRAMS.

SINCE ITS INCEPTION, THE PROGRAM HAS MEASURED PEER COUNSELORS' EFFORTS TO INCREASE BREASTFEEDING INITIATION RATES AT KEY POINTS BEFORE AND AFTER BIRTH-IN PRENATAL VISITS, IN THE HOSPITAL, AND AFTER SIX MONTHS. THE HOPE WAS TO INCREASE THE RATE OF BREASTFEEDING INITIATION, AS WELL AS THE RATE OF MOTHERS WHO BREASTFEED FOR SIX MONTHS.

THE RESULTS WERE IMPRESSIVE. IN THE FIRST YEAR OF THE PROGRAM, AUGUST 2015-JULY 2016, DESPITE THE FACT THAT THE PROGRAM WAS NOT FULLY STAFFED, MORE THAN 1,400 SUCCESSFUL CONTACTS WERE MADE. OF THE MOTHERS WHO ENTERED THE PROGRAM, 84.7% WERE BREASTFEEDING TWO WEEKS AFTER THEIR BABIES WERE BORN; 61% CONTINUED TO BREASTFEED AT SIX WEEKS; 41.9% WERE BREASTFEEDING AT THREE MONTHS; AND 12.8% WERE BREASTFEEDING AT SIX MONTHS.

DURING THE CALENDAR YEAR 2016, OF THE MOTHERS ENROLLED IN THE PROGRAM, 99.4% INITIATED BREASTFEEDING; 40.6% BREASTFED EXCLUSIVELY WHILE IN THE

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HOSPITAL; 54.7% PRACTICED MIXED FEEDING IN THE HOSPITAL; AND JUST 4.7% FED THEIR BABIES ONLY FORMULA WHILE IN THE HOSPITAL.

COMMUNITY BENEFIT | SERVICES

WHAT ARE THE ACTIVITIES? COMMUNITY BENEFIT REPORTING IS CATEGORIZED INTO THREE BROAD AREAS, WHICH INCLUDE: CHARITY CARE, GOVERNMENT-SPONSORED HEALTH CARE, AND COMMUNITY BENEFIT SERVICES. THE FOLLOWING LIST OUTLINES, IN MORE DETAIL, THE COMMUNITY BENEFIT SERVICES PORTION.

A. COMMUNITY HEALTH IMPROVEMENT SERVICES

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

COMMUNITY HEALTH EDUCATION

- ACCESS TO RECOVERY FOR SUBSTANCE ABUSE CLIENTS
- BREAST AND CERVICAL CANCER EDUCATION AND OUTREACH
- BREASTFEEDING SUPPORT
- CHILD ABUSE PREVENTION EDUCATION AND OUTREACH
- CHILDBIRTH EDUCATION CLASSES
- COLORECTAL SCREENING PROGRAM
- CENTER FOR DIABETES & METABOLIC CARE PROGRAM EDUCATION AND OUTREACH

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- CURTIS D. ROBINSON CENTER FOR HEALTH EQUITY
- HEALTHY START AND PARENTING PROGRAMS
- INTEGRATIVE HEALTH SERVICES CLASSES
- MEDICAL LEGAL PARTNERSHIP PROGRAM
- VIOLENCE AND INJURY PREVENTION PROGRAM
- WOMEN'S HEART PROGRAM OUTREACH
- PASTORAL COUNSELING PROGRAM
- SUPPORT GROUPS

COMMUNITY-BASED CLINICAL SERVICES

- PREVENTIVE HEALTH SCREENINGS:
  - CARDIOVASCULAR RISK ASSESSMENT
  - DIABETES SCREENING
  - MAMMOGRAMS
  - PROSTATE CANCER
- MALTA HOUSE OF CARE MOBILE MEDICAL CLINIC
- CARDIAC REHAB AND WELLNESS
- CASE MANAGEMENT SERVICES
- PROCUREMENT OF PHARMACEUTICALS

HEALTH CARE SUPPORT SERVICES

- LANGUAGE SERVICES PROGRAM
- FINANCIAL ASSISTANCE COUNSELING
- TRANSPORTATION ASSISTANCE FOR CLINICAL APPOINTMENTS

OTHER HEALTH IMPROVEMENT SERVICES

- CAREGIVER SUPPORT SERVICES
- LITERACY SUPPORT PROGRAMS

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- THE AUXILIARY AT SAINT FRANCIS
- KEEP-THE-POWER-ON UTILITY CLINIC
- LANGUAGE SERVICES PROGRAM

B. HEALTH PROFESSIONS EDUCATION

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

- CONNECTICUT INSTITUTE FOR PRIMARY CARE INNOVATION (CIPCI) - PRIMARY CARE TRAINING
- CLINICAL PASTORAL EDUCATION MENTORSHIP
- DENTAL ASSISTANT AND DENTAL HYGIENIST TRAINING
- DIETITIAN TRAINING
- MEDICAL STUDENT EDUCATION
- NURSES AND NURSING STUDENT EDUCATION
- OB/GYN RESIDENCY TRAINING
- OTHER HEALTH PROFESSIONAL EDUCATION
- PHARM-D TRAINING SITE

C. SUBSIDIZED HEALTH SERVICES

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

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D. RESEARCH

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
- CLINICAL RESEARCH GRANTS
- TRAINEE RESEARCH GRANTS

E. FINANCIAL AND IN-KIND DONATIONS

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

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

F. COMMUNITY-BUILDING ACTIVITIES

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

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- CREC MAGNET SCHOOL PARTNERSHIP
- DISASTER PLANNING
- HOUSING SUPPORT
- NEIGHBORHOOD ASSOCIATION SUPPORT
- BOARD INVOLVEMENT WITH LOCAL ORGANIZATIONS

G. COMMUNITY-BENEFIT OPERATIONS

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 | THE NUMBERS AT A GLANCE

DURING 2016, SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PROVIDED COMMUNITY BENEFIT SERVICES TO 67,287 INDIVIDUALS WHO RECEIVED FINANCIAL ASSISTANCE FOR THEIR MEDICAL CARE AND SUPPORT THROUGH OUR COMMUNITY BENEFIT PROGRAMS.

CHARITY CARE

\$2,718,176

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.

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**COMMUNITY BENEFIT SERVICES**

**\$32,026,072**

THESE ARE SERVICES PROVIDED TO MEET COMMUNITY NEEDS 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.

**GOVERNMENT-SPONSORED HEALTH CARE**

**\$64,894,781**

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

**TOTAL COMMUNITY BENEFIT**

**\$99,638,781**

**SUMMARY**

COMMUNITY BENEFIT WAS PART OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER'S MISSION LONG BEFORE THAT TERM CAME INTO VOGUE-AND IT WILL INFORM OUR WORK FOR A LONG TIME TO COME. BUT NOW WE ARE REACHING BEYOND THE HOSPITAL'S WALLS WITH GREATER URGENCY, TO LEVERAGE INCREASINGLY STRAINED COMMUNITY RESOURCES AND PROMOTE GOOD HEALTH WHERE PEOPLE LIVE AND WORK, BEFORE PROBLEMS ARISE.

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SOME OF THE WORK WE ARE DOING WILL RESULT IN IMMEDIATE CHANGES-FOR EXAMPLE, INCREASING ACCESS TO PROGRAMS THAT SUPPORT BEHAVIOR CHANGE. SOME WILL TAKE SHAPE OVER THE NEXT SIX MONTHS-THE DEVELOPMENT OF THE COLLABORATIVE, FOR EXAMPLE, AND OUR SUPPORT FOR LOCAL AGENCIES WITH CAPACITY-BUILDING TO IMPROVE ACCESS BY THE COMMUNITY.

SOME OF OUR WORK WILL BE MUCH LONGER-TERM-SUCH AS CHANGING THE ENVIRONMENT, IMPLEMENTING NEW POLICIES THAT LEAD TO BETTER HEALTH OUTCOMES, AND WORKING WITH PARTNERS TO IMPROVE EMPLOYMENT OPPORTUNITIES.

WE ARE NOT DETERRED BY THE TIME FRAME. WE KNOW THAT THERE ARE NO QUICK FIXES TO DEEPLY ENTRENCHED SOCIAL NORMS. BUT SAINT FRANCIS HOSPITAL AND MEDICAL CENTER IS HERE TO STAY; WE HAVE BEEN HERE SINCE 1897, AND THIS IS OUR HOME. WE ARE INVESTED IN THIS COMMUNITY AND PLAN TO INCREASE THAT INVESTMENT OVER TIME.

WE LOOK FORWARD TO COLLABORATING WITH RESIDENTS, BUSINESSES, LOCAL NONPROFITS, FAITH-BASED ORGANIZATIONS, GOVERNMENT AGENCIES, AND FOUNDATIONS IN CREATING A HEALTHY COMMUNITY.

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

P. ANTHONY GIORGIO, PHD (DIRECTOR) IS A 50% PARTNER IN THE KEYSTONE COMPANIES, LLC, A RESIDENTIAL AND COMMERCIAL REAL ESTATE DEVELOPER AND DORSET CROSSING LLC AND 103 WOODLAND ST LLC (COMMERCIAL RENTAL REAL ESTATE). SAINT FRANCIS HOSPITAL AND MEDICAL CENTER PAID FOR LEASEHOLD



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IMPROVEMENTS AT OUR ACCESS CENTER IN SIMSBURY THAT IS OWNED BY THE KEYSTONE COMPANIES, LLC. AND RENTS SPACE AT OUR SIMSBURY ACCESS CENTER AND OUR HARTFORD INFORMATION TECHNOLOGY AND FINANCE CENTER LOCATION.

FORM 990, PART VI, SECTION A, LINE 4:

ON OCTOBER 1, 2015 THE ORGANIZATION WAS TRANSFERRED TO THE OWNERSHIP OF TRINITY HEALTH CORPORATION, A 501(C)(3) CHARITABLE CORPORATION. AS THE SOLE MEMBER OF THE ORGANIZATION TRINITY HEALTH CORPORATION HAS RESERVED POWERS ESTABLISHED IN THE ORGANIZATION'S CERTIFICATE OF INCORPORATION AND BYLAWS THAT ALLOW IT TO RETAIN CONTROL OVER ITS STATUTORY OBLIGATIONS IN CARRYING OUT THE PURPOSES OF THE ORGANIZATION AS THE PARENT OF A LARGE CATHOLIC HEALTH SYSTEM. TRINITY HEALTH CORPORATION IS RESPONSIBLE FOR KEY STRATEGIC DECISIONS AND ISSUES THAT WILL SIGNIFICANTLY IMPACT THE TRINITY HEALTH SYSTEM.

FORM 990, PART VI, SECTION A, LINE 6:

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. IS THE SOLE MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. APPOINTS THE ST FRANCIS HOSPITAL AND MEDICAL CENTER BOARD MEMBERS.

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

THE FINANCE COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. (FORMERLY KNOWN AS SAINT FRANCIS CARE, INC.) HAS THE RESPONSIBILITY FOR OVERSEEING THE REVIEW OF THE FORM 990 INCLUDING ENSURING APPROPRIATE DIRECTORS AND/OR MANAGEMENT PERSONNEL HAVE REVIEWED, ANY ISSUES ARE COMMUNICATED TO THE COMMITTEE AND FORM 990S ARE AVAILABLE TO THE BOARD OF

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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DIRECTORS. THE FORM 990 IS AVAILABLE ON THE BOARD'S INTERNAL SECURE WEB PORTAL.

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

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

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

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

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

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

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

PHYSICIANS FEES:

PROGRAM SERVICE EXPENSES	61,121,561.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.

Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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TOTAL EXPENSES	61,121,561.
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## SECURITY EXPENSE:

PROGRAM SERVICE EXPENSES	0.
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MANAGEMENT AND GENERAL EXPENSES	3,331,736.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,331,736.
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## OUTSIDE LABORATORIES:

PROGRAM SERVICE EXPENSES	3,453,192.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	3,453,192.
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## COLLECTION FEES:

PROGRAM SERVICE EXPENSES	140,956.
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MANAGEMENT AND GENERAL EXPENSES	1,899,837.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	2,040,793.
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## DIALYSIS FEES:

PROGRAM SERVICE EXPENSES	1,414,346.
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MANAGEMENT AND GENERAL EXPENSES	0.
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FUNDRAISING EXPENSES	0.
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TOTAL EXPENSES	1,414,346.
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## CONSULTING FEES:

PROGRAM SERVICE EXPENSES	6,639.
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Name of the organization	ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number	06-0646813
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MANAGEMENT AND GENERAL EXPENSES	9,468,805.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	9,475,444.

## REGISTRY NURSES FEES:

PROGRAM SERVICE EXPENSES	1,297,560.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,297,560.

## PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,938,482.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,938,482.

## TEMPORARY LABOR:

PROGRAM SERVICE EXPENSES	5,150,512.
MANAGEMENT AND GENERAL EXPENSES	1,081,564.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	6,232,076.

## PURCHASED SERVICES:

PROGRAM SERVICE EXPENSES	14,084,379.
MANAGEMENT AND GENERAL EXPENSES	199,556.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	14,283,935.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	104,589,125.
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Name of the organization ST FRANCIS HOSPITAL AND MEDICAL CENTER	Employer identification number 06-0646813
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PURCHASE ACCOUNTING ADJUSTMENT	-29,708,932.
LOSS FROM EARLY EXTINGUISHMENT OF DEBT	-4,034,284.
TRANSFERS TO TRINITY HEALTH AND AFFILIATES	-4,626,177.
TRANSFERS FROM TRINITY HEALTH	43,990,947.
NET CHANGE IN RETIREMENT PLAN RELATED ITEMS	-40,161,741.
EQUITY TRANSFER FROM SAINT FRANCIS FOUNDATION	3,804,799.
TRANSFERS TO TRINITY ASSURANCE, LTD.	-11,359,043.
NET ASSETS RELEASED FROM RESTRICTIONS FOR CAPITAL	
ACQUISITIONS	283,889.
TOTAL TO FORM 990, PART XI, LINE 9	-41,810,542.

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 FINANCE  
 COMMITTEE OF TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2015**  
Open to Public  
Inspection

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
SAINT FRANCIS INDEMNITY COMPANY - 90-0656448 76 ST. PAUL ST, SUITE 500 BURLINGTON, VT 05401	MALPRACTICE INSURANCE	VERMONT	0.	0.	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
COLLABORATIVE LABORATORY SERVICES - 06-1520109, 114 WOODLAND STREET, HARTFORD, CT 06105	LAB SERVICES	CONNECTICUT	35,927,471.	4,829,799.	SAINT FRANCIS HOSPITAL & MEDICAL CENTER
TOTAL LAUNDRY COLLABORATIVE, LLC - 20-8335788, 114 WOODLAND STREET, HARTFORD, CT 06105	LAUNDRY SERVICES	CONNECTICUT	4,956,008.	396,190.	SAINT FRANCIS HOSPITAL & MEDICAL CENTER

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ADVANTAGE HEALTH/SAINT MARY'S MEDICAL GROUP - 27-2491974, 245 STATE ST. SE, GRAND RAPIDS, MI 49503	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
ALBANY MEMORIAL HOSPITAL - 14-1338457 600 NORTHERN BLVD. ALBANY, NY 12204	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ALLEGANY FRANCISCAN MINISTRIES, INC. - 58-1492325, 33920 U.S. HIGHWAY 19 NORTH SUITE 269, PALM HARBOR, FL 34684	GRANT MAKING	FLORIDA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
ASYLUM HILL FAMILY MEDICINE CENTER, INC. - 06-1450170, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	

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

Schedule R (Form 990) 2015

ST FRANCIS HOSPITAL AND MEDICAL  
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Schedule R (Form 990)

06-0646813

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BAUM HARMON MERCY HOSPITAL - 42-1500277 255 NORTH WELCH AVENUE PRIMGHAR, IA 51245	HEALTHCARE AND HOSPITAL SERVICES	IOWA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
BAUM HARMON MERCY HOSPITAL AND CLINICS FOUNDATION - 26-2973307, 255 NORTH WELCH AVENUE, PRIMGHAR, IA 51245	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	BAUM HARMON MERCY HOSPITAL	X	
BEECHWOOD, INC. - 14-1651563 2212 BURDETT AVE. TROY, NY 12180	TITLE HOLDING COMPANY	NEW YORK	501(C)(2)	N/A	LTC (EDDY), INC.	X	
BETHLEHEM HAVEN OF PITTSBURGH - 25-1436685 905 WATSON STREET PITTSBURGH, PA 15219	HOMELESS SHELTER	PENNSYLVANIA	501(C)(3)	LINE 7	PITTSBURGH MERCY HEALTH SYSTEM	X	
BEVERWYCK, INC. - 14-1717028 40 AUTUMN DRIVE SLINGERLANDS, NY 12159	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
BRIGHTSIDE, INC. - 04-2182395 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 9	THE MERCY HOSPITAL, INC.	X	
CAPITAL REGION GERIATRIC CENTER, INC. - 14-1701597, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
CARING PARTNERS HOME HEALTH, INC. - 20-1681131, 1200 EARHART RD, ANN ARBOR, MI 48105	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	GLACIER HILLS, INC.	X	
CATHERINE MCAULEY HEALTH SERVICES CORP. - 38-2507173, PO BOX 995, ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
CATHOLIC HEALTH MINISTRIES 20555 VICTOR PARKWAY LIVONIA, MI 48152	GOVERNANCE AND MANAGEMENT OF TRINITY HEALTH SYSTEM	VERMONT	501(C)(3)	LINE 1	N/A		X
COLUMBUS ACQUISITION CORP - 26-2616342 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	
COMMUNITY HEALTH PARTNERS OF SOUTH BEND - 26-3051440, PO BOX 3998, SOUTH BEND, IN 46619	HEALTHCARE SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	

ST FRANCIS HOSPITAL AND MEDICAL  
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Schedule R (Form 990)

06-0646813

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
CRANBROOK HOSPICE CARE - 38-3320699 1111 W. LONG LAKE RD., STE 102 TROY, MI 48098	HOSPICE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
DILEY RIDGE MEDICAL CENTER - 34-2032340 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	MOUNT CARMEL HEALTH SYSTEM	X	
DUBUQUE MERCY HEALTH FOUNDATION - 26-2227941 250 MERCY DRIVE DUBUQUE, IA 52001	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
DYERSVILLE HEALTH FOUNDATION, INC. - 20-5383271, 1111 3RD STREET SW, DYERSVILLE, IA 52040	FOUNDATION	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
EAST NORRITON PHYSICIANS SERVICES, INC. - 23-2515999, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
EDDY LICENSED HOME CARE AGENCY - 14-1818568 433 RIVER ST SUITE 3000 TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 3	LTC (EDDY), INC.	X	
EMBRACING AGE, INC. - 46-1051881 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	ST. JOSEPH'S HEALTH, INC.	X	
EMPIRE HOME INFUSION SERVICE, INC. - 14-1795732, 10 BLACKSMITH DRIVE, MALTA, NY 12020	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
FARREN CARE CENTER, INC. - 04-2501711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
FRANCISCAN ELDERCARE CORPORATION - 22-3008680, P.O. BOX 2500, WILMINGTON, DE 19805	LONG TERM CARE (INACTIVE)	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
GLACIER HILLS FOUNDATION - 20-8072723 1200 EARHART RD ANN ARBOR, MI 48105	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	GLACIER HILLS, INC.	X	
GLACIER HILLS, INC - 38-1891500 1200 EARHART RD ANN ARBOR, MI 48105	SENIOR LIVING COMMUNITY	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	



ST FRANCIS HOSPITAL AND MEDICAL  
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06-0646813

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GLEN EDDY, INC. - 14-1794150 ONE GLEN EDDY DRIVE NISKAYUNA, NY 12309	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
GLOBAL HEALTH MINISTRY - 42-1253527 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
GOOD SAMARITAN HOSPITAL, INC. - 26-1720984 5401 LAKE OCONEE PARKWAY GREENSBORO, GA 30642	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
GOTTLIEB COMMUNITY HEALTH SERVICES CORPORATION - 36-3332852, 701 W. NORTH AVE., MELROSE PARK, IL 60160	COMMUNITY OUTREACH	ILLINOIS	501(C)(3)	LINE 9	GOTTLIEB MEMORIAL HOSPITAL	X	
GOTTLIEB MEMORIAL FOUNDATION - 74-3260011 701 W. NORTH AVE. MELROSE PARK, IL 60160	FOUNDATION	ILLINOIS	501(C)(3)	LINE 11C, III-FI	N/A		X
GOTTLIEB MEMORIAL HOSPITAL - 36-2379649 701 W. NORTH AVE. MELROSE PARK, IL 60160	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
GRAND RAPIDS MEDICAL EDUCATION PARTNERS, INC. - 23-7270669, 945 OTTAWA AVE NW, GRAND RAPIDS, MI 49503	MEDICAL EDUCATION TRAINING PROGRAMS	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
HACKLEY HOSPITAL SELF INSURANCE PROFESSIONAL LIABILITY TRUST - 38-2299878, PO BOX 3302, MUSKEGON, MI 49443	SELF INSURANCE	MICHIGAN	501(C)(3)	LINE 11B, II	MERCY HEALTH PARTNERS	X	
HACKLEY LIFE COUNSELING - 38-1386362 125 E. SOUTHERN AVENUE MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
HAWTHORNE RIDGE, INC. - 80-0102840 30 COMMUNITY WAY EAST GREENBUSH, NY 12061	SENIOR LIVING COMMUNITY	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HEART CENTER OF GREATER WATERBURY, INC. - 83-0416893, P.O. BOX 2153, WATERBURY, CT 06722	MANAGEMENT	CONNECTICUT	501(C)(3)	LINE 11A, I	N/A		X
HERITAGE HOUSE NURSING CENTER, INC. - 14-1725101, 2920 TIBBITS AVE, TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	

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06-0646813

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY CROSS CARENET, INC. - 52-1945054 PO BOX 9184 FARMINGTON HILLS, MI 48152	LONG TERM CARE	MARYLAND	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
HOLY CROSS HEALTH FOUNDATION, INC. - 20-8428450, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	FOUNDATION	MARYLAND	501(C)(3)	LINE 7	HOLY CROSS HEALTH, INC.	X	
HOLY CROSS HEALTH, INC. - 52-0738041 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTHCARE AND HOSPITAL SERVICES	MARYLAND	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS HOSPITAL, INC. - 59-0791028 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE AND HOSPITAL SERVICES	FLORIDA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
HOLY CROSS MEDICAL PROPERTIES, INC. - 65-0666283, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	BUILDING MANAGEMENT SERVICES	FLORIDA	501(C)(2)	N/A	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS OUTPATIENT SERVICES, INC. - 46-5421068, 4725 NORTH FEDERAL HIGHWAY, FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOLY CROSS PRIMARY CARE, INC. - 81-2531495 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES	FLORIDA	501(C)(3)	LINE 9	HOLY CROSS HOSPITAL, INC.	X	
HOME & COMMUNITY HEALTH SERVICES, INC. - 81-0723591, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HOME HEALTH SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
HOME AIDE SERVICE OF EASTERN NEW YORK, INC. - 14-1514867, 433 RIVER ST SUITE 3000, TROY, NY 12180	HOME HEALTH SERVICES	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
HOSPICE OF NORTH IOWA - 42-1173708 232 SECOND STREET SE MASON CITY, IA 50401	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 9	MERCY HEALTH SERVICES-IOWA, CORP.	X	
HOSPICE OF SIOUXLAND - 38-3320710 4300 HAMILTON BLVD. SIOUX CITY, IA 51104	HOSPICE SERVICES	IOWA	501(C)(3)	LINE 11A, I	N/A		X
HOSPICE OF WASHTENAW II - 38-3320707 806 AIRPORT BLVD. ANN ARBOR, MI 48108	HOSPICE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	

ST FRANCIS HOSPITAL AND MEDICAL  
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**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
IHA HEALTH SERVICES CORPORATION - 38-3316559 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
JOHNSON HEALTH CARE, INC. - 81-0709903 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 9	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
JOHNSON MEMORIAL HOSPITAL, INC. - 47-5676956 201 CHESTNUT HILL ROAD STAFFORD SPRINGS, CT 06076	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
JOHNSON MEMORIAL MEDICAL CENTER, INC. - 81-0696923, 201 CHESTNUT HILL ROAD, STAFFORD SPRINGS, CT 06076	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
LANGHORNE MRI, INC. - 23-2519529 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LANGHORNE PHYSICIAN SERVICES, INC. - 23-2571699, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LIFE AT LOURDES, INC. - 26-1854750 2475 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LIFE AT ST. FRANCIS HEALTHCARE, INC. - 45-2569214, 7TH AND CLAYTON STREETS, WILMINGTON, DE 19805	PACE PROGRAM	DELAWARE	501(C)(3)	LINE 9	ST. FRANCIS HOSPITAL	X	
LIFE ST. FRANCIS CORPORATION - 22-2797282 1435 LIBERTY STREET HAMILTON, NJ 08629	PACE PROGRAM	NEW JERSEY	501(C)(3)	LINE 9	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
LIFE ST. JOSEPH OF THE PINES, INC. - 27-2159847, 100 GOSSMAN DRIVE, SOUTHERN PINES, NC 28387	PACE PROGRAM	NORTH CAROLINA	501(C)(3)	LINE 3	ST. JOSEPH OF THE PINES, INC.	X	
LIFE ST. MARY - 26-2976184 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
LOURDES ANCILLARY SERVICES - 22-2568525 1600 HADDON AVENUE CAMDEN, NJ 08103	VOLUNTEER SERVICE AUXILIARY	NEW JERSEY	501(C)(3)	LINE 11B, II	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	

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						Yes	No
LOURDES CARDIOLOGY SERVICES PC - 27-4357794 1600 HADDON AVENUE CAMDEN, NJ 08103	HEALTHCARE SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY - 22-3612265, 218 SUNSET ROAD, WILLINGBORO, NJ 08046	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
LOYOLA MEDICINE TRANSPORT LLC - 47-4147171 905 W. NORTH AVE. MELROSE PARK, IL 60160	TRANSPORATION SERVICES	ILLINOIS	501(C)(3)	LINE 9	LOYOLA UNIVERSITY MEDICAL CENTER	X	
LOYOLA UNIVERSITY HEALTH SYSTEM - 36-3342448 2160 SOUTH FIRST AVENUE MAYWOOD, IL 60153	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
LOYOLA UNIVERSITY MEDICAL CENTER - 36-4015560, 2160 SOUTH FIRST AVENUE, MAYWOOD, IL 60153	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	LOYOLA UNIVERSITY HEALTH SYSTEM	X	
LTC (EDDY), INC. - 22-2564710 2212 BURDETT AVE. TROY, NY 12180	MANAGEMENT SERVICES FOR LONG TERM CARE	NEW YORK	501(C)(3)	LINE 11B, II	ST. PETER'S HEALTH PARTNERS	X	
MARIAN COMMUNITY HOSPITAL - 24-0711230 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 9	MAXIS HEALTH SYSTEM	X	
MARIAN HOME HEALTHCARE - 38-3320705 801 5TH STREET SIOUX CITY, IA 51101	HOME HEALTH SERVICES (INACTIVE)	IOWA	501(C)(3)	LINE 11A, I	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MAXIS HEALTH SYSTEM - 91-1940902 3805 WEST CHESTER PIKE, STE. 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
MCAULEY CENTER, INC. - 06-1058086 275 STEELE ROAD WEST HARTFORD, CT 06117	SENIOR LIVING COMMUNITY	CONNECTICUT	501(C)(3)	LINE 9	MERCY COMMUNITY HEALTH, INC.	X	
MCAULEY CLINIC CORPORATION - 38-2561013 PO BOX 992 ANN ARBOR, MI 48106	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 3	CATHERINE MCAULEY HEALTH SERVICES CORP.	X	
MCAULEY MINISTRIES - 94-3436142 3333 FIFTH AVENUE PITTSBURGH, PA 15213	GRANT MAKING	PENNSYLVANIA	501(C)(3)	LINE 11B, II	PITTSBURGH MERCY HEALTH SYSTEM	X	

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						Yes	No
MERCY AMICARE HOME HEALTHCARE, OAKLAND - 38-3320698, 1111 W. LONG LAKE RD., STE 102, TROY, MI 48098	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY AMICARE HOME HEALTHCARE, PORT HURON - 38-3320701, 17410 COLLEGE PARKWAY, STE 150, LIVONIA, MI 48152	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY CARE FOUNDATION - 58-1448522 424 DECATUR STREET ATLANTA, GA 30312	FOUNDATION	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY CATHOLIC MEDICAL CENTER OF SOUTHEASTERN PENNSYLVANIA - 23-1352191, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY COMMUNITY HEALTH, INC. - 06-1492707 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY CONTINUING CARE SERVICES	X	
MERCY FAMILY SUPPORT - 23-2325059 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY FOUNDATION, INC. - 36-3227350 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	FOUNDATION	ILLINOIS	501(C)(3)	LINE 7	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY GENERAL HEALTH PARTNERS, AMICARE HOMECARE - 38-3321856, 888 TERRACE STREET, MUSKEGON, MI 49440	HOSPICE & HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MERCY HEALTH FOUNDATION OF SOUTHEASTERN PENNSYLVANIA - 23-2829864, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HEALTH NETWORK, INC. - 42-1478417 1111 6TH AVENUE DES MOINES, IA 50314	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	DELAWARE	501(C)(3)	LINE 11B, II	N/A		X
MERCY HEALTH PARTNERS - 38-2589966 1500 E. SHERMAN BLVD. MUSKEGON, MI 49444	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
MERCY HEALTH PLAN - 22-2483605 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MEDICAID MANAGED CARE PLAN	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	

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						Yes	No
MERCY HEALTH SERVICES - IOWA, CORP. - 31-1373080, 1000 4TH STREET SW, MASON CITY, IA 50401	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF CHICAGO - 36-3163327 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	ILLINOIS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MERCY HEALTH SYSTEM OF SOUTHEASTERN PENNSYLVANIA - 23-2212638, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	X	
MERCY HEALTHCARE CENTER - 15-0532211 114 WAWBEEK AVENUE TUPPER LAKE, NY 12986	HEALTHCARE AND HOSPITAL SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
MERCY HEALTHCARE FOUNDATION - CLINTON - 42-1316126, 1410 N. 4TH ST., CLINTON, IA 52732	FOUNDATION	IOWA	501(C)(3)	LINE 7	N/A		X
MERCY HOME HEALTH - 23-1352099 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	HOME HEALTH SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	MERCY HOME HEALTH SERVICES	X	
MERCY HOME HEALTH SERVICES - 23-2325058 1001 BALTIMORE PIKE, SUITE 310 SPRINGFIELD, PA 19064	MANAGEMENT SERVICES FOR HOME HEALTH	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY HOSPITAL AND MEDICAL CENTER - 36-2170152, 2525 SOUTH MICHIGAN AVENUE, CHICAGO, IL 60616	HEALTHCARE AND HOSPITAL SERVICES	ILLINOIS	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF CHICAGO	X	
MERCY HOSPITAL CADILLAC FOUNDATION - 20-3357131, 1820 44TH ST. SE, KENTWOOD, MI 49508	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
MERCY HOSPITAL, INC. - 59-0791034 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	HEALTHCARE SERVICES (INACTIVE)	FLORIDA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MERCY HOSPITAL, INC. - 04-3398280 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE AND HOSPITAL SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
MERCY LIFE CENTER CORPORATION - 25-1604115 1200 REEDSDALE STREET PITTSBURGH, PA 15233	COMMUNITY OUTREACH	PENNSYLVANIA	501(C)(3)	LINE 9	PITTSBURGH MERCY HEALTH SYSTEM	X	

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						Yes	No
MERCY LIFE OF ALABAMA - 27-3163002 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 3	TRINITY HEALTH PACE	X	
MERCY LIFE, INC. - 45-3086711 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	PACE PROGRAM	MASSACHUSETTS	501(C)(3)	LINE 3	SISTERS OF PROVIDENCE CARE CENTERS, INC.	X	
MERCY MANAGEMENT OF SOUTHEASTERN PENNSYLVANIA - 23-2627944, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
MERCY MEDICAL CENTER - CLINTON, INC. - 42-1336618, 1410 NORTH 4TH ST., CLINTON, IA 52732	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER - SIOUX CITY FOUNDATION - 14-1880022, 801 5TH STREET, SIOUX CITY, IA 51102	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CENTER FOUNDATION - NORTH IOWA - 42-1229151, 1000 4TH STREET SW, MASON CITY, IA 50401	FOUNDATION	IOWA	501(C)(3)	LINE 7	MERCY HEALTH SERVICES-IOWA, CORP.	X	
MERCY MEDICAL CORPORATION - 63-6002215 P.O. BOX 7957 MOBILE, AL 36670	PACE PROGRAM	ALABAMA	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
MERCY MEDICAL GROUP, INC. - 45-4884805 C/O SPHS, 1221 MAIN STREET, SUITE 213 HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY PHYSICIAN NETWORK - 46-1187365 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	MANAGEMENT SERVICES FOR PHYSICIAN SERVICE ORGANIZATIONS	PENNSYLVANIA	501(C)(3)	LINE 11B, II	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY SENIOR CARE, INC. - 58-1366508 424 DECATUR STREET ATLANTA, GA 30312	COMMUNITY OUTREACH	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES DOWNTOWN, INC. - 27-2046353 424 DECATUR STREET ATLANTA, GA 30312	TITLE HOLDING COMPANY	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
MERCY SERVICES FOR AGING NONPROFIT HOUSING CORPORATION - 38-2719605, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	

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						Yes	No
MERCY SPECIALIST PHYSICIANS, INC. - 26-4033168, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
MERCY SUBURBAN HOSPITAL - 23-1396763 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
MERCY UIHLEIN HEALTH CORPORATION - 16-1535133, 3805 WEST CHESTER PIKE, SUITE 100, NEWTOWN SQUARE, NY 19073	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT (INACTIVE)	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
MISSION HEALTH CORPORATION - 38-3181557 37595 SEVEN MILE ROAD LIVONIA, MI 48152	BUILDING MANAGEMENT SERVICES	DELAWARE	501(C)(3)	LINE 11A, I	N/A		X
MOUNT CARMEL COLLEGE OF NURSING - 31-1308555 6150 EAST BROAD STREET COLUMBUS, OH 43213	COLLEGE OF NURSING	OHIO	501(C)(3)	LINE 2	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH INSURANCE COMPANY - 25-1912781, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	HEALTH INSURANCE	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH PLAN, INC. - 31-1471229 6150 EAST BROAD STREET COLUMBUS, OH 43213	MEDICARE HMO	OHIO	501(C)(4)	N/A	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HEALTH SYSTEM - 31-1439334 6150 EAST BROAD STREET COLUMBUS, OH 43213	HEALTHCARE AND HOSPITAL SERVICES	OHIO	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
MOUNT CARMEL HEALTH SYSTEM FOUNDATION - 31-1113966, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	FOUNDATION	OHIO	501(C)(3)	LINE 11A, I	MOUNT CARMEL HEALTH SYSTEM	X	
MOUNT CARMEL HOME CARE, LLC - 26-2729300 501 WEST SCHROCK ROAD WESTERVILLE, OH 43081	HOME HEALTH SERVICES	OHIO	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	
MOUNT SINAI HOSPITAL FOUNDATION, INC. - 22-2584082, 500 BLUE HILLS AVENUE, HARTFORD, CT 06112	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11C, III-FI	N/A		X
MOUNT SINAI REHABILITATION HOSPITAL, INC. - 06-1422973, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	



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						Yes	No
MOUNT ST. JOSEPH - 01-0274998 7 HIGHTOWER STREET WATERVILLE, ME 04901	HEALTHCARE SERVICES	MAINE	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
MRI MOBILE SERVICES OF WEST MICHIGAN - 38-3073745, 1820 44TH STREET, KENTWOOD, MI 49508	HEALTHCARE SERVICES (INACTIVE)	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
MUSKEGON COMMUNITY HEALTH PROJECT - 91-1932918, 565 W. WESTERN AVENUE, MUSKEGON, MI 49440	COMMUNITY OUTREACH	MICHIGAN	501(C)(3)	LINE 7	MERCY HEALTH PARTNERS	X	
NAZARETH HEALTH CARE FOUNDATION - 23-2300951 2701 HOLME AVENUE PHILADELPHIA, PA 19152	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	NAZARETH HOSPITAL	X	
NAZARETH HOSPITAL - 23-2794121 2601 HOLME AVENUE PHILADELPHIA, PA 19152	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
NAZARETH PHYSICIAN SERVICES, INC. - 20-3261266, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
NE PHYSICIAN SERVICES, INC. - 23-2497355 ONE WEST ELM STREET, SUITE 100 CONSHOHOCKEN, PA 19428	HEALTHCARE SERVICES (INACTIVE)	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY PHYSICIAN NETWORK	X	
OAKLAND MERCY HOSPITAL - 20-8072234 601 EAST 2ND STREET OAKLAND, NE 68045	HEALTHCARE AND HOSPITAL SERVICES	NEBRASKA	501(C)(3)	LINE 3	MERCY HEALTH SERVICES-IOWA, CORP.	X	
OAKLAND MERCY HOSPITAL FOUNDATION - 31-1678345, 601 E. 2ND STREET, OAKLAND, NE 68045	FOUNDATION	NEBRASKA	501(C)(3)	LINE 11A, I	OAKLAND MERCY HOSPITAL	X	
ONE THOUSAND CORPORATION -- 06-0922325 1000 ASYLUM AVENUE HARTFORD, CT 06105	BUILDING MANAGEMENT SERVICES	CONNECTICUT	501(C)(2)	N/A	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	
OSU/MOUNT CARMEL HEALTH ALLIANCE - 31-1654603, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	COOPERATIVE HEALTHCARE DELIVERY SYSTEM	OHIO	501(C)(3)	LINE 11A, I	N/A		X
OUR LADY OF LOURDES HEALTH CARE SERVICES, INC. - 22-2568528, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW JERSEY	501(C)(3)	LINE 11B, II	MAXIS HEALTH SYSTEM	X	

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						Yes	No
OUR LADY OF LOURDES HEALTH FOUNDATION, INC. - 22-2351960, 1600 HADDON AVENUE, CAMDEN, NJ 08103	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF LOURDES MEDICAL CENTER - 21-0635001, 1600 HADDON AVENUE, CAMDEN, NJ 08103	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	OUR LADY OF LOURDES HEALTH CARE SERVICES	X	
OUR LADY OF MERCY LIFE CENTER - 14-1743506 2 MERCYCARE LANE GUILDERLAND, NY 12084	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
PIONEER VALLEY CARDIOLOGY ASSOCIATES, INC. - 45-4208896, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
PITTSBURGH MERCY HEALTH SYSTEM - 25-1464211 3333 5TH AVENUE PITTSBURGH, PA 15213	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	PENNSYLVANIA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
PROBILITY THERAPY SERVICES - 20-2020239 2058 S. STATE STREET ANN ARBOR, MI 48104	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH-MICHIGAN	X	
PROFESSIONAL MED TEAM - 38-2638284 965 FORK STREET MUSKEGON, MI 49442	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 9	MERCY HEALTH PARTNERS	X	
RIVERBEND MEDICAL GROUP, INC. - 81-1807730 271 CAREW ST SPRINGFIELD, MA 01104	HEALTHCARE SERVICES	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	
S.J. MANAGEMENT COMPANY OF SYRACUSE, INC. - 27-1763712, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11C, III-FI	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
SAINT AGNES MEDICAL CENTER - 94-1437713 1303 EAST HERNDON AVE. FRESNO, CA 93720	HEALTHCARE AND HOSPITAL SERVICES	CALIFORNIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
SAINT AGNES MEDICAL FOUNDATION (FKA PROFESSIONAL OFFICE CORPORATION) - 94-28, 1303 EAST HERNDON AVE., FRESNO, CA 93720	HEALTHCARE SERVICES	CALIFORNIA	501(C)(3)	LINE 11A, I	SAINT AGNES MEDICAL CENTER	X	
SAINT ALPHONSUS BUILDING COMPANY, INC. - 82-0401011, 1055 NORTH CURTIS RD., BOISE, ID 83706	BUILDING MANAGEMENT SERVICES	IDAHO	501(C)(3)	LINE 9	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	

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						Yes	No
SAINT ALPHONSUS DIVERSIFIED CARE, INC. - 94-3028978, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE SYSTEM SUPPORT	IDAHO	501(C)(3)	LINE 11A, I	SAINT ALPHONSUS REGIONAL MEDICAL CENTER, INC.	X	
SAINT ALPHONSUS FOUNDATION-BAKER CITY, INC. - 94-3164869, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER - BAKER CITY	X	
SAINT ALPHONSUS FOUNDATION-ONTARIO, INC. - 20-2683560, 351 S.W. 9TH STREET, ONTARIO, OR 97914	FOUNDATION	OREGON	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS HEALTH SYSTEM, INC. - 27-1929502, 1055 N. CURTIS ROAD, BOISE, ID 83706	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	IDAHO	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SAINT ALPHONSUS MEDICAL CENTER ONTARIO VOLUNTEERS - 94-3059469, 351 S.W. 9TH STREET, ONTARIO, OR 97914	VOLUNTEER SERVICE AUXILIARY	OREGON	501(C)(3)	LINE 9	SAINT ALPHONSUS MEDICAL CENTER-ONTARIO	X	
SAINT ALPHONSUS MEDICAL CENTER-BAKER CITY, INC. - 27-1790052, 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA HEALTH FOUNDATION, INC. - 26-1737256, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	FOUNDATION	IDAHO	501(C)(3)	LINE 7	SAINT ALPHONSUS MEDICAL CENTER-NAMPA	X	
SAINT ALPHONSUS MEDICAL CENTER-NAMPA, INC. - 82-0200896, 1512 12TH AVENUE ROAD, NAMPA, ID 83686	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS MEDICAL CENTER-ONTARIO, INC. - 27-1789847, 351 S.W. 9TH STREET, ONTARIO, OR 97914	HEALTHCARE AND HOSPITAL SERVICES	OREGON	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 82-0200895, 1055 NORTH CURTIS RD., BOISE, ID 83706	HEALTHCARE AND HOSPITAL SERVICES	IDAHO	501(C)(3)	LINE 3	SAINT ALPHONSUS HEALTH SYSTEM, INC.	X	
SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC. - 45-1994612, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 11B, II	TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK	X	
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC. - 06-1008255, 114 WOODLAND STREET, HARTFORD, CT 06105	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 11B, II	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	X	

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**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC - 06-1450168, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
SAINT JAMES CARE INC. - 26-2616230 111 CENTRAL AVENUE NEWARK, NJ 07102	INACTIVE ENTITY	NEW JERSEY	501(C)(3)	LINE 9	SAINT MICHAEL'S MEDICAL CENTER	X	
SAINT JOSEPH PACE, INC. - 47-3129127 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	INDIANA	501(C)(3)	LINE 7	TRINITY HEALTH PACE	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH CAMPUS, INC. - 35-1142669, PO BOX 670, PLYMOUTH, IN 46563	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH BEND CAMPUS, INC. - 35-0868157, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE AND HOSPITAL SERVICES	INDIANA	501(C)(3)	LINE 3	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER MISHAWAKA AUXILIARY, INC. - 35-6033285, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(4)	N/A	SAINT JOSEPH REGIONAL MEDICAL CENTER - SOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER PLYMOUTH AUXILIARY, INC. - 35-6043563, 1915 LAKE AVENUE, PLYMOUTH, IN 46563	VOLUNTEER SERVICE AUXILIARY	INDIANA	501(C)(3)	LINE 11B, II	SAINT JOSEPH REGIONAL MEDICAL CENTER - PLYMOUTH	X	
SAINT JOSEPH REGIONAL MEDICAL CENTER, INC. - 35-1568821, 5215 HOLY CROSS PARKWAY, MISHAWAKA, IN 46545	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S HEALTH SYSTEM, INC. - 58-1744848, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	GEORGIA	501(C)(3)	LINE 11C, III-FI	TRINITY HEALTH CORPORATION	X	
SAINT JOSEPH'S MERCY CARE SERVICES, INC. - 58-1752700, 424 DECATUR STREET, ATLANTA, GA 30312	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 7	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
SAINT JOSEPH'S TOWER, INC. - 31-1040468 PO BOX 9184 FARMINGTON HILLS, MI 48333	SENIOR LIVING COMMUNITY	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES -	X	
SAINT MARY'S AMICARE HOME HEALTHCARE - 38-3320700, 1430 MONROE NW, STE 120, GRAND RAPIDS, MI 49505	HOME HEALTH SERVICES	MICHIGAN	501(C)(3)	LINE 9	TRINITY HOME HEALTH SERVICES	X	

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						Yes	No
SAINT MARY'S FOUNDATION - 38-1779602 200 JEFFERSON ST., SE GRAND RAPIDS, MI 49503	FOUNDATION	MICHIGAN	501(C)(3)	LINE 7	TRINITY HEALTH-MICHIGAN	X	
SAINT MARY'S HOSPITAL FOUNDATION, INC - 22-2528400, 56 FRANKLIN STREET, WATERBURY, CT 06706	FOUNDATION	CONNECTICUT	501(C)(3)	LINE 7	SAINT MARY'S HOSPITAL, INC	X	
SAINT MARY'S HOSPITAL, INC - 06-0646844 56 FRANKLIN STREET WATERBURY, CT 06706	HEALTHCARE AND HOSPITAL SERVICES	CONNECTICUT	501(C)(3)	LINE 3	TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	X	
SAINT MICHAEL'S MEDICAL CENTER - 26-2616046 111 CENTRAL AVENUE NEWARK, NJ 07102	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
SAMARITAN CHILD CARE CENTER, INC. - 14-1710225, 2213 BURDETT AVE., TROY, NY 12180	CHILD CARE	NEW YORK	501(C)(3)	LINE 9	ST. PETER'S HEALTH PARTNERS	X	
SAMARITAN HOSPITAL - 14-1338544 2215 BURDETT AVE. TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SENIOR CARE CONNECTION, INC. - 14-1708754 504 STATE ST. SCHENECTADY, NY 12305	PACE PROGRAM	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
SETON AUXILIARY, INC. - 14-1505031 1300 MASSACHUSETTS AVENUE TROY, NY 12180	VOLUNTEER SERVICE AUXILIARY	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH AT SCHUYLER RIDGE RESIDENTIAL HEALTHCARE - 14-1756230, 1 ABELE BLVD., CLIFTON PARK, NY 12065	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH FOUNDATION, INC. - 22-2345416 1300 MASSACHUSETTS AVENUE TROY, NY 12180	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SETON HEALTH SYSTEM, INC.	X	
SETON HEALTH SYSTEM, INC. - 14-1776186 1300 MASSACHUSETTS AVENUE TROY, NY 12180	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SISTERS OF PROVIDENCE CARE CENTERS, INC. - 22-2541103, C/O SPHS, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	LONG TERM CARE	MASSACHUSETTS	501(C)(3)	LINE 3	THE MERCY HOSPITAL, INC.	X	

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						Yes	No
SISTERS OF PROVIDENCE HEALTH SYSTEM, INC. - 04-3398374, 1221 MAIN STREET, SUITE 213, HOLYOKE, MA 01040	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	MASSACHUSETTS	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
SJHS/JOC HOLDINGS, INC. - 47-2299757 424 DECATUR STREET ATLANTA, GA 30312	HEALTHCARE SYSTEM SUPPORT	GEORGIA	501(C)(3)	LINE 11B, II	SAINT JOSEPH'S HEALTH SYSTEM, INC.	X	
ST. AGNES CONTINUING CARE CENTER - 23-2840137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 3	MERCY HEALTH SYSTEM OF SOUTHEASTERN	X	
ST. AGNES CONTINUING CARE CENTER FOUNDATION - 23-2415137, ONE WEST ELM STREET, SUITE 100, CONSHOHOCKEN, PA 19428	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 11A, I	ST. AGNES CONTINUING CARE CENTER	X	
ST. FRANCIS FOUNDATION - 51-0374158 P.O. BOX 2500 WILMINGTON, DE 19805	FOUNDATION	DELAWARE	501(C)(3)	LINE 11A, I	ST. FRANCIS HOSPITAL	X	
ST. FRANCIS HOSPITAL, INC. - 51-0064326 P.O. BOX 2500 WILMINGTON, DE 19805	HEALTHCARE AND HOSPITAL SERVICES	DELAWARE	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. FRANCIS MEDICAL CENTER FOUNDATION, INC. - 52-1025476, 601 HAMILTON AVENUE, TRENTON, NJ 08629	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 7	ST. FRANCIS MEDICAL CENTER TRENTON NJ	X	
ST. FRANCIS MEDICAL CENTER TRENTON NJ - 22-3431049, 601 HAMILTON AVENUE, TRENTON, NJ 08629	HEALTHCARE AND HOSPITAL SERVICES	NEW JERSEY	501(C)(3)	LINE 3	MAXIS HEALTH SYSTEM	X	
ST. JAMES MERCY HEALTH SYSTEM, INC. - 22-3127184, 411 CANISTEO STREET, HORNEILL, NY 14843	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH MERCY OAKLAND FOUNDATION - 35-2356789, 44405 WOODWARD AVE., PONTIAC, MI 48341	FOUNDATION	MICHIGAN	501(C)(3)	LINE 11A, I	TRINITY HEALTH-MICHIGAN	X	
ST. JOSEPH OF THE PINES, INC. - 56-0694200 100 GOSSMAN DRIVE SOUTHERN PINES, NC 28387	LONG TERM CARE	NORTH CAROLINA	501(C)(3)	LINE 3	TRINITY CONTINUING CARE SERVICES	X	
ST. JOSEPH'S COLLEGE OF NURSING AT ST. JOSEPH'S HOSPITAL HEALTH CENTER - 20-, 206 PROSPECT AVENUE, SYRACUSE, NY 13203	COLLEGE OF NURSING	NEW YORK	501(C)(3)	LINE 2	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	

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						Yes	No
ST. JOSEPH'S HEALTH CENTER PROPERTIES, INC. - 23-7219294, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	BUILDING MANAGEMENT SERVICES	NEW YORK	501(C)(3)	LINE 11B, II	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HEALTH, INC. - 47-4754987 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER - 15-0532254, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S HOSPITAL HEALTH CENTER FOUNDATION, INC. - 22-2149775, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HEALTH, INC.	X	
ST. JOSEPH'S MEDICAL P.C. - 27-3899821 301 PROSPECT AVENUE SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. JOSEPH'S PHYSICIAN HEALTH, P.C. - 16-1516863, 301 PROSPECT AVENUE, SYRACUSE, NY 13203	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 11A, I	ST. JOSEPH'S HOSPITAL HEALTH CENTER	X	
ST. MARY BUILDING AND DEVELOPMENT - 46-1827502, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	TITLE HOLDING COMPANY	PENNSYLVANIA	501(C)(2)	N/A	ST. MARY MEDICAL CENTER	X	
ST. MARY EMERGENCY MEDICAL SERVICES - 46-5354512, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	HEALTHCARE SERVICES	PENNSYLVANIA	501(C)(3)	LINE 9	ST. MARY MEDICAL CENTER	X	
ST. MARY HOME, INCORPORATED - 06-0646843 2021 ALBANY AVENUE WEST HARTFORD, CT 06117	LONG TERM CARE	CONNECTICUT	501(C)(3)	LINE 3	MERCY COMMUNITY HEALTH, INC.	X	
ST. MARY MEDICAL CENTER - 23-1913910 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	HEALTHCARE AND HOSPITAL SERVICES	PENNSYLVANIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY MEDICAL CENTER FOUNDATION, INC. - 23-2567468, 1201 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	FOUNDATION	PENNSYLVANIA	501(C)(3)	LINE 7	ST. MARY MEDICAL CENTER	X	
ST. MARY'S FOUNDATION, INC. - 58-2544232 1230 BAXTER STREET ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	

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						Yes	No
ST. MARY'S GOOD SAMARITAN FOUNDATION, INC. - 81-1660088, 1230 BAXTER STREET, ATHENS, GA 30606	FOUNDATION	GEORGIA	501(C)(3)	LINE 11A, I	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S HEALTH CARE SYSTEM, INC. - 58-0566223, 1230 BAXTER STREET, ATHENS, GA 30606	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	
ST. MARY'S HIGHLAND HILLS, INC. - 02-0576648 1230 BAXTER STREET ATHENS, GA 30606	SENIOR LIVING COMMUNITY	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S MEDICAL GROUP, INC. - 26-1858563 1230 BAXTER STREET ATHENS, GA 30606	HEALTHCARE SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MARY'S SACRED HEART HOSPITAL, INC. - 47-3752176, 367 CLEAR CREEK PARKWAY, LAVONIA, GA 30553	HEALTHCARE AND HOSPITAL SERVICES	GEORGIA	501(C)(3)	LINE 3	ST. MARY'S HEALTH CARE SYSTEM, INC.	X	
ST. MICHAEL'S FOUNDATION, INC. - 22-3311976 111 CENTRAL AVENUE NEWARK, NJ 07102	FOUNDATION	NEW JERSEY	501(C)(3)	LINE 11A, I	SAINT MICHAEL'S MEDICAL CENTER	X	
ST. PETER'S HEALTH PARTNERS - 45-3570715 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	NEW YORK	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
ST. PETER'S HEALTH PARTNERS MEDICAL ASSOCIATES, P.C. - 46-1177336, 315 SOUTH MANNING BLVD, ALBANY, NY 12208	HEALTHCARE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL - 14-1348692 315 SOUTH MANNING BLVD ALBANY, NY 12208	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
ST. PETER'S HOSPITAL FOUNDATION, INC. - 22-2262982, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER - 14-1338386, 1270 BELMONT AVE., SCHENECTADY, NY 12308	HEALTHCARE AND HOSPITAL SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
SUNNYVIEW HOSPITAL & REHABILITATION CENTER FOUNDATION, INC. - 22-2505127, 1270 BELMONT AVE., SCHENECTADY, NY 12308	FOUNDATION	NEW YORK	501(C)(3)	LINE 11A, I	SUNNYVIEW HOSPITAL & REHABILITATION	X	



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						Yes	No
THE COMMUNITY HOSPICE FOUNDATION, INC. - 22-2692940, 295 VALLEY VIEW BLVD, RENSSELAER, NY 12144	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	THE COMMUNITY HOSPICE, INC.	X	
THE COMMUNITY HOSPICE, INC. - 14-1608921 295 VALLEY VIEW BLVD RENSSELAER, NY 12144	HOSPICE SERVICES	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HEALTH PARTNERS	X	
THE FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER - 35-1654543, 707 EAST CEDAR STREET, SOUTH BEND, IN 46617	FOUNDATION	INDIANA	501(C)(3)	LINE 7	SAINT JOSEPH REGIONAL MEDICAL CENTER, INC.	X	
THE JAMES A. EDDY MEMORIAL GERIATRIC CENTER, INC. - 22-2570478, 2256 BURDETT AVE., TROY, NY 12180	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE MARJORIE DOYLE ROCKWELL CENTER, INC. - 14-1793885, 421 WEST COLUMBIA ST., COHOES, NY 12047	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 9	LTC (EDDY), INC.	X	
THE NORTHEAST HEALTH FOUNDATION, INC. - 22-2743478, 310 SOUTH MANNING BLVD, ALBANY, NY 12208	FOUNDATION	NEW YORK	501(C)(3)	LINE 7	ST. PETER'S HEALTH PARTNERS	X	
THE WOMEN'S AUXILIARY OF SAINT FRANCIS HOSPITAL AND MEDICAL CENTER, INC. - 0, 114 WOODLAND STREET, HARTFORD, CT 06105	VOLUNTEER SERVICE AUXILIARY	CONNECTICUT	501(C)(3)	LINE 11B, II	N/A		X
TRI-HOSPITAL EMERGENCY MEDICAL SERVICES - 38-2485700, 309 GRAND RIVER, PORT HURON, MI 48060	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 11A, I	N/A		X
TRI-HOSPITAL MRI CENTER - 38-2884297 4190 24TH AVENUE FORT GRATIOT, MI 48054	HEALTHCARE SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH-MICHIGAN	X	
TRINITY CONTINUING CARE SERVICES - 38-2559656, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
TRINITY CONTINUING CARE SERVICES - INDIANA, INC. - 93-0907047, PO BOX 9184, FARMINGTON HILLS, MI 48333	LONG TERM CARE	INDIANA	501(C)(3)	LINE 9	TRINITY CONTINUING CARE SERVICES	X	
TRINITY HEALTH - MICHIGAN - 38-2113393 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE AND HOSPITAL SERVICES	MICHIGAN	501(C)(3)	LINE 3	TRINITY HEALTH CORPORATION	X	

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						Yes	No
TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC. - 06-1491191, 114 WOODLAND STREET, HARTFORD, CT 06105	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	CONNECTICUT	501(C)(3)	LINE 11A, I	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH CORPORATION - 35-1443425 20555 VICTOR PARKWAY LIVONIA, MI 48152	HEALTHCARE SYSTEM MANAGEMENT AND SUPPORT	INDIANA	501(C)(3)	LINE 11B, II	CATHOLIC HEALTH MINISTRIES	X	
TRINITY HEALTH LIFE PENNSYLVANIA, INC. - 47-5244984, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	PACE PROGRAM	PENNSYLVANIA	501(C)(3)	LINE 9	TRINITY HEALTH PACE	X	
TRINITY HEALTH PACE - 47-3073124 20555 VICTOR PARKWAY LIVONIA, MI 48152	PACE PROGRAM	MICHIGAN	501(C)(3)	LINE 11B, II	TRINITY HEALTH CORPORATION	X	
TRINITY HEALTH WELFARE BENEFIT TRUST - 20-8151733, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	RETIREE MEDICAL AND RETIREE LIFE INSURANCE	MICHIGAN	501(C)(9)	N/A	TRINITY HEALTH CORPORATION	X	
TRINITY HOME HEALTH SERVICES - 38-2621935 17410 COLLEGE PARKWAY, STE 150 LIVONIA, MI 48152	MANAGEMENT SERVICES FOR HOME HEALTH SYSTEM	MICHIGAN	501(C)(3)	LINE 9	TRINITY HEALTH CORPORATION	X	
UIHLEIN MERCY CENTER - 15-0532190 3805 WEST CHESTER PIKE, SUITE 100 NEWTOWN SQUARE, PA 19073	HEALTHCARE SERVICES (INACTIVE)	NEW YORK	501(C)(3)	LINE 3	MERCY UIHLEIN HEALTH CORPORATION	X	
UNIVERSITY HEIGHTS PROPERTY COMPANY, INC. - 22-3100162, 111 CENTRAL AVENUE, NEWARK, NJ 07102	TITLE HOLDING COMPANY	NEW JERSEY	501(C)(2)	N/A	SAINT MICHAEL'S MEDICAL CENTER	X	
VILLA MARY IMMACULATE - 14-1438749 301 HACKETT BLVD ALBANY, NY 12208	LONG TERM CARE	NEW YORK	501(C)(3)	LINE 3	ST. PETER'S HOSPITAL	X	
WESTSHORE HEALTH NETWORK - 38-3280200 1820 44TH STREET KENTWOOD, MI 49508	HEALTH NETWORK	MICHIGAN	501(C)(4)	N/A	MERCY HEALTH PARTNERS	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ADVENT REHABILITATION LLC - 38-3306673, 607 DEWEY AVENUE, SUITE 300, GRAND RAPIDS, MI 49504	REHABILITATION THERAPY SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
BIG RUN MEDICAL OFFICE BUILDING LIMITED PARTNERSHIP - 31-1608125, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CATHERINE HORAN BUILDING ASSOCIATES LP - 04-2723429, 1221 MAIN STREET, SUITE 105, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTENNIAL SURGUNIT, LLC - 22-3580847, 502 CENTENNIAL BLVD, SUITE 1, VOORHEES, NJ 08043	HEALTHCARE SERVICES	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
AFFILIATED MANAGEMENT SERVICES CORPORATION, INC. - 14-1668024, 1300 MASSACHUSETTS AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
CARBONDALE PHYSICIANS' SERVICES, INC. - 23-2365077, 100 LINCOLN AVE, CARBONDALE, PA 18407	PHARMACY	PA	N/A	C CORP	N/A	N/A	N/A	X	
CATHERINE HORAN BUILDING, CORP. - 04-2938160 1233 MAIN STREET HOLYOKE, MA 01040	BUILDING MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
CHESTNUT RISK SERVICES, LTD 11 VICTORIA STREET HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP	N/A	N/A	N/A	X	
DIVERSIFIED COMMUNITY SERVICES, INC. - 04-3128890, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CENTER FOR DIGESTIVE CARE, LLC - 03-0447062, 5300 ELLIOTT DRIVE, YPSILANTI, MI 48197	PROVIDE GASTROINTESTINA SERVICES	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CENTRAL NEW JERSEY HEART SERVICES, LLC - 20-8525458, PO BOX 148, BAYONNE, NJ 07002	CARDIAC PROGRAM	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
CLINTON IMAGING SERVICES, LLC - 41-2044739, 615 VALLEY VIEW DR., STE 202, MOLINE, IL 61265	MRI DIAGNOSTIC SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
DIAGNOSTIC IMAGING OF SOUTHBURY, LLC - 06-1487582, 385 MAIN STREET SOUTH, SOUTHBURY, CT 06488	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FOREST PARK IMAGING, LLC - 13-4365966, 1000 4TH STREET SW, MASON CITY, IA 50401	X-RAY AND MAMMOGRAPHY SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
FRANCES WARDE MEDICAL LABORATORY - 38-2648446, 300 WEST TEXTILE ROAD, ANN ARBOR, MI 48104	LABORATORY	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GATEWAY HEALTH PLAN, LP - 25-1691945, 444 LIBERTY AVE, SUITE 2100, PITTSBURGH, PA 15222	MEDICAID & MEDICARE/SPECIA NEEDS MANAGED CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
GREATER HARTFORD LITHOTRIPSY, LLC - 06-1578891, 144 WOODLAND ST, HARTFORD, CT 06105	LITHOTRIPSY SERVICES	CT	ST. FRANCIS HOSPITAL AND MEDICAL CENTER	RELATED	40,904.	37,346.	X		N/A	X		34.20%
HAWARDEN REGIONAL HEALTH CLINICS, LLC - 20-1444339, 1122 AVENUE L, HAWARDEN, IA 51023	MEDICAL CLINIC	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
IDAHO ASC HOLDINGS, LLC - 36-4729605, 1055 N. CURTIS ROAD, BOISE, ID 83706	HOLDING COMPANY FOR AMBULATORY SURGERY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
INNOVATIVE HEALTH ALLIANCE OF NEW YORK, LLC - 46-5676066, 14 COLUMBIA CIRCLE DRIVE, ALBANY, NY 12203	ACCOUNTABLE CARE ORGANIZATION	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP - 36-4119522, 569 BROOKWOOD VILLAGE, SUITE 901,	SURGICAL SERVICES	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MAGNETIC RESONANCE SERVICES PARTNERSHIP - 42-1328388, 1416 SIXTH STREET SW, MASON CITY, IA 50401	MRI SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MASON CITY AMBULATORY SURGERY CENTER, LLC - 20-1960348, 990 4TH STREET SW, MASON CITY, IA 50401	SURGERY-SAME DAY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MCE MOB IV LIMITED PARTNERSHIP - 42-1544707, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MDR/MRI TECHNICAL SERVICES, LLC - 16-1590982, 5640 EAST TAFT ROAD #3770, SYRACUSE, NY 13220	MRI SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDILUCENT MOB I - 20-4911370 793 W. STATE STREET COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MEDWORKS, LLC - 06-1490483 375 EAST CEDAR STREET NEWINGTON, CT 06111	REHABILITATION SERVICES	CT	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	RELATED	69,273.	37,397.	X		N/A	X		51.00%

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							Yes	No		Yes	No	
MERCY ADVANCED MRI, LLC - 26-2116721, 2525 SOUTH MICHIGAN AVE., CHICAGO, IL 60616	SUBLEASE MRI EQUIPMENT	IL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY HEART CTR O/P SERVICES, LLC - 13-4237594, 1000 4TH STREET SW, MASON CITY, IA 50401	CARDIOVASCULAR SERVICES	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/MANOR PARTNERSHIP - 52-1931012, PO BOX 10086, TOLEDO, OH 43699	NURSING HOME	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MERCY/USP HEALTH VENTURES, LLC - 47-1290300, 15305 DALLAS PARKWAY, STE 1600, LB 28, ADDISON, TX 75001	OUTPATIENT SURGERY	IA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
MOUNT CARMEL EAST POB III LIMITED PARTNERSHIP - 31-1369473, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAUGATUCK VALLEY MRI LIMITED PARTNERSHIP - 06-1239526, 1389 WEST MAIN ST., WATERBURY, CT 06708	IMAGING CENTER	CT	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP - 23-2388040, C/O NAZARETH HOSP, 2601 HOLME AVE, PHYSICIANS OUTPATIENT SURGERY CENTER, LLC - 35-2325646, 1000 NE 56TH STREET, OAKLAND PARK, FL 33334	MEDICAL OFFICE BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
RADISSON SJH PROPERTIES, LLC - 46-1892799, 5000 CAMPUSWOOD DRIVE, SUITE 100, EAST SYRACUSE, NY 13057	AMBULATORY SURGERY CENTER	FL	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
	MEDICAL OFFICE BUILDING	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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							Yes	No		Yes	No	
SARMED OUTPATIENT PHARMACY, LLC - 51-0483218, 999 N. CURTIS RD., STE 102, BOISE, ID 83706	PHARMACY	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SIXTY FOURTH STREET, LLC - 20-2443646, 2373 64TH ST., STE 2200, BYRON CENTER, MI 49315	PROVIDE OUTPATIENT SURGICAL CARE	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJLS LLC - 20-1796650 7650 SE 27TH ST, STE 200 MERCER ISLAND, WA 98040	DIALYSIS SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SJV MANAGEMENT LLC - 20-2273476, 200 CENTURY PKWY, STE 200E, MOUNT LAUREL, NJ 08054	RADIOLOGY	NJ	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
SMMC MOB II, LP - 36-4559869 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	INVESTMENT AND OPERATION OF A MEDICAL BUILDING	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. AGNES LONG-TERM INTENSIVE CARE, LLP - 20-0984882, C/O MHS, ONE WEST ELM ST, STE 100, CONSHOCKEN, PA 19428	LONG TERM INTENSIVE CARE	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ALPHONSUS CALDWELL CANCER CTR., LLC - 82-0526861, 3123 MEDICAL DR., CALDWELL, ID 83605	HEALTH CARE SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. ANN'S MEDICAL OFFICE BLDG II LIMITED PARTNERSHIP - 31-1603660, 793 W. STATE STREET, COLUMBUS, OH 43222	MEDICAL OFFICE BUILDING RENTAL	OH	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. JOSEPH'S IMAGING ASSOCIATES, PLLC - 16-1104293, 104 UNION AVE, SUITE 905, SYRACUSE, NY	RADIOLOGY SERVICES	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A

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**Part III** Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
ST. MARY REHABILITATION HOSPITAL, LLP - 27-3938747, 680 SOUTH FORTH STREET, LOUISVILLE, KY 40202	HEALTHCARE SERVICES	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
ST. PETER'S AMBULATORY SURGERY CENTER, LLC - 46-0463892, 1375 WASHINGTON AVENUE, STE. 201, ALBANY, NY	OUTPATIENT SURGERY	NY	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TAMARACK MEDICAL CLINIC, LLC - 20-1637921, 402 LAKE CASCADE PARKWAY, CASCADE, ID 83611	OUTPATIENT MEDICAL SERVICES	ID	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
THE AMBULATORY SURGERY CENTER AT ST MARY, LLC - 23-2871206, 1203 LANGHORNE-NEWTOWN ROAD, LANGHORNE, PA 19047	OUTPATIENT SURGERY	PA	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
TRINITY HEALTH PARTNERS LLC - 47-2798085, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	POPULATION HEALTH MANAGEMENT	DE	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A
WOODLAND IMAGING CENTER, LLC - 76-0820959, 5301 E. HURON RIVER DR., ANN ARBOR, MI 48106	RADIOLOGY/ IMAGING	MI	N/A	N/A	N/A	N/A	N/A		N/A	N/A		N/A



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								Yes	No
FHS SERVICES, INC. - 27-2995699 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN ASSOCIATES, INC. - 20-2991688 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN HEALTH SUPPORT, INC. - 16-1236354 333 BUTTERNUT DRIVE, SUITE 100 DEWITT, NY 13214	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANCISCAN MANAGEMENT SERVICES, INC. - 16-1351193, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
FRANKLIN MEDICAL GROUP, PC - 06-1470493 56 FRANKLIN ST. WATERBURY, CT 06706	PHYSICIAN OFFICE	CT	N/A	C CORP	N/A	N/A	N/A	X	
GOTTLIEB MANAGEMENT SERVICES, INC. - 36-3330529, 701 W. NORTH AVE., MELROSE PARK, IL 60160	MANAGEMENT SERVICES	IL	N/A	C CORP	N/A	N/A	N/A	X	
H.E.F., INC. - 38-3086401 1820 44TH STREET SE KENTWOOD, MI 49508	OFFICE STAFFING	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH MANAGEMENT, INC. - 38-2961814 1820 44TH STREET SE KENTWOOD, MI 49508	WEIGHT MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTH VENTURES, INC. - 38-2589959 1820 44TH STREET SE KENTWOOD, MI 49508	OTHER MEDICAL SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY HEALTHCARE EQUIPMENT CORP. - 38-2578569, 1820 44TH STREET SE, KENTWOOD, MI 49508	HOME MEDICAL EQUIPMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
HACKLEY PROFESSIONAL PHARMACY, INC. - 38-2447870, 1820 44TH STREET SE, KENTWOOD, MI 49508	PHARMACY	MI	N/A	C CORP	N/A	N/A	N/A	X	
HEALTH CARE MANAGEMENT ADMINISTRATORS, INC. - 16-1450960, 333 BUTTERNUT DRIVE, SUITE 100, DEWITT, NY 13214	HEALTHCARE MANAGEMENT	NY	N/A	C CORP	N/A	N/A	N/A	X	

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								Yes	No
HEALTH MANAGEMENT SERVICES ORG. INC. - 22-3366580, 500 GROVE STREET, SUITE 100, HADDON HEIGHTS, NJ 08035	MEDICAL ADMINISTRATION	NJ	N/A	C CORP	N/A	N/A	N/A	X	
HOLY CROSS PRIVATE HOME SERVICES CORP. - 52-1986562, 1500 FOREST GLEN RD., SILVER SPRING, MD 20910	HOME CARE SERVICES	MD	N/A	C CORP	N/A	N/A	N/A	X	
HPC CO-OWNERS ASSOCIATION - 27-0734448 1700 CLINTON MUSKEGON, MI 49442	CONDOMINIUM ASSOCIATION	MI	N/A	C CORP	N/A	N/A	N/A	X	
HURON ARBOR CORPORATION - 38-2475644 5301 EAST HURON RIVER DR. ANN ARBOR, MI 48106	PROVIDES OFFICE RENTAL SPACE	MI	N/A	C CORP	N/A	N/A	N/A	X	
IHA AFFILIATION CORPORATION - 38-3188895 24 FRANK LLOYD WRIGHT DR., LOBBY J ANN ARBOR, MI 48106	MEDICAL MANAGEMENT	MI	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES II, INC. - 25-3795549 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS, II	PA	N/A	C CORP	N/A	N/A	N/A	X	
LANGHORNE SERVICES, INC. - 23-2625981 1201 LANGHORNE-NEWTOWN ROAD LANGHORNE, PA 19047	GENERAL PARTNER OF LMOB PARTNERS	PA	N/A	C CORP	N/A	N/A	N/A	X	
LIFECARE PHYSICIANS PC - 26-1649038 601 HAMILTON AVENUE TRENTON, NJ 08629	HEALTH CARE SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES MEDICAL ASSOCIATES, PA - 22-3361862 500 GROVE STREET, SUITE 100 HADDON HEIGHTS, NJ 08035	MEDICAL SERVICES	NJ	N/A	C CORP	N/A	N/A	N/A	X	
LOURDES URGENT CARE SERVICES PC - 46-4188202 1600 HADDON AVENUE CAMDEN, NJ 08103	URGENT CARE CENTER	NJ	N/A	C CORP	N/A	N/A	N/A	X	
MARYLAND CARE GROUP, INC. - 52-1815313 1500 FOREST GLEN RD. SILVER SPRING, MD 20910	HEALTHCARE HOLDING	MD	N/A	C CORP	N/A	N/A	N/A	X	
MCMC EASTWICK, INC. - 23-2184261 C/O MHS ONE WEST ELM STREET, STE 100 CONSHOHOCKEN, PA 19428	MEDICAL OFFICE BUILDINGS	PA	N/A	C CORP	N/A	N/A	N/A	X	

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								Yes	No
MEDNOW, INC. - 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	X	
MERCY HOME CARE, INC. - 04-3317426 1233 MAIN STREET HOLYOKE, MA 01040	HEALTH CARE SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY INPATIENT MEDICAL ASSOCIATES, INC - 04-3029929, 1233 MAIN STREET, HOLYOKE, MA 01040	MEDICAL SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY MEDICAL SERVICES - 42-1283849 801 5TH STREET SIOUX CITY, IA 51101	PRIMARY CARE PHYSICIANS	IA	N/A	C CORP	N/A	N/A	N/A	X	
MERCY SERVICES CORPORATION - 36-3227348 2525 SOUTH MICHIGAN AVENUE CHICAGO, IL 60616	DORMANT	IL	N/A	C CORP	N/A	N/A	N/A	X	
MOUNT CARMEL HEALTH PROVIDERS, INC. - 31-1382442, 6150 EAST BROAD STREET, COLUMBUS, OH 43213	MEDICAL SERVICES	OH	N/A	C CORP	N/A	N/A	N/A	X	
NURSING NETWORK, INC - 59-1145192 4725 NORTH FEDERAL HIGHWAY FORT LAUDERDALE, FL 33308	MEDICAL SERVICES	FL	N/A	C CORP	N/A	N/A	N/A	X	
PHYSICIANS MEDICAL OFFICE BUILDING CONDOMINIUM TRUST - 04-6608649, 1221 MAIN STREET, SUITE 108, HOLYOKE, MA 01040	PROPERTY MANAGEMENT	MA	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS HEALTH ALLIANCE, INC. - 82-0524649, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	ACCOUNTABLE CARE ORGANIZATION	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT ALPHONSUS PHYSICIANS, P.A. - 33-1078261, 1055 NORTH CURTIS ROAD, BOISE, ID 83706	HEALTH CARE SERVICES (INACTIVE)	ID	N/A	C CORP	N/A	N/A	N/A	X	
SAINT FRANCIS BEHAVIORAL HEALTH GROUP, PC - 06-1384686, 114 WOODLAND STREET, STE 4312, HARTFORD, CT 06105	MEDICAL SERVICES	CT	SAINT FRANCIS HOSPITAL AND MEDICAL	C CORP	-1,535,398.	1,023,533.	100.00%	X	
SAINT FRANCIS CARE MEDICAL GROUP, PC - 06-1432373, 114 WOODLAND STREET, HARTFORD, CT 06105	MEDICAL SERVICES	CT	SAINT FRANCIS HOSPITAL AND MEDICAL	C CORP	-749,049.	1,245,451.	100.00%	X	

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Schedule R (Form 990)

06-0646813

**Part IV** Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
SAMARITAN MEDICAL OFFICE BUILDING, INC. - 14-1607244, 2212 BURDETT AVENUE, TROY, NY 12180	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJM PROPERTIES, INC. - 16-1294991 411 CANISTEO STREET HORNELL, NY 14843	PROPERTY HOLDINGS	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJPE PRACTICE MANAGEMENT SERVICES, INC. - 45-4164964, 301 PROSPECT AVE, SYRACUSE, NY 13203	MANAGEMENT SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
SJRCM HOLDINGS, INC. - 47-4763735 5215 HOLY CROSS PARKWAY MISHAWAKA, IN 46545	PROPERTY HOLDINGS	IN	N/A	C CORP	N/A	N/A	N/A	X	
ST. ELIZABETH HEALTH SUPPORT SERVICES, INC. - 16-1540486, 2209 GENESEE STREET, UTICA, NY 13501	MEDICAL SERVICES	NY	N/A	C CORP	N/A	N/A	N/A	X	
ST. MARY'S HIGHLAND HILLS VILLAGE, INC. - 58-2276801, 1230 BAXTER STREET, ATHENS, GA 30606	ASSISTED LIVING	GA	N/A	C CORP	N/A	N/A	N/A	X	
SYSTEM COORDINATED SERVICES, INC. - 04-2938161, 1233 MAIN STREET, HOLYOKE, MA 01040	LAB SERVICES	MA	N/A	C CORP	N/A	N/A	N/A	X	
THRE SERVICES, LLC - 45-2603654 20555 VICTOR PARKWAY LIVONIA, MI 48152	REAL ESTATE BROKERAGE SERVICES	MI	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY ASSURANCE, LTD. - 98-0453602 PO BOX 1051 GRAND CAYMAN GRAND CAYMAN, CAYMAN ISLANDS	PROVISION OF INSURANCE COVERAGE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH ACO, INC. - 47-3794666 20555 VICTOR PARKWAY LIVONIA, MI 48152	ACCOUNTABLE CARE ORGANIZATION	DE	N/A	C CORP	N/A	N/A	N/A	X	
TRINITY HEALTH EMPLOYEE BENEFIT TRUST - 38-3410377, 20555 VICTOR PARKWAY, LIVONIA, MI 48152	GRANTOR TRUST	MI	N/A	TRUST	N/A	N/A	N/A	X	
TRINITY SENIOR SERVICES MANAGEMENT, INC. - 37-1572595, P.O. BOX 9184, FARMINGTON HILLS, MI 48333	SENIOR SERVICES	PA	N/A	C CORP	N/A	N/A	N/A	X	



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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	X	
<b>e</b> Loans or loan guarantees by related organization(s) .....	X	
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	X	
<b>r</b> Other transfer of cash or property to related organization(s) .....	X	
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	A	58,990.	PER BOOKS
(2) TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	O	3,360,985.	PER BOOKS
(3) TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	P	2,698,534.	PER BOOKS
(4) TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.	R	5,000,000.	PER BOOKS
(5) ASYLUM HILL FAMILY MEDICINE CENTER, INC	A	194,180.	PER BOOKS
(6) ASYLUM HILL FAMILY MEDICINE CENTER, INC	P	1,187,608.	PER BOOKS

ST FRANCIS HOSPITAL AND MEDICAL  
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Schedule R (Form 990)

06-0646813

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)COLLABORATIVE LABORATORY SERVICES, LLC	A	725,276.	PER BOOKS
(8)COLLABORATIVE LABORATORY SERVICES, LLC	P	9,926,549.	PER BOOKS
(9)COLLABORATIVE LABORATORY SERVICES, LLC	Q	3,671,444.	PER BOOKS
(10)JOHNSON MEMORIAL HOSPITAL, INC	D	5,748,110.	PER BOOKS
(11)JOHNSON MEMORIAL HOSPITAL, INC	R	9,823,164.	PER BOOKS
(12)MOUNT SINAI HOSPITAL FOUNDATION	Q	300,000.	PER BOOKS
(13)MOUNT SINAI REHABILITATION HOSPITAL, INC	A	94,507.	PER BOOKS
(14)MOUNT SINAI REHABILITATION HOSPITAL, INC	O	2,234,887.	PER BOOKS
(15)MOUNT SINAI REHABILITATION HOSPITAL, INC	Q	12,582,287.	
(16)ONE THOUSAND CORPORATION	O	147,703.	PER BOOKS
(17)ONE THOUSAND CORPORATION	Q	105,255.	PER BOOKS
(18)ONE THOUSAND CORPORATION	P	1,579,056.	PER BOOKS
(19)ONE THOUSAND CORPORATION	S	8,110,552.	PER BOOKS
(20)SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.	A	105,532.	PER BOOKS
(21)SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.	O	50,285.	PER BOOKS
(22)SAINT FRANCIS BEHAVIORAL HEALTH GROUP, P.C.	Q	2,876,349.	PER BOOKS
(23)SAINT FRANCIS CARE MEDICAL GROUP, P.C.	A	52,696.	PER BOOKS
(24)SAINT FRANCIS CARE MEDICAL GROUP, P.C.	Q	1,703,852.	PER BOOKS

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Schedule R (Form 990)

06-0646813

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.	O	215,671.	PER BOOKS
(8) SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.	Q	5,250,000.	PER BOOKS
(9) SAINT FRANCIS EMERGENCY MEDICAL GROUP, INC.	P	3,016,807.	PER BOOKS
(10) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.	C	2,700,683.	PER BOOKS
(11) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.	O	1,223,542.	PER BOOKS
(12) SAINT FRANCIS INDEMNITY COMPANY, LLC	S	4,033,544.	PER BOOKS
(13) TOTAL LAUNDRY COLLABORATIVE, LLC	O	1,594,639.	PER BOOKS
(14) TOTAL LAUNDRY COLLABORATIVE, LLC	Q	650,000.	PER BOOKS
(15) TOTAL LAUNDRY COLLABORATIVE, LLC	P	3,156,998.	PER BOOKS
(16) TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC.	Q	36,289,703.	PER BOOKS
(17) TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC.	A	1,866,873.	PER BOOKS
(18) TRINITY HEALTH OF NEW ENGLAND PROVIDER NETWORK ORGANIZATION, INC.	P	4,276,306.	PER BOOKS
(19) TRINITY HEALTH CORPORATION	E	248,000,000.	PER BOOKS
(20) THE WOMEN'S AUXILIARY OF ST FRANCIS HOSP & MED CTR	C	442,988.	PER BOOKS
(21) TRINITY HEALTH CORPORATION	C	100,000.	PER BOOKS
(22) SAINT FRANCIS HOSPITAL AND MEDICAL CENTER FOUNDATION, INC.	Q	2,114,439.	PER BOOKS
(23)			
(24)			





**Part VII** Supplemental Information

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

**PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:**

**NAME OF RELATED ORGANIZATION:**

GATEWAY HEALTH PLAN, LP

PRIMARY ACTIVITY: MEDICAID & MEDICARE/SPECIAL NEEDS MANAGED CARE  
ORGANIZATION

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

LOYOLA AMBULATORY SURGERY CENTER AT OAKBROOK, LP

EIN: 36-4119522

569 BROOKWOOD VILLAGE, SUITE 901

BIRMINGHAM, AL 35209

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

NAZARETH MEDICAL OFFICE BUILDING ASSOCIATES, LP

EIN: 23-2388040

C/O NAZARETH HOSP, 2601 HOLME AVE

PHILADELPHIA, PA 19152

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

ST. JOSEPH'S IMAGING ASSOCIATES, PLLC

EIN: 16-1104293

104 UNION AVE, SUITE 905

SYRACUSE, NY 13203

**NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:**

ST. PETER'S AMBULATORY SURGERY CENTER, LLC

EIN: 46-0463892

**Part VII Supplemental Information**

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

1375 WASHINGTON AVENUE, STE. 201

ALBANY, NY 12206

**PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:**

**NAME OF RELATED ORGANIZATION:**

SAINT FRANCIS HEALTH CARE PARTNERS

**DIRECT CONTROLLING ENTITY:** TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.

**NAME OF RELATED ORGANIZATION:**

SAINT FRANCIS HEALTHCARE PARTNERS ACO, INC.

**DIRECT CONTROLLING ENTITY:** TRINITY HEALTH OF NEW ENGLAND CORPORATION, INC.

**Trinity Health – New England, Inc.**  
**Hartford, Connecticut**  
**(A member of Trinity Health)**

Consolidated Financial Statements  
Year Ended September 30, 2016,  
Supplemental Consolidating Schedules as of and for the  
Year Ended September 30, 2016, and  
Independent Auditors' Report

**Trinity Health – New England, Inc.**  
**(A member of Trinity Health)**

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## **INDEPENDENT AUDITORS' REPORT**

To the Board of Directors of  
Trinity Health – New England, Inc.

We have audited the accompanying financial statements of Trinity Health – New England, Inc. Hartford, Connecticut (the “Corporation”) (a member of Trinity Health Corporation), which comprise the consolidated balance sheet as of September 30, 2016, and the related consolidated statements of operations and changes in net assets and cash flows for the year then ended, and the related notes to the consolidated financial statements.

### **Management’s Responsibility for the Consolidated Financial Statements**

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

### **Auditors’ Responsibility**

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Corporation’s preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Corporation’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

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

### **Opinion**

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Corporation as of September 30, 2016, and the results of its operations and cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### **Other Matter**

As described in Notes 1 and 10 to the consolidated financial statements, the Corporation is a member of Trinity Health Corporation. The accompanying consolidated financial statements have been prepared from the separate records maintained by the Corporation and may not necessarily be indicative of the conditions that would have existed, or the results of operations, if the Corporation had been operated as an unaffiliated company. Portions of certain assets, income, and expenses represent allocations made from home-office items applicable to Trinity Health Corporation as a whole.

### **Report on Consolidated Schedules**

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidated schedules on pages 41-48 are presented for the purpose of additional analysis of the consolidated financial statements rather than to present the financial position, results of operation, and cash flows of the individual companies, and are not a required part of the consolidated financial statements. These schedules are the responsibility of the Corporation's management and were derived from, and relate directly to, the underlying accounting and other records used to prepare the consolidated financial statements. Such schedules have been subjected to the auditing procedures applied in our audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such schedules directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, such schedules are fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

*Deloitte & Touche LLP*

January 25, 2017

**Trinity Health – New England, Inc.**  
**(A member of Trinity Health)**

**CONSOLIDATED BALANCE SHEET**  
**AS OF SEPTEMBER 30, 2016**  
**(In thousands)**

<b>ASSETS</b>	<u><b>2016</b></u>
<b>CURRENT ASSETS:</b>	
Cash and cash equivalents	\$ 92,355
Investments	14,812
Investment in Trinity Health pooled investment program	60,125
Assets limited or restricted as to use—Current portion	6,853
Patient accounts receivable, net of allowance for doubtful accounts of \$34.9 million as of September 30, 2016	171,080
Estimated receivables from third-party payors	7,620
Other receivables	20,330
Receivables from affiliates	3,147
Inventories	19,795
Prepaid expenses and other current assets	11,387
Total current assets	<u>407,504</u>
<b>ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:</b>	
Self-insurance, benefit plans, and other	26,064
By board	39,825
By donors	110,059
Total assets limited or restricted as to use—non-current portion	<u>175,948</u>
PROPERTY AND EQUIPMENT—Net	641,643
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	12,298
INTANGIBLE ASSETS	14,487
OTHER ASSETS	85,695
<b>TOTAL ASSETS</b>	<u><u>\$ 1,337,575</u></u>

The accompanying notes are an integral part of the consolidated financial statements.



<b>LIABILITIES AND NET ASSETS</b>	<b>2016</b>
<b>CURRENT LIABILITIES:</b>	
Current portion of long-term debt	\$ 2,965
Current portion of notes payable to Trinity Health and affiliates	7,451
Accounts payable	82,094
Accrued expenses	5,437
Salary, wages, and related liabilities	100,595
Current portion of self-insurance reserves	17,606
Estimated payables to third-party payors	20,635
Total current liabilities	<u>236,783</u>
LONG-TERM DEBT—Net of current portion	1,664
NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES—Net of current portion	371,520
SELF-INSURANCE RESERVES - Net of current portion	78,942
ACCRUED PENSION AND RETIREE HEALTH COSTS	314,044
OTHER LONG-TERM LIABILITIES	19,140
Total liabilities	<u>1,022,093</u>
<b>NET ASSETS:</b>	
Unrestricted net assets	199,555
Noncontrolling ownership interest in subsidiaries	2,588
Total unrestricted net assets	<u>202,143</u>
Temporarily restricted net assets	39,162
Permanently restricted net assets	74,177
Total net assets	<u>315,482</u>
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<u><u>\$ 1,337,575</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

**Trinity Health – New England, Inc.**  
(A member of Trinity Health)

**CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2016**  
(In thousands)

	<u>2016</u>
UNRESTRICTED REVENUE:	
Patient service revenue, net of contractual and other allowances	\$ 1,361,894
Provision for bad debts	27,578
Net patient service revenue less provision for bad debts	<u>1,334,316</u>
Capitation revenue	18,695
Net assets released from restrictions	8,278
Other revenue	78,413
Total unrestricted revenue	<u>1,439,702</u>
EXPENSES:	
Salaries and wages	641,683
Employee benefits	138,913
Contract labor	44,670
Total labor expenses	<u>825,266</u>
Supplies	222,918
Purchased services	129,833
Depreciation and amortization	65,759
Occupancy	63,206
Interest	11,894
Other	132,540
Total expenses	<u>1,451,416</u>
OPERATING LOSS	<u>(11,714)</u>
NONOPERATING ITEMS:	
Earnings in Trinity Health pooled investment program	2,939
Investment income	4,175
Loss from early extinguishment of debt	(4,034)
Inherent contribution related to acquisitions	60,065
Loss on earnings of unconsolidated affiliates	(1,875)
Interest	(1,299)
Other	(323)
Total nonoperating items	<u>59,648</u>
EXCESS OF REVENUE OVER EXPENSES	<u>\$ 47,934</u>

The accompanying notes are an integral part of the consolidated financial statements.

**Trinity Health – New England, Inc.**  
(A member of Trinity Health)

**CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2016**  
(In thousands)

	<u>2016</u>
UNRESTRICTED NET ASSETS:	
Unrestricted net assets attributable to the Corporation:	
Excess of revenue over expenses	\$ 47,934
Net assets released from restrictions for capital acquisitions	2,888
Transfers to Trinity Health and affiliates	(3,541)
Transfers to Trinity Assurance, Ltd.	(12,083)
Transfers from Trinity Health	43,992
Acquisitions—Saint Mary's	(98)
Acquisitions—Riverbend	(5,158)
Net change in retirement plan-related items	(37,134)
Other	(3,090)
Increase in unrestricted net assets	<u>33,710</u>
Unrestricted net assets attributable to noncontrolling interests:	
Net investment gain	88
Acquisitions	2,500
Increase in unrestricted net assets attributable to noncontrolling interests	<u>2,588</u>
TEMPORARILY RESTRICTED NET ASSETS:	
Contributions	13,453
Net investment gain	666
Net assets released from restrictions	(11,165)
Acquisitions	2,524
Other	2,999
Increase in temporarily restricted net assets	<u>8,477</u>
PERMANENTLY RESTRICTED NET ASSETS:	
Net investment gain	2,247
Acquisitions	16,526
Increase in permanently restricted net assets	<u>18,773</u>
INCREASE IN NET ASSETS	63,548
NET ASSETS—Beginning of year	<u>251,934</u>
NET ASSETS—End of year	<u><u>\$ 315,482</u></u>

The accompanying notes are an integral part of the consolidated financial statements.

**Trinity Health – New England, Inc.**  
(A member of Trinity Health)

**CONSOLIDATED STATEMENT OF CASH FLOW**  
**FOR THE YEAR ENDED SEPTEMBER 30, 2016**  
(In thousands)

	<u>2016</u>
OPERATING ACTIVITIES:	
Increase in net assets	\$ 63,548
Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities:	
Inherent contribution in acquisitions	(60,065)
Transfers to Trinity Health and affiliates	(15,951)
Depreciation and amortization	65,759
Provisions for bad debt	27,578
Change in net unrealized and realized gains on investments	(6,542)
Undistributed equity in earnings of affiliates	1,448
Restricted contributions and investment income received	(4)
Increase in noncontrolling interest due to Saint Mary's acquisition	(2,500)
Restricted net assets acquired	(19,050)
Deferred retirement items—consolidated organizations	8,668
Other adjustments	155
Changes in:	
Patient accounts receivable	(34,965)
Estimated payables from third-party payors	(2,231)
Other assets	(57,907)
Accounts payable and accrued expenses	(14,660)
Estimated receivables from third-party payors	(2,210)
Self-insurance reserves and other liabilities	(23,507)
Accrued pension and retiree health costs	18,647
Net cash used in operating activities	<u>\$ (53,789)</u>

The accompanying notes are an integral part of the consolidated financial statements.

	<u>2016</u>
<b>INVESTING ACTIVITIES:</b>	
Net change in investments	\$ 53,693
Change in investment in Trinity Health pooled investment program	(26,912)
Purchases of property and equipment	(52,900)
Increase in assets limited as to use	(2,611)
Net change in investment in unconsolidated affiliates	6,316
Cash acquired from Saint Mary's acquisition	17,928
Cash provided for Riverbend acquisition	(16,810)
Net cash provided by investing activities	<u>(21,296)</u>
<b>FINANCING ACTIVITIES:</b>	
Proceeds from issuance of debt	542
Repayments of intercompany long-term debt	(7,963)
Repayments of external debt	(272,254)
Proceeds from issuance of intercompany long-term debt	323,000
Transfers from Trinity Health and affiliates	15,951
Proceeds from restricted contributions and restricted investment income	4
Net cash provided by financing activities	<u>59,280</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(15,805)
CASH AND CASH EQUIVALENTS—Beginning of year	<u>108,160</u>
CASH AND CASH EQUIVALENTS—End of year	<u>\$ 92,355</u>
<b>SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION:</b>	
Cash paid for interest	\$ 13,193
Accruals for purchases of property and equipment and other long-term assets	1,414

The accompanying notes are an integral part of the consolidated financial statements.

**Trinity Health – New England, Inc.**  
(A member of Trinity Health)

**NOTES TO CONSOLIDATED FINANCIAL STATEMENTS**  
**YEAR ENDED SEPTEMBER 30, 2016**

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**1. ORGANIZATION AND COMMUNITY BENEFIT MINISTRY**

Trinity Health – New England, Inc. (formerly known as Saint Francis Care, Inc.) (the “Corporation”), a Connecticut not-for-profit corporation, is an integrated health care delivery system and is the sole member of five hospitals—including Saint Francis Hospital and Medical Center and Mount Sinai Rehabilitation Hospital, Inc. in Hartford, Connecticut; Johnson Memorial Hospital, Inc. in Stafford Springs, Connecticut; Saint Mary’s Hospital, Inc. in Waterbury, Connecticut; and The Mercy Hospital, Inc. in Springfield, Massachusetts—that provide inpatient and outpatient services. The Corporation also owns and operates several subsidiaries that provide physician services, inpatient and outpatient rehabilitation services, behavioral health services, home health care, long-term care, and other health care services to the community. Effective October 1, 2015, the Corporation became a member of Trinity Health Corporation (“Trinity Health”), an Indiana nonprofit corporation, sponsored by Catholic Health Ministries, a Public Juridic Person of the Holy Roman Catholic Church. Trinity Health is the result of the consolidation of Catholic health systems over the last 16 years. There are significant related-party transactions with Trinity Health and the Corporation and its subsidiaries. The mission statement for the Corporation is as follows:

*We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.*

Effective October 1, 2015, Trinity Health became the sole corporate member of Saint Francis Care, Inc., and Saint Francis Care, Inc. and its subsidiaries formed the new Trinity Health Regional Health Ministry in New England. Effective November 17, 2015, Saint Francis Care, Inc. changed its name to Trinity Health – New England, Inc.

In connection with this transaction, Trinity Health applied push-down accounting to the Corporation’s consolidated balance sheet, which resulted in a new basis of accounting in accordance with the acquisition method of accounting under Accounting Standards Codification Topic 805, *Business Combinations*.

In connection with this affiliation, the Corporation recorded an adjustment to net assets amounting to approximately \$70.9 million on October 1, 2015, and this adjustment is included in beginning net assets on the consolidated statement of operations and changes in net assets for the period ending September 30, 2016. The transaction was accounted for as an acquisition with no consideration, and accordingly, the excess of the fair value of assets acquired over liabilities assumed was recognized as an inherent contribution received by Trinity Health.

A summarized consolidated opening balance sheet information as of October 1, 2015, for the Corporation is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 135,568	Current portion of long-term debt	\$ 7,298
Patient accounts receivable, net	75,415	Accounts payable and accrued expenses	98,922
Other receivables	10,159	Other current liabilities	17,381
Inventories	9,701	Long-term debt	244,154
Other current assets	16,418	Accrued pension and retiree health costs	197,562
Property and equipment	411,067	Other long-term liabilities	106,717
Assets limited or restricted as to use, noncurrent portion	145,992	Total liabilities acquired	<u>672,034</u>
Other assets	18,069	Unrestricted net assets	70,996
Total assets acquired	<u>\$ 822,389</u>	Temporarily restricted net assets	26,180
		Permanently restricted net assets	53,179
		Total net assets	<u>\$ 150,355</u>

Effective December 23, 2015, Trinity Health – New England, Inc. became the sole member of Sisters of Providence Health System, Inc., The Mercy Hospital, Inc., and their related subsidiaries (“Sisters of Providence”). The results of operations for Sisters of Providence for the 12-month period ended September 30, 2016, are included in the consolidated financial statements of the Corporation.

Effective January 1, 2016, Trinity Health – New England, Inc. acquired certain unrestricted assets and liabilities of Old JMMC; Inc., Old JMH, Inc.; Old HCHS, Inc.; and Old JHC, Inc. (collectively referred to as “Old Johnson”) through an asset purchase agreement approved by the Bankruptcy Court on May 14, 2015. On November 24, 2015, Trinity Health – New England, Inc. formed new corporations named JMMC Acquisition Corp., JMH Acquisition Corp., HCHS Acquisition Corp., and JHC Acquisition Corp. These corporations began to provide health care services as of January 1, 2016, and the names of the newly formed acquisition corporations were amended to Johnson Memorial Hospital, Inc.; Johnson Memorial Medical Center, Inc.; Johnson Healthcare, Inc.; and Home and Community Health Services, Inc. (collectively referred to as “Johnson”) effective as of January 4, 2016. See the Business Acquisitions section in Note 3.

Effective July 1, 2016, the Corporation, through its subsidiary, Sisters of Providence Health System, Inc., acquired substantially all of the operations and certain assets and liabilities of MWA, P.C. and Physician Practice Partners, L.L.C. and formed Riverbend Medical Group, Inc., a physician practice located in Springfield, Massachusetts. See the Business Acquisitions section in Note 3.

On August 1, 2016, the Corporation became the sole corporate member of Saint Mary’s Hospital, Inc. as part of a member substitution. Saint Mary’s Hospital, Inc. and its subsidiaries are a regional health care system located in Waterbury, Connecticut. See the Business Acquisitions section in Note 3.

**Community Benefit Ministry** – Consistent with its mission, the Corporation provides medical care to all patients regardless of their ability to pay. In addition, the Corporation provides services intended to benefit the poor and underserved—including those persons who cannot afford health insurance or other payments, such as copays and deductibles—because of inadequate resources and/or because they are uninsured or underinsured, and to improve the health status of the communities in which it operates. The following summary has been prepared in accordance with the Catholic Health Association of the United States’ (CHA), *A Guide for Planning and Reporting Community Benefit, 2015 Edition*.

The quantifiable costs of the Corporation community benefit ministry for the year ended September 30 are as follows (in thousands):

	<u>2016</u>
<b>Ministry for the poor and underserved:</b>	
Charity care at cost	\$ 6,161
Unpaid cost of Medicaid and other public programs	93,154
Programs for the poor and underserved:	
Community health services	2,324
Health professions education	7,567
Subsidized health services	850
Research	89
Financial contributions	4
Community benefit operations	13
Total programs for the poor and underserved	<u>10,847</u>
Ministry for the poor and underserved	<u>110,162</u>
 <b>Ministry for the broader community:</b>	
Community health services	838
Health professions education	22,831
Subsidized health services	942
Financial contributions	12
Community-building activities	38
Community benefit operations	548
Ministry for the broader community	<u>25,209</u>
 <b>Community benefit ministry</b>	<u><u>\$ 135,371</u></u>

The Corporation provides a significant amount of uncompensated care to its uninsured and underinsured patients, which is reported as bad debt at cost and not included in the amounts reported above. During the year ended September 30, 2016, the Corporation reported bad debt at cost (determined using a cost-to-charge ratio applied to the provision for bad debts) of \$10 million.

*Ministry for the poor and underserved* represents the financial commitment to seek out and serve those who need help the most, especially the poor, the uninsured, and the indigent. This is done with the conviction that health care is a basic human right.

*Ministry for the broader community* represents the cost of services provided for the general benefit of the communities in which the Corporation operates. Many programs are targeted toward populations that may be poor, but also include those areas that may need special health services and support. These programs are not intended to be financially self-supporting.

*Charity care at cost* represents the cost of services provided to patients who cannot afford health care services due to inadequate resources and/or are uninsured or underinsured. A patient is classified as a charity patient in accordance with the Corporation's established policies as further described in Note 4. The cost of charity care is calculated using a cost-to-charge ratio methodology.

*Unpaid cost of Medicaid and other public programs* represents the cost (determined using a cost-to-charge ratio) of providing services to beneficiaries of public programs, including state Medicaid, indigent care programs, and provider taxes, in excess of governmental and managed care contract payments.



**Community health services** are activities and services for which no patient bill exists. These services are not expected to be financially self-supporting, although some may be supported by outside grants or funding. Some examples include community health education, community health screenings, free immunization services, free or low-cost prescription medications, and rural and urban outreach programs. The Corporation actively collaborates with community groups and agencies to assist those in need in providing such services.

**Health professions education** includes the unreimbursed cost of training health professionals such as medical residents, nursing students, technicians, and students in allied health professions.

**Subsidized health services** are net costs for billed services that are subsidized by the Corporation. These include services offered despite a financial loss because they are needed in the community and either other providers are unwilling to provide the services or the services would otherwise not be available in sufficient amount. Examples of services include free-standing community clinics, hospice care, mobile units, and behavioral health services.

**Research** includes unreimbursed clinical and community health research and studies on health care delivery.

**Financial contributions** are made by the Corporation on behalf of the poor and underserved to community agencies. These amounts include special systemwide funds used for charitable activities as well as resources contributed directly to programs, organizations, and foundations for efforts on behalf of the poor and underserved. Amounts included here also represent certain in-kind donations.

**Community building activities** include the costs of programs that improve the physical environment, promote economic development, enhance other community support systems, develop leadership-skills training, and build community coalitions.

**Community benefit operations** include costs associated with dedicated staff, community health needs, and/or assets assessments and other costs associated with community benefit strategy and operations.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Principles of Consolidation** – The consolidated financial statements include the accounts of the Corporation, and all wholly owned, majority-owned, and controlled organizations. Investments where the Corporation holds less than 20% of the ownership interest are accounted for using the cost method. All other investments that are not controlled by the Corporation are accounted for using the equity method of accounting. The equity share of income or losses from investments in unconsolidated affiliates is recorded in other revenue if the unconsolidated affiliate is operational and projected to make routine and regular cash distributions; otherwise, the equity share of income or losses from investments in unconsolidated affiliates is recorded in nonoperating items in the consolidated statements of operations and changes in net assets. All material intercompany transactions and account balances have been eliminated in consolidation.

The accompanying consolidated financial statements present the financial position, results of operations, and changes in net assets and cash flows for the Corporation and are not necessarily indicative of what the financial position, results of operations, and changes in net assets and cash flows would have been if the Corporation had been operated as an unaffiliated corporation during the periods presented.

***Use of Estimates*** – The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America requires management of the Corporation to make assumptions, estimates, and judgments that affect the amounts reported in the financial statements, including the notes thereto, and related disclosures of commitments and contingencies, if any. The Corporation considers critical accounting policies to be those that require more significant judgments and estimates in the preparation of its consolidated financial statements, including the following: recognition of net patient service revenue, which includes contractual allowances and the provision of bad debts and charity care; recorded values of investments, derivatives, and goodwill; reserves for losses and expenses related to health care professional and general liabilities; and risks and assumptions for measurement of pension and retiree medical liabilities. Management relies on historical experience and other assumptions believed to be reasonable in making its judgment and estimates. Actual results could differ materially from those estimates.

***Cash and Cash Equivalents*** – For purposes of the consolidated statement of cash flows, cash and cash equivalents include certain investments in locally held, highly liquid debt instruments with original maturities of three months or less.

***Investments*** – Investments, inclusive of assets limited or restricted as to use, include marketable debt and equity securities. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value and are classified as trading securities. Investments also include investments in commingled funds, hedge funds and other investments structured as limited liability corporations or partnerships. Commingled funds and hedge funds that hold securities directly are stated at the fair value of the underlying securities, as determined by the administrator, based on readily determinable market values or based on net asset value, which is calculated using the most recent fund financial statements. Limited liability corporations and partnerships are accounted for under the equity method.

***Investment Earnings*** – Investment earnings include interest, dividends, realized gains and losses, unrealized gains and losses, and equity earnings. Investment earnings from investments and board-designated funds are included in nonoperating investment income unless the income or loss is restricted by donor or law.

***Investment in Trinity Health Pooled Investment Program and Related Earnings*** – The Corporation invests certain of its funds in Trinity Health pooled investment programs. See Note 11, Fair Value Measurements, for descriptions of the various types of financial instruments that are included in the pooled investment programs. Earnings, including interest and dividends, equity earnings, realized gains and losses, and unrealized gains and losses on investment in the pooled investment program, are allocated to the participants based upon each participant's weighted-average percentage of the pooled investment fund in which they are participating.

***Derivative Financial Instruments*** – The Corporation periodically utilizes various financial instruments (e.g., options and swaps) to hedge interest rate, equity downside risk, and other exposures. The Corporation policies prohibit trading in derivative financial instruments on a speculative basis. The Corporation recognizes all derivative instruments in the consolidated balance sheets at fair value.

***Assets Limited as to Use*** – Assets set aside by the board for future capital improvements, future funding of insurance claims, deferred compensation agreements, and other purposes over which the board retains control and may at its discretion subsequently use for other purposes, are included in assets limited as to use.

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

**Inventories** – Inventories are stated at the lower of cost or market. The cost of inventories is determined principally by first-in, first-out method.

**Property and Equipment** – Property and equipment, including internal-use software, are recorded at cost, if purchased or at fair value at the date of donation, if donated. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using either the straight-line or an accelerated method and includes capital lease and internal use software amortization. The useful lives of these assets range from 1 to 39 years. Interest costs incurred during the period of construction of capital assets are capitalized as a component of the cost of acquiring those assets.

Gifts of long-lived assets such as land, buildings, or equipment are reported as unrestricted support, and are excluded from the excess of revenue over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support.

**Goodwill** – represents the future economic benefits arising from assets acquired in a business combination that are not individually identified and separately recognized.

**Investment in Unconsolidated Affiliates** – Investment in unconsolidated affiliates represents the Corporation's investments in joint ventures or partnerships. The equity method is used to account for these investments.

**Intangible Assets** – Intangible assets include tradename and medical records – both definite and indefinite-lived intangible assets. The definite-lived intangibles are medical records with finite lives amortized using the straight-line method over the estimated useful life of 10 years. Indefinite lived intangible assets include trade names.

**Other Assets** – Other assets include reinsurance recovery receivables, deferred life insurance, prepaid charges for shared information services, deposits, and advances.

**Asset Impairment:**

**Property and Equipment** – The Corporation evaluates long-lived assets for possible impairment whenever events or changes in circumstances indicate that the carrying amount of the asset, or related group of assets, may not be recoverable from estimated future undiscounted cash flows. If the estimated future undiscounted cash flows are less than the carrying value of the assets, the impairment recognized is calculated as the carrying value of the long-lived assets in excess of the fair value of the assets. The fair value of the assets is estimated based on appraisals, established market values of comparable assets or internal estimates of future net cash flows expected to result from the use and ultimate disposition of the assets.

**Goodwill** – Goodwill is tested for impairment on an annual basis or when an event or change in circumstance indicates the value of a reporting unit may have changed. Testing is conducted at the reporting unit level. There is a two-step process for determining goodwill impairment. Step one compares the carrying value of each reporting unit with its fair value. If this test indicates the fair value is less than the carrying value, then step two is required. Step two compares the implied fair value of the reporting unit's goodwill with the carrying value of reporting unit's goodwill. The Corporation estimates the fair value of its reporting units using a discounted cash flow analysis.

**Intangible Assets:**

**Definite-Lived** – Impairment testing is performed if events or changes in circumstances indicate that the asset might be impaired. The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount. The Corporation estimates the fair value of its intangible assets using an undiscounted cash flow analysis.

**Indefinite-Lived** – Impairment testing is performed on an annual basis or more frequently if events or changes in circumstance indicate the asset may be impaired. The impairment test consists of a comparison of the fair value of an intangible asset with its carrying amount. The Corporation estimates the fair value of its intangible assets using a discounted cash flow analysis, including the use of net revenue associated with the trade names.

The following table provides information regarding other intangible assets, including goodwill that is included in the accompanying consolidated balance sheets of the Corporation as of September 30, 2016 (in thousands):

	<u>Gross Carrying Amount</u>	<u>Accumulated Amortization</u>	<u>Net Book Value</u>
As of September 30, 2016:			
Definite-lived intangible assets:			
Medical records	\$ 1,000	\$ (25)	\$ 975
Total definite-lived intangible assets	<u>1,000</u>	<u>(25)</u>	<u>975</u>
Indefinite-lived intangible assets:			
Goodwill	6,462	-	6,462
Trade names	7,050	-	7,050
Total indefinite-lived intangible assets	<u>13,512</u>	<u>-</u>	<u>13,512</u>
Total intangible assets	<u>\$ 14,512</u>	<u>\$ (25)</u>	<u>\$ 14,487</u>

The following is a schedule of estimated future amortization of definite-lived intangible assets as of September 30, 2016 (in thousands):

Years ending September 30:	
2017	\$ 100
2018	100
2019	100
2020	100
2021	100
Thereafter	<u>475</u>
Total	<u>\$ 975</u>

***Prepaid Charges for Shared Information Services*** – The Corporation invests in information systems that are shared by other regional health ministries of Trinity Health. Prepaid charges represent the prorated portion of the net book value of shared information systems and include hardware, software, and other capital expenses, net of accumulated depreciation on these assets. Shared information systems are recorded at cost and depreciated over the estimated useful life of the assets using the straight line method. Useful lives range from four to ten years. As the assets are depreciated, the Corporation records amortization expense as allocated by Trinity Health. Information services expenses are recorded in purchased services in the consolidated statements of operations. Infrastructure charges are recorded in other assets in the consolidated balance sheets in the amount of \$9.9 million at September 30, 2016.

***Intercompany Loan Program*** – The Corporation has the ability to borrow funds through the Trinity Health intercompany loan program. Loans under this program accrue interest at a variable rate determined quarterly. Interest and principal are paid monthly to Trinity Health under provisions of the loan agreement.

***Temporarily and Permanently Restricted Net Assets*** – Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained by the Corporation in perpetuity.

***Patient Accounts Receivable, Estimated Receivables from and Payables to Third-Party Payors, and Net Patient Service Revenue*** – The Corporation has agreements with third-party payors that provide for payments at amounts different from established rates. Patient accounts receivable and net patient service revenue are reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered. Estimated retroactive adjustments under reimbursement agreements with third-party payors and other changes in estimates are included in net patient service revenue and estimated receivables from and payables to third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined. Estimated receivables from third-party payors include amounts receivable from Medicare and state Medicaid meaningful use programs.

***Self-Insured Employee Health Benefits*** – The Corporation administers self-insured employee health benefit plans for employees. The majority of the Corporation's employees participate in the programs. The provisions of the plans permit employees and their dependents to elect to receive medical care at either the Corporation or other health care providers. Gross patient service revenue has been reduced by an allowance for self-insured employee health benefits which represents revenue attributable to medical services provided by the Corporation to its employees and dependents in such years.

***Allowance for Doubtful Accounts*** – The Corporation recognizes a significant amount of patient service revenue at the time the services are rendered even though the Corporation does not assess the patient's ability to pay at that time. As a result, the provision for bad debts is presented as a deduction from patient service revenue (net of contractual provisions and discounts). For uninsured and underinsured patients that do not qualify for charity care, the Corporation establishes an allowance to reduce the carrying value of such receivables to their estimated net realizable value. This allowance is established based on the aging of accounts receivable, and the historical collection experience, and for each type of payor. A significant portion of the Corporation's provision for doubtful accounts relates to self-pay patients, as well as co-payments and deductibles owed to Corporation by patients with insurance.

***Other Long-Term Liabilities*** – Other long-term liabilities include deferred compensation and asset retirement obligations.

**Capitation Revenue** – The Corporation has entered into capitation arrangements whereby it has accepted the risk for the provision of certain health care services to health plan members. Under these agreements, the Corporation is financially responsible for services provided to the health plan members by other institutional health care providers. Capitation revenue is recognized during the period for which the Corporation is obligated to provide services to health plan enrollees under capitation contracts. Capitation receivables are included in other receivables in the consolidated balance sheet.

**Income Taxes** – The Corporation and substantially all of its subsidiaries have been recognized as tax-exempt pursuant to Section 501(a) of the Internal Revenue Code. The Corporation also has taxable subsidiaries, which are included in the consolidated financial statements. Certain of the taxable subsidiaries have entered into tax sharing agreements and file consolidated federal income tax returns with other corporate taxable subsidiaries. The Corporation includes penalties and interest, if any, with its provision for income taxes in other nonoperating items in the consolidated statements of operations and changes in net assets.

**Excess of Revenue Over Expenses** – The consolidated statement of operations and changes in net assets includes excess of revenue over expenses. Changes in unrestricted net assets, which are excluded from excess of revenue over expenses, consistent with industry practice, include permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets received or gifted (including assets acquired using contributions which, by donor restriction, were to be used for the purposes of acquiring such assets) and net change in postretirement plan-related items.

***Adopted Accounting Pronouncements:***

On October 1, 2015, the Corporation adopted ASU 2014-08, “*Reporting Discontinued Operations and Disclosures of Disposals of Components of an Entity.*” This guidance amends the definition of a discontinued operation and requires additional disclosures about discontinued operations, as well as disposal transactions that do not meet the discontinued operations criteria on a prospective basis. The adoption of this guidance had no impact on the Corporation’s consolidated financial statements.

***Forthcoming Accounting Pronouncements:***

In August 2016, the Financial Accounting Standards Board (FASB) issued ASU No. 2016-15, “*Classification of Certain Cash Receipts and Cash Payments.*” This guidance adds or clarifies guidance on the classification of certain cash receipts and payments in the consolidated statements of cash flows. This guidance is effective for the Corporation beginning October 1, 2019. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In August 2016, the FASB issued ASU No. 2016-14, “*Presentation of Financial Statements of Not-For-Profit Entities.*” This guidance simplifies and improves how not-for-profit entities classify net assets, as well as the information presented in financial statements and notes about liquidity, financial performance and cash flows. This guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In May 2016, the FASB issued ASU 2016-12, *“Revenue From Contracts with Customers: Narrow-Scope Improvements and Practical Expedients,”* which amends certain aspects for the FASB’s revenue standard ASU 2014-09, *“Revenue From Contracts with Customers”*. In March 2016, the FASB issued ASU 2016-08, *“Revenue From Contracts With Customers: Principal Versus Agent Considerations (Reporting Revenue Gross Versus Net)”*. This guidance amends the principal versus agent implementation guidance and illustrations in the FASB’s revenue standard ASU 2014-09. In July 2015, the FASB issued ASU 2015-14, *“Revenue From Contracts With Customers (Topic 606): Deferral of the Effective Date,”* which defers the effective date of the FASB’s revenue standard, ASU 2014-09, by one year for all entities and permits early adoption on a limited basis. In May 2014, the FASB issued ASU 2014-09. This guidance outlines a single comprehensive model for entities to use in accounting for revenue arising from contracts with customers. After the deferral of the effective date, this guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In March 2016, the FASB issued ASU 2016-07, *“Investments – Equity Method and Joint Ventures: Simplifying the Transition to the Equity Method of Accounting.”* This guidance eliminates the requirement to retrospectively apply the equity method to an investment that subsequently qualifies for such accounting as a result of an increase in the level of ownership interest or degree of influence. This guidance is effective for the Corporation beginning October 1, 2016. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In March 2016, the FASB issued ASU 2016-06, *“Derivatives & Hedging: Contingent Put & Call Options in Debt Instruments.”* This guidance clarifies that in assessing whether an embedded contingent put or call option is clearly and closely related to the debt host, an entity is required to perform only the four-step sequence in Accounting Standards Codification 815-15-25-42. This guidance is effective for the Corporation beginning October 1, 2018. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In February 2016, the FASB issued ASU 2016-02, *“Leases.”* This guidance introduces a lessee model that brings substantially all leases on the consolidated balance sheet. This guidance is effective for the Corporation beginning October 1, 2019. Retrospective application is required. The Corporation is still evaluating the impact this guidance may have on its consolidated financial statements.

In January 2016, the FASB issued ASU 2016-01, *“Recognition and Measurement of Financial Assets and Financial Liabilities.”* This guidance revises accounting related to (1) the classification and measurement of investments in equity securities and (2) the presentation of certain fair value changes for financial liabilities measured at fair value. It also amends certain disclosure requirements associated with the fair value of financial instruments. This guidance is effective for the Corporation beginning October 1, 2019. The Corporation has not yet evaluated the impact this guidance may have on its consolidated financial statements.

In September 2015, the FASB issued ASU 2015-16, *“Simplifying the Accounting for Measurement-Period Adjustments.”* This guidance requires an acquirer in a business combination to recognize adjustments to provisional amounts that are identified during the measurement period in the reporting period in which the adjustment amounts are determined. The effect on earnings of changes in depreciation in amortization, or other income effects (if any) as a result of change to the provisional amounts, calculated as if the accounting had been completed as of the acquisition date, must be recorded in the reporting period in which the adjustment amounts are determined rather than retrospectively. Also, the acquirer must present separately on the face of the income statement, or disclose in the notes, the portion of the amount recorded in current-period earnings by line item that would have been recorded in previous reporting periods if the adjustment to the provisional amounts had been recognized as of the acquisition date. This guidance is effective for the Corporation beginning July 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In July 2015, the FASB issued ASU 2015-11, “*Simplifying the Measurement of Inventory.*” This guidance requires entities to measure most inventories at the lower of cost or net realizable value. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In February 2015, the FASB issued ASU 2015-02, “*Amendments to the Consolidation Analysis.*” This guidance significantly changes the consolidation analysis required under U.S. GAAP. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have a material impact on its consolidated financial statements.

In August 2014, the FASB issued ASU 2014-15, “*Disclosure of Uncertainties About an Entity’s Ability to Continue as a Going Concern,*” which provides guidance on determining when and how reporting entities must disclose going-concern uncertainties in their financial statements. This guidance is effective for the Corporation beginning October 1, 2017. The Corporation does not expect this guidance to have an impact on its consolidated financial statements.

### 3. INVESTMENTS IN UNCONSOLIDATED AFFILIATES AND BUSINESS ACQUISITIONS

**Investments in Unconsolidated Affiliates** – The Corporation and certain of its subsidiaries have investments in entities that are recorded under the cost and equity methods of accounting. At September 30, 2016, the Corporation maintained investments in unconsolidated affiliates with ownership interests ranging from 20% to 50%. The Corporation’s share of equity earnings from these entities accounted for under the equity method was \$0.4 million for the year ended September 30, 2016, of which \$2.3 million is included in other revenue and a loss of \$1.9 million included in nonoperating items in the consolidated statements of operations and changes in net assets.

Unconsolidated affiliates include investments in joint ventures with an ambulatory surgery centers, home care, outpatient cancer treatment center, and physician hospital organizations. These unconsolidated affiliates maintain their own indebtedness, none of which is guaranteed by the Corporation. The unaudited summarized financial position and results of operations of entities accounted for under the equity method, as of and for the years ended September 30, 2016, are as follows (in thousands):

	2016				Total
	Outpatient and Diagnostic Services	Ambulatory Surgery Centers	Physician Hospital Organizations	Other Investees	
Total assets	\$ 33,385	\$ 2,937	\$ 2,766	\$ 4,348	\$ 43,436
Total liabilities	\$ 2,187	\$ 513	\$ 3,450	\$ 2,109	\$ 8,259
Revenue, net	\$ 9,471	\$ 7,762	\$ 6,975	\$ 15,552	\$ 39,760
Excess (deficiency) of revenue over (under) expenses	\$ 1,430	\$ 1,424	\$ (1,714)	\$ 618	\$ 1,758

#### **Business Acquisitions:**

**Johnson Memorial Medical Center, Inc.** – On January 1, 2016, the Corporation acquired certain assets and liabilities of Old Johnson as described in Note 1. For the nine month period ended September 30, 2016, Johnson reported revenue of \$49.3 million and deficiency of revenue over expenses of \$4.0 million in the consolidated statements of operations. As a result of the acquisition, the Corporation recognized an inherent contribution of \$4.0 million in the consolidated statement of operations and changes in net assets. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment during the period ending December 31, 2016, and may adjust the amounts recorded as of January 1, 2016, to reflect revised evaluations.



Summarized consolidated balance sheet information for Johnson at January 1, 2016, is shown below (in thousands):

Patient accounts receivable, net	\$ 9,330	Current portion of long-term debt	\$ 801
Other receivables	777	Accounts payable and accrued expenses	11,765
Inventories	1,577	Other current liabilities	2,682
Other current assets	1,585	Long term debt	22,749
Property and equipment	26,010	Other long-term liabilities	141
Other assets	3,472	Total liabilities acquired	<u>38,138</u>
Total assets acquired	<u>\$42,751</u>	Unrestricted net assets	4,073
		Temporarily restricted net assets	<u>540</u>
		Total net assets	<u>\$ 4,613</u>

**Riverbend Medical Group, Inc. ("Riverbend")** – On July 1, 2016, the Corporation, through its subsidiary, Sisters of Providence Health System, Inc., acquired substantially all of the operations and certain assets of MWA, P.C. and Physician Practice Partners, L.L.C. and formed Riverbend Medical Group, Inc., a physician practice located in Springfield, Massachusetts. As a result of this transaction, the Corporation recognized goodwill of \$6.1 million in the consolidated balance sheet. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment within 12 months following the acquisition date and may adjust the amounts recorded as of July 1, 2016, to reflect revised evaluations. Summarized consolidated balance sheet information for Riverbend at July 1, 2016, is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 430	Current portion of long term debt	\$ 144
Patient accounts receivable, net	4,439	Accounts payable and accrued expenses	2,074
Other current assets	1,771	Salaries, wages, and related liabilities	3,911
Property and equipment	10,757	Estimated payable to third parties	999
Goodwill	6,144	Long-term debt, net of current portion	172
Other assets	1,000	Total liabilities acquired	<u>7,300</u>
Total assets acquired	<u>\$24,541</u>	Unrestricted net assets	<u>17,241</u>
		Total net assets	<u>\$ 17,241</u>

For the three-month period ended September 30, 2016, Riverbend Medical Group, Inc. reported revenue of \$16.7 million and deficiency of revenue over expenses of \$2.3 million in the consolidated statements of operations.

**Saint Mary's Hospital, Inc. and Saint Mary's Health System, Inc. ("Saint Mary's")** – On August 1, 2016, the Corporation became the sole corporate member of Saint Mary's Hospital, Inc. as part of a member substitution. Saint Mary's Hospital, Inc. and its subsidiaries are a regional health care system located in Waterbury, Connecticut. As a result of this transaction, the Corporation recognized an inherent contribution of \$56 million for the two months ended September 30, 2016, in the consolidated statement of operations and changes in net assets. The Corporation is still in the process of assessing the economic characteristics of certain assets acquired and liabilities assumed. The Corporation expects to substantially complete this assessment within 12 months following the acquisition date and may adjust the amounts recorded as of August 1, 2016, to reflect revised evaluations. Summarized consolidated balance sheet information for Saint Mary's Hospital, Inc. and its subsidiaries at August 1, 2016, is shown below (in thousands):

Cash, cash equivalents, and investments	\$ 18,252	Accounts payable and accrued expenses	\$ 41,737
Patient accounts receivable, net	33,029	Accrued pension and retiree health costs	89,167
Other current assets	10,662	Other long-term liabilities	26,203
Assets limited or restricted as to use, current portion	3,465	Total liabilities acquired	<u>157,107</u>
Property and equipment	100,686	Unrestricted net assets	55,992
Assets limited or restricted as to use, noncurrent portion	62,150	Unrestricted noncontrolling interest	<u>2,500</u>
Other assets	<u>5,859</u>	Total unrestricted net assets	58,492
Total assets acquired	<u>\$ 234,103</u>	Temporarily restricted net assets	1,978
		Permanently restricted net assets	<u>16,526</u>
		Total net assets	<u>\$ 76,996</u>

For the two-month period ended September 30, 2016, Saint Mary's Hospital, Inc. and its subsidiaries reported revenue of \$51.6 million and deficiency of revenue over expenses of \$0.2 million in the consolidated statements of operations.

#### 4. NET PATIENT SERVICE REVENUE

A summary of the payment arrangements with major third-party payors follows:

**Medicare** – Acute inpatient and outpatient services rendered to Medicare program beneficiaries are paid primarily at prospectively determined rates. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. Certain items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicare fiscal intermediaries.

**Medicaid** – Reimbursement for services rendered to Medicaid program beneficiaries includes prospectively determined rates per discharge, per diem payments, discounts from established charges, fee schedules, and cost reimbursement methodologies with certain limitations. Cost reimbursable items are reimbursed at a tentative rate with final settlement determined after submission of annual cost reports and audits thereof by the Medicaid fiscal intermediaries.

**Other** – Reimbursement for services to certain patients is received from commercial insurance carriers, health maintenance organizations, and preferred provider organizations. The basis for reimbursement includes prospectively determined rates per discharge, per diem payments, and discounts from established charges.

The Corporation recorded changes in estimates and removed estimated receivables from and/or payables to third-party payors that are no longer necessary as a result of final settlements and years that are no longer subject to audits, reviews, and investigations. These adjustments resulted in increases in net patient service revenue of \$9.7 million.

Final settlements have not been received from Medicare for 2014 through 2016, and from Blue Cross for 2016. The Corporation is appealing various elements of final settlements dating to 2002.

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

**Charity Care** – The Corporation provides services to all patients regardless of ability to pay. In accordance with the Corporation’s policy, a patient is classified as a charity patient based on income eligibility criteria as established by the *Federal Poverty Guidelines*. Charges for services to patients who meet the Corporation’s guidelines for charity care are not reflected in the accompanying consolidated financial statements.

Patient service revenues, net of contractual and other allowances (but before the provision for bad debts), recognized during the year ended September 30 are as follows (in thousands):

	<u>2016</u>
Medicare	\$ 522,026
Blue Cross	206,427
Medicaid	241,920
Uninsured	27,797
Commercial and other	363,724
Total	<u>\$ 1,361,894</u>

A summary of net patient service revenue before provision for bad debts for the year ended September 30, 2016, is as follows (in thousands):

	<u>2016</u>
<b>Gross charges:</b>	
Acute inpatient	\$ 1,659,273
Outpatient, nonacute inpatient, and other	<u>2,051,075</u>
Gross patient service revenue	3,710,348
<b>Less:</b>	
Contractual and other allowances	2,331,043
Charity care charges	<u>17,411</u>
Net patient service revenue before provision for bad debts	<u>\$ 1,361,894</u>

## 5. PROPERTY AND EQUIPMENT

A summary of property and equipment is as follows (in thousands):

	<u>2016</u>
Land	\$ 15,716
Buildings and improvements	574,854
Equipment	278,070
Capital leased assets	10,475
Total	<u>879,115</u>
Accumulated depreciation and amortization	(268,028)
Construction in progress	<u>30,556</u>
Property and equipment, net	<u><u>\$ 641,643</u></u>

At September 30, 2016, commitments to purchase property and equipment of approximately \$5.5 million were outstanding. At September 30, 2016, the Corporation had facilities, infrastructure, and electronic medical record projects in progress with costs of \$30.6 million incurred and recorded in the accompanying consolidated balance sheets. At September 30, 2016, the remaining commitment to complete these projects approximated \$46.3 million.

## 6. LONG-TERM DEBT

A summary of long-term debt as of September 30 is as follows (in thousands):

	<u>2016</u>
<b>Notes payable to Trinity Health and affiliates</b>	
Notes payable to Trinity Health and affiliates, interest payable at a weighted-average interest rate of 3.23% during 2016, payable in varying monthly installments, due through 2048	
Total notes payable to Trinity Health and affiliates	\$ 378,971
Less current portion	<u>(7,451)</u>
Notes payable to Trinity Health and affiliates, net of current portion	<u><u>\$ 371,520</u></u>
<b>Long-term debt:</b>	
Note payable to bank; interest payable at 3.75%, fixed, payable in varying monthly installments through 2021	\$ 370
Capital lease obligations (excluding imputed interest of \$.1 million at September 30, 2016)	3,864
Health First loans	395
Total long-term debt	<u>\$ 4,629</u>
Less current portion, net of current discounts	<u>(2,965)</u>
Long-term debt, net of current portion	<u><u>\$ 1,664</u></u>

Contractually obligated principal repayments on long-term debt are as follows (in thousands):

	<b>Notes Payable to Trinity Health and Affiliates</b>	<b>Long-term Debt</b>
Years ending September 30:		
2017	\$ 7,451	\$ 2,965
2018	7,915	910
2019	8,254	511
2020	8,637	180
2021	9,057	63
Thereafter	337,657	
Total	<u>\$ 378,971</u>	<u>\$ 4,629</u>

A summary of interest costs on borrowed funds during the years ended September 30 is as follows (in thousands):

	<b>2016</b>
Interest costs incurred	<u>\$ 13,193</u>

**Obligated Group and Other Requirements** – Trinity Health has debt outstanding under a master trust indenture dated October 3, 2013, as amended and supplemented thereto, the amended and restated master indenture (ARMI). The ARMI permits Trinity Health to issue obligations to finance certain activities. Obligations issued under the ARMI are joint and several obligations of the obligated group established thereunder (the “Obligated Group,” which currently consists of Trinity Health). Proceeds from the tax-exempt bonds and refunding bonds are to be used to finance the construction, acquisition and equipping of capital improvements. Proceeds from taxable bonds are to be used to finance corporation purposes. Certain regional health ministries of Trinity Health constitute designated affiliates and Trinity Health covenants to cause each designated affiliate to pay, loan or otherwise transfer to the Obligated Group such amounts necessary to pay the amounts due on all obligations issued under the ARMI. The Corporation and certain of its subsidiaries are designated affiliates under the ARMI. The Corporation has granted a security interest in their pledged property to secure obligations under the ARMI.

**Long-Term Debt Notes Payable to Trinity Health** – During the year ended September 30, 2016, the Corporation borrowed \$323 million under the Trinity Health intercompany loan program. The details of the borrowings are as follows:

On October 1, 2015, the Corporation defeased \$246 million of State of Connecticut health and educational facilities authority revenue bonds (Series E through M) by borrowing \$248 million under the Trinity Health Intercompany Loan Program (ICLP). Additionally, a Series F fixed-pay LIBOR swap was novated to Trinity Health as part of the asset purchase agreement on October 1, 2015.

On December 1, 2015, the Corporation borrowed \$20 million under the ICLP. The proceeds of this borrowing were used for renovations of a cancer center in Springfield, Massachusetts.

On January 1, 2016, the Corporation borrowed \$18 million under the ICLP. The proceeds of this borrowing were used for the purchase certain assets of Old Johnson in Stafford Springs, Connecticut (see Note 3).

On May 1, 2016, the Corporation borrowed \$20 million under the ICLP. The proceeds of this borrowing were used for cash flow needs.

On July 1, 2016, the Corporation borrowed \$17 million under the ICLP. The proceeds of this borrowing were used for the purchase of certain assets of MWA, P.C. and Physician Practice Partners, L.L.C. (see Note 3).

**Line of credit** – Saint Francis Hospital and Medical Center has a line of credit with a bank with a total line available of \$5 million, which expires in May 2017. The rate is LIBOR plus 1.5%. There were no amounts outstanding as of September 30, 2016. Saint Francis Hospital and Medical Center entered into a letter of credit arrangement with Johnson for \$1.3 million that expires on June 30, 2017. As of September 30, 2016, Johnson has not drawn down any amounts. Due to this arrangement the available line of credit to Saint Francis Hospital and Medical Center is \$3.7 million.

## **7. PROFESSIONAL AND GENERAL LIABILITY PROGRAMS**

Prior to October 1, 2015, the Corporation was self-insured for a portion of its professional and comprehensive general liability claims. The Corporation included the accruals for the outstanding claims within self-insurance reserves in the consolidated financial statements.

Effective October 1, 2015, Trinity Assurance, Ltd (TAL), a wholly owned insurance company of Trinity Health, policies include the facilities and individuals that were previously insured with Saint Francis Indemnity Company, LLC (SFICL), a captive insurance company domiciled in the State of Vermont, whose sole member was Saint Francis Hospital and Medical Center. Policies issued and reinsurance purchased by SFICL prior to October 1, 2015, will remain in effect. SFICL did not, nor does it intend to, write or renew any insurance business after September 30, 2015. SFICL was merged into TAL on May 1, 2016, at which time all losses previous to October 1, 2015, for SFICL were assumed by TAL.

Effective August 1, 2016, TAL policies include the facilities and individuals that were previously insured with Saint Mary's Indemnity Company, LLC (SMICL), a captive insurance company domiciled in the State of Vermont, whose sole member is Saint Mary's Hospital. Policies issued and reinsurance purchased by SMICL prior to August 1, 2016, will remain in effect. SMICL did not, nor does it intend to, write or renew any insurance business after July 31, 2016, but will effectively run off its existing business. Management intends to fully merge SMICL into TAL by March 1, 2017, at which time all losses previous to August 1, 2016, for SMICL will be assumed by TAL.

The Corporation is a participant in a self-insured, pooled-risk professional and general liability program established for the regional health ministries of Trinity Health. As a result, the Corporation is self-insured for certain levels of general and professional liability, workers' compensation, and certain other claims. In 2016, Trinity Health assumed the Corporation's workers compensation liabilities as further described in Note 10.

Trinity Health's current self-insurance program was \$20 million per occurrence for the primary layers of professional liability, as well as \$10 million per occurrence for hospital government liability, \$5 million per occurrence for miscellaneous errors and omission liability, and \$1 million per occurrence for management liability (directors' and officers' and employment practices), network security and privacy liability and certain other coverages. In addition, through TAL and its various commercial reinsurers, the Corporation maintains integrated excess liability coverage with separate annual limits of \$100 million for professional/general liability, and management liability, network security and privacy liability. The Corporation self-insures \$750,000 per occurrence for workers' compensation in most states, with commercial insurance providing coverage up to the statutory limits, and self-insures up to \$500,000 in property values per occurrence with commercial insurance providing coverage up to \$1 billion.

The Corporation has contributed an amount to Trinity Health, representing its share of the expected losses under the aforementioned programs, and charged its contributions to expense. The liability for self-insurance reserves represents estimates of the ultimate net cost of all losses and loss adjustment expenses which are incurred but unpaid at the consolidated balance sheet date. The reserves are based on the loss and loss adjustment expense factors inherent in Trinity Health's premium structure. Independent consulting actuaries determined these factors from estimates of Trinity Health's expenses and available industrywide data. Trinity Health discounts the reserves to their present value using a discount rate of 3.0%. The reserves include estimates of future trends in claim severity and frequency. Although considerable variability is inherent in such estimates, management believes that the liability for unpaid claims and related adjustment expenses is adequate based on the loss experience of Trinity Health. The estimates are continually reviewed and adjusted as necessary. The amount of the changes to the estimated self-insurance reserves was determined based upon the annual independent actuarial analyses.

Claims in excess of certain insurance coverage and the recorded self-insurance liability have been asserted against the Corporation by various claimants. The claims are in various stages of processing, and some may ultimately be brought to trial. There are known incidents occurring through September 30, 2016, that may result in the assertion of additional claims, and other claims may be asserted arising from services provided in the past. While it is possible that settlement of asserted claims and claims that may be asserted in the future could result in liabilities in excess of amounts for which the Corporation has provided, management, based upon the advice of counsel, believes that the excess liability, if any, should not materially affect the consolidated financial position, operations or cash flows of the Corporation.

## **8. PENSION AND OTHER BENEFIT PLANS**

***Deferred Compensation*** – The Corporation has nonqualified deferred compensation plans that permit eligible employees to defer a portion of their compensation. The plans are funded and are distributable in cash after retirement or termination of employment. The plan allows participants to defer up to the dollar limits as set forth in the IRS Code for each applicable plan year of salary with interest accruing based on the investment selections of the participant. The deferred amounts are distributable in cash after retirement or termination of employment. At September 30, 2016, the assets and liabilities under these plans totaled \$6.5 million.

***Defined Contribution Benefits*** – The Corporation sponsors defined contribution plans covering substantially all of its employees. The plans are funded by employee voluntary contributions, subject to legal limitations. Effective January 1, 2016, employer contributions to the plans include nonelective contributions of 2% to 3% of eligible compensation, and varying levels of matching contributions based on employee service. The employees direct their voluntary contributions and employer contributions among a variety of investment options. Contribution expense under the plans totaled \$21.8 million during the year ended September 30, 2016.

***Defined Benefit Pension Plan*** – A portion of the Corporation's employees, Sisters of Providence, participate in a qualified noncontributory single employer defined benefit pension plan sponsored by Trinity Health. The plan's assets are invested in (equity securities, fixed income securities, money market investments, hedge funds, commingled funds directly holding securities, long/short equity, and private equity funds). The plan is accounted for as a multiple-employer plan for participating subsidiaries of Trinity Health and has church plan status as defined in the Employee Retirement Income Security Act of 1974 (ERISA). The Corporation has been allocated its share of pension costs, contributions and liabilities based on actuarial valuation of the Corporation's plan participants.

***Noncontributory Defined Benefit Pension Plans*** – The Corporation maintains two frozen, nonqualified noncontributory defined benefit pension plans. One of the plans has church plan status as determined by the Internal Revenue Service (IRS) and is not governed by ERISA. One of the plans is subject to the provisions of ERISA.

**Saint Francis Hospital Defined Benefit Plan** – This plan has church plan status and has historically funded amounts equal to annual pension expense. Benefits are based on years of service and the employee’s compensation and include a cash balance account for each employee. Effective March 1, 2006, the Saint Francis Hospital and Medical Center amended the plan to close the plans to new participants on September 30, 2006, and to freeze accruals as of October 1, 2006, for participants whose age plus years of service (a minimum of 10 years) total less than 55. As of October 1, 2006, the Saint Francis Hospital and Medical Center established a defined contribution plan for all eligible nongrandfathered employees. The defined benefit plan became fully frozen effective October 1, 2009. The plan sponsor is Trinity Health.

**Collaborative Laboratory Services Retirement Plan** – This plan is subject to the provisions of the ERISA. The Corporation makes contributions in amounts sufficient to meet ERISA’s minimum funding requirements. Effective May 1, 2009, the plan was frozen for all grandfathered employees. The plan sponsor is Collaborative Laboratory Services, LLC.

**Plan Acquisitions** – As discussed in Note 3, the Corporation acquired Saint Mary’s on August 1, 2016, to include all related benefit plans. Saint Mary’s maintains a noncontributory, defined benefit pension plan for most employees, which are historically funded with available cash flow. This plan has church plan status as determined by the IRS and is therefore exempt from a majority of ERISA regulations. The plan was frozen to new entrants in 1997. In 2004, the plan’s benefits were curtailed to eliminate participants’ earnings of additional benefits for future services.

**Postretirement Health Care Benefit Plan (“Postretirement Plan”)** – The Corporation sponsors unfunded, noncontributory plans to provide health care benefits to certain of its retirees. The plan provides health insurance to retirees and spouses who have met certain eligibility and length of service requirements. The plan is closed to new participants. Medical benefits for these retirees are subject to deductibles and copayment provisions. Effective September 30, 2014, a plan amendment permanently capped the subsidy for the grandfathered participants to the 2014 funding level.

The following table sets forth the changes in projected benefit obligations, changes in plan assets and funded status of the plans for both the Pension and Postretirement Plans for the year ended September 30 (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 467,096	\$ 6,841
Acquisition valuation adjustment	(19,155)	277
Interest cost	22,849	295
Actuarial (Loss)	47,471	526
Benefits paid	(20,488)	(855)
Medicare Part D reimbursement	-	-
Plan acquisition	155,010	-
Benefit obligation, end of year	<u>652,783</u>	<u>7,084</u>
Change in plan assets		
Fair value of plan assets, beginning of year	257,496	-
Actual return on plan assets	29,414	-
Employer contributions	12,601	-
Plan acquisition	66,800	-
Benefits paid	(20,488)	-
Fair value of plan assets, end of year	<u>345,823</u>	<u>-</u>
Net amount recognized in accrued pension and retiree health costs	<u>\$ (306,960)</u>	<u>\$ (7,084)</u>



Components of net periodic benefit cost for the year ended September 30 consisted of the following (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plans</u>
Interest cost	\$ 22,849	\$ 295
Expected return on assets	<u>(18,549)</u>	<u>-</u>
Net periodic benefit cost	<u>\$ 4,300</u>	<u>\$ 295</u>

The amounts in unrestricted net assets, including amounts arising during the year and amounts reclassified into net periodic benefit cost, are as follows (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>	<u>All Plans</u>
	<u>Net</u>	<u>Net</u>	<u>Total</u>
	<u>(Gain) Loss</u>	<u>(Gain) Loss</u>	<u>Total</u>
Balance at October 1, 2015	\$ 210,866	\$ (2,145)	\$ 208,721
Acquisition valuation adjustment	(210,866)	2,145	(208,721)
Arising during the year	<u>36,607</u>	<u>526</u>	<u>37,133</u>
Balance at September 30, 2016	<u>\$ 36,607</u>	<u>\$ 526</u>	<u>\$ 37,133</u>

Assumptions used to determine benefit obligations and net periodic benefit cost for the years ended September 30 were as follows (in thousands):

	<u>2016</u>	<u>2016</u>
	<u>Pension Plans</u>	<u>Postretirement Plan</u>
<b>Benefit Obligations:</b>		
Discount rate	4.1%-4.25%	3.6%
<b>Net Periodic Benefit Cost:</b>		
Discount rate	3.9%-5.20%	4.4%
Expected long-term return on plan assets	7.00%	N/A
Rate of compensation increase	N/A	N/A

The following table summarizes the pension and Postretirement Plans' assets measured at fair value as of September 30 (in thousands):

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<b>Pension plans:</b>				
Cash and cash equivalents	\$ 13,644	\$ -	\$ -	\$ 13,644
Equity securities	790	-	-	790
Debt securities	-	-	-	-
Government and government agency obligations	-	33,952	-	33,952
Corporate bonds	-	28,129	-	28,129
Asset backed securities	-	12,997	-	12,997
Exchange traded/mutual funds:	-	-	-	-
Equity funds	56,715	-	-	56,715
Fixed income funds	96,645	-	-	96,645
<b>Other</b>	<b>538</b>	<b>-</b>	<b>-</b>	<b>538</b>
Subtotal	<u>\$ 168,332</u>	<u>\$ 75,078</u>	<u>\$ -</u>	<u>\$ 243,410</u>
<b>Investments measured at net asset value:</b>				
Commingled funds:				
Equity funds				102,413
Total pension plans' assets at fair value				<u>\$ 345,823</u>

**Expected Contributions** – The Corporation expects to contribute \$25 million to its pension plans and \$.8 million to its Postretirement Plans during the year ended 2017 under the Corporation's stated funding policies.

**Expected Benefit Payments** – The Corporation expects to pay the following pension benefits and expected postretirement benefits for the year ended (in thousands):

	<u>Pension Plans</u>	<u>Postretirement Plans</u>
2017	\$ 31,862	\$ 810
2018	32,706	767
2019	34,860	722
2020	36,288	677
2021	37,368	634
Years 2022 - 2026	197,012	2,538

## 9. COMMITMENTS AND CONTINGENCIES

**Operating Leases** – The Corporation leases various land, equipment, and facilities under operating leases. The total rental expense was \$20.1 million, which includes provisions for maintenance in some cases, for the year ended September 30, 2016.

The following is a schedule of future minimum lease payments under operating leases as of September 30, 2016, that have initial or remaining lease terms in excess of one year (in thousands):

Years ending September 30:	
2017	\$ 13,644
2018	11,707
2019	10,249
2020	8,858
2021	8,051
Thereafter	<u>39,064</u>
Total	<u>\$ 91,573</u>

**Asset Retirement Obligations** – The Corporation has conditional asset retirement obligations for certain fixed assets mainly related to removal of asbestos contained within facilities. This liability is included in other long-term liabilities.

A reconciliation of asset retirement obligations at September 30 is as follows (in thousands):

	<u>2016</u>
<b>Asset retirement obligation, beginning of period</b>	\$ 6,677
Accretion	408
Liabilities assumed through acquisitions	1,564
Liabilities settled	<u>(46)</u>
<b>Asset retirement obligation, end of period</b>	<u>\$ 8,603</u>

**Litigation** – The Corporation is involved in litigation and regulatory investigations arising in the course of doing business. After consultation with legal counsel, management estimates that these matters will be resolved without material adverse effect on the Corporation’s consolidated financial position or results of operations.

On July 21, 2015, Saint Francis Hospital and Medical Center in Hartford, Connecticut, was notified that it was a defendant in a class action lawsuit filed in the US Court for the District of Connecticut challenging the church plan status of its employee pension plan. A final approval order was issued by the court on November 3, 2016, and became final on December 3, 2016. The settlement requires the Corporation to make a one-time contribution to the plan of \$17 million by February 1, 2017, and, for every year after, for nine years, make a \$10 million contribution on an annual basis. These amounts are included in the accrued pension and retiree health costs as of September 30, 2016.

***Health Care Regulatory Environment*** – The health care industry is subject to numerous and complex laws and regulations of federal, state, and local governments. These laws and regulations include, but are not limited to, matters such as licensure, accreditation, privacy, government health care program participation requirements and government reimbursement for patient services, fraud and abuse, and requirements for tax exemption for tax-exempt organizations. Compliance with such laws and regulations is complex and can be subject to future government interpretation as well as regulatory enforcement actions, including fines, penalties, and exclusion from government health care programs, such as Medicare and Medicaid. The Corporation and its subsidiaries periodically receive notices from governmental agencies requesting information regarding billing, payment, or other reimbursement matters or notices of the initiation of government investigations. The health care industry in general is experiencing an increase in these activities as federal and state governments increase their enforcement activities and institute new programs designed to identify potential irregularities in reimbursement or quality of patient care. Based on the information received to date, management does not believe the ultimate resolution of these matters will have a material adverse effect on the Corporation’s future consolidated financial position or results of operations.

**10. RELATED-PARTY TRANSACTIONS**

Trinity Health allocates the cost of centrally administered services to the Corporation. The Corporation also shares certain services with affiliates and other regional health ministries of Trinity Health. These services include information systems, benefits administration, treasury management, accounts payable, professional liability, worker’s compensation, pension, administration, supply chain, internal audit and corporate compliance, external audit, decision support, and corporate service allocation.

The composition of the related party transactions with Trinity Health and other regional health ministries for the years ended September 30 was as follows (in thousands):

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	<u>2016</u>
Amounts recorded in the consolidated balance sheets:	
Investment in Trinity Health pooled investment program	\$ 60,125
Assets limited or restricted as to use (less current portion):	
By board	26,661
By donors	2,734
Total investment in Trinity Health pooled investment program	<u>\$ 89,520</u>
Accounts and other receivables	
Prepaid charges for shared information systems	\$ 9,909
Other long-term assets	12,229
Accounts payable	4,095
Current portion of notes payable to Trinity Health and affiliates	7,451
Other long-term liabilities:	
Notes payable to Trinity Health and affiliates - net of current portion	371,520
Amounts recorded in the consolidated statements of operations and changes in net assets:	
Other revenue	876
Operating expenses:	
Employee benefits	3,291
Contract labor	427
Purchased services:	
Information services	16,436
Management services	6,897
Revenue management services	880
Supply chain and accounts payable services	765
Repairs and maintenance included in occupancy	814
Amortization	1,111
Interest	11,244
Insurance, included in other expenses	16,422
Nonoperating earnings in Trinity Health corporate pooled investment program	2,939
Cash payments under interest	(1,341)
Trinity Health corporate pooled investment program fees	(16)
Equity transfers of funds	(1,070)
Equity transfers—Push-down accounting	70,996

During the year ended September 30, 2016, the Corporation identified adjustments to the fair value of fixed assets, certain receivable and third-party payor reserves as of the date of acquisition. These adjustments, totaling approximately \$70.9 million, were recorded as a change to opening unrestricted net assets and are reflected in the table above as equity transfers to Trinity Health.

## 11. FAIR VALUE MEASUREMENTS

The Corporation's consolidated financial statements reflect certain assets and liabilities recorded at fair value. Assets and liabilities measured at fair value on a recurring basis on the Corporation's consolidated balance sheets include cash, cash equivalents, equity securities, debt securities, mutual funds, commingled funds, hedge funds, and interest rate swaps. Liabilities measured at fair value on a recurring basis for disclosure only include debt.

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value should be based on assumptions that market participants would use, including a consideration of nonperformance risk.

To determine fair value, the Corporation uses various valuation methodologies based on market inputs. For many instruments, pricing inputs are readily observable in the market; the valuation methodology is widely accepted by market participants and involves little to no judgment. For other instruments, pricing inputs are less observable in the marketplace. These inputs can be subjective in nature and involve uncertainties and matters of considerable judgment. The use of different assumptions, judgments and/or estimation methodologies may have a material effect on the estimated fair value amounts.

The Corporation assesses the inputs used to measure fair value using a three level hierarchy based on the extent to which inputs used in measuring fair value are observable in the market. The fair value hierarchy is as follows:

Level 1 – Quoted (unadjusted) prices for identical instruments in active markets

Level 2 – Other observable inputs, either directly or indirectly, including:

- Quoted prices for similar instruments in active markets
- Quoted prices for identical or similar instruments in nonactive markets (few transactions, limited information, noncurrent prices, high variability over time, etc.)
- Inputs other than quoted prices that are observable for the instrument (interest rates, yield curves, volatilities, default rates, etc.)
- Inputs that are derived principally from or corroborated by other observable market data

Level 3 – Unobservable inputs that cannot be corroborated by observable market data

**Valuation Methodologies** – Exchange-traded securities whose fair value is derived using quoted prices in active markets are classified as Level 1. In instances where quoted market prices are not readily available, fair value is estimated using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. The inputs to these models depends on the type of security being priced but are typically benchmark yields, credit spreads, prepayment speeds, reported trades and broker-dealer quotes, all with reasonable levels of transparency. Generally, significant changes in any of those inputs in isolation would result in a significantly different fair value measurement. The Corporation classifies these securities as Level 2 within the fair value hierarchy.

The Corporation maintains policies and procedures to value instruments using the best and most relevant data available. The Corporation has not adjusted the prices we have obtained. Third-party administrators do not provide access to their proprietary valuation models, inputs, and assumptions. Accordingly, the Corporation reviews the independent reports of internal controls for these service providers. In addition, on a quarterly basis, the Corporation performs reviews of investment consultant industry peer group benchmarking and supporting relevant market data. Finally, all of the fund managers have an annual independent audit performed by an accredited accounting firm. The Corporation reviews these audited financials for ongoing validation of pricing used. Based on the information available, the Corporation believes that the fair values provided by the third-party administrators and investment fund managers are representative of prices that would be received to sell the assets at September 30, 2016.

In instances in which the inputs used to measure fair value fall into different levels of the fair value hierarchy, the fair value measurement has been determined based on the lowest level input that is significant to the fair value measurement in its entirety. The Corporation's assessment of the significance of a particular item to the fair value measurement in its entirety requires judgment, including the consideration of inputs specific to the asset.

Following is a description of the valuation methodologies the Corporation used for instruments recorded at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy:

***Cash and Cash Equivalents*** – The carrying amounts reported in the consolidated balance sheets approximate their fair value. Certain cash and cash equivalents are included in investments and assets limited or restricted as to use in the consolidated balance sheets. This category includes commercial paper. The fair value of commercial paper is based on amortized cost. Commercial paper is designated as Level 2 investments with significant observable inputs including security cost, maturity and credit rating.

***Equity Securities*** – Equity securities are valued at the closing price reported on the applicable exchange on which the security is traded, or are estimated using quoted market prices for similar securities.

***Debt Securities*** – Debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures.

***Exchange Traded/Mutual Funds*** – Exchange traded funds are valued at the closing price reported on the applicable exchange on which the fund is traded, or estimated using quoted market prices for similar securities. Mutual funds are valued using the net asset value based on the value of the underlying assets owned by the fund, minus liabilities, divided by the number of shares outstanding, and multiplied by the number of shares owned.

***Investment in Pooled Investment Program:***

Trinity Health invests in various investment vehicles of which the Corporation has included in investment in pooled investment program and assets limited or restricted as to use in the consolidated balance sheets including those described above. The following is a description of the other instruments included in the program along with the related valuation methodologies used:

***Commingled Funds*** – Commingled funds are developed for investment by institutional investors only; and therefore, do not require registration with the Securities and Exchange Commission. Commingled funds are recorded at fair value based on either the underlying investments that have a readily determinable market value or based on net asset value, which is calculated using the most recent fund financial statements.

***Hedge Funds*** – Hedge funds utilize either a direct or a “fund-of-funds” approach resulting in diversified multi-strategy, multi-manager investments. Underlying investments in these funds may include equity securities, debt securities, commodities, currencies, and derivatives. These funds are valued at net asset value, which is calculated using the most recent fund financial statements.

**Equity Method Investments** – Certain other investments are accounted for using the equity method. These investments are structured as limited liability corporations and partnerships and are designed to produce stable investment returns regardless of market activity. These investments utilize a combination of “fund-of-funds” and direct-fund investment resulting in a diversified multistrategy, multimanager investments approach. Some of these funds are developed by investment managers specifically for Trinity Health’s use and are similar to mutual funds, but are not traded on a public exchange. Underlying investments in these funds may include other funds, equity securities, debt securities, commodities, currencies, and derivatives. Audited information is only available annually based on the limited liability corporations, partnerships or funds’ year-end. Management’s estimates of the fair values of these investments are based on information provided by the third-party administrators and fund managers or the general partners. Management obtains and considers the audited financial statements of these investments when evaluating the overall reasonableness of the recorded value. In addition to a review of external information provided, management’s internal procedures include such things as review of returns against benchmarks and discussions with fund managers on performance, changes in personnel or process, along with evaluations of current market conditions for these investments. Because of the inherent uncertainty of valuations, values may differ materially from the values that would have been used had a ready market existed.

**Interest Rate Swaps** – The fair value of the derivatives, which are mainly interest rate swaps, are estimated utilizing the terms of the swaps and publicly available market yield curves along with the Trinity Health’s nonperformance risk as observed through the credit default swap market and bond market and based on prices for recent trades. These swap agreements are classified as Level 2 within the fair value hierarchy.

The following table present information about the fair values of financial instruments measured at fair value on a recurring basis and recorded at September 30 (in thousands):

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
<b>Assets:</b>				
Cash and cash equivalents	\$ 117,102	\$ 1,068	\$ -	\$ 118,170
Equity securities	15,710	-	-	15,710
<b>Debt securities:</b>				
Government and government agency obligations	-	10,951	-	10,951
Corporate bonds	-	10,049	-	10,049
Asset backed securities	-	2,082	-	2,082
<b>Mutual funds:</b>				
Equity mutual funds	61,188	-	-	61,188
Fixed income mutual funds	14,362	-	-	14,362
Real estate investment funds	2,482	-	-	2,482
Other	1,677	-	-	1,677
Interest rate swaps	-	-	-	-
Total assets at fair value	<u>\$ 212,521</u>	<u>\$ 24,150</u>	<u>\$ -</u>	<u>\$ 236,671</u>
<b>Investments measured at net asset value:</b>				
Commingled funds				-
Hedge funds				1,627
Equity method investments				2,000
Total assets				<u>\$ 240,298</u>



The following table reconciles the information about the fair value of the Corporation's financial instruments measured at fair value on a recurring basis presented in the table above to amounts presented in the consolidated balance sheets (in thousands):

	<u>2016</u>
<b>Assets:</b>	
Cash and cash equivalents	\$ 92,355
Investments	74,937
Assets limited or restricted as to use—Current portion	6,853
Assets limited or restricted as to use - Noncurrent portion:	
Held by trustees under bond indenture agreements	-
Self-insurance, benefit plans, and other	26,064
By board	39,825
By donor	110,059
Total	<u>\$ 350,093</u>
<b>Less:</b>	
Total unconditional promises to give, net	(13,743)
Investments in Trinity Health's pooled investment program	(89,520)
Centrally managed deferred compensation	(6,532)
Total assets	<u><u>\$ 240,298</u></u>

**Investments in Entities that Calculate Net Asset Value per Share:** The Corporation holds shares or interests in investment companies at year-end, included in commingled funds and hedge funds, where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company. There were no unfunded commitments as of September 30, 2016. The fair value and redemption rules of these investments are as follows (in thousands):

<u>Investments Held at September 30, 2016</u>			
	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Commingled funds	\$ -		
Hedge funds	<u>1,627</u>	Monthly, quarterly, semi-annually, bi-annually	15-95 days
Total	<u><u>\$ 1,627</u></u>		

The following table summarizes information about the fair value of the Corporation's financial assets in the investment in the Trinity Health's pooled investment program at September 30, 2016, according to the asset category and the valuation techniques used to determine their fair values:

	2016			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total Fair Value
Cash and cash equivalents	11%	0%	0%	11%
Equity securities	19%	0%	0%	19%
Debt securities:				
Government and government agency obligations	0%	5%	0%	5%
Corporate debt securities	0%	9%	0%	9%
Asset backed securities	0%	2%	0%	2%
Bank loans	0%	1%	0%	1%
Other	0%	0%	0%	0%
Mutual funds:				
Equity mutual funds	4%	0%	0%	4%
Fixed income mutual funds	1%	0%	0%	1%
Real estate investment funds	0%	0%	0%	0%
Other	0%	0%	0%	0%
Interest rate swaps	0%	0%	0%	0%
Total investments at fair value in Trinity Health corporate pooled investment program	35%	17%	0%	<u>52%</u>
Investments measured at net asset value:				
Commingled funds				20%
Hedge funds				12%
Equity method investments				16%
Total investments in Trinity Health pooled investment program				<u>100%</u>

The composition of investment returns, including earnings on investments in the Trinity Health pooled investment program, included in the consolidated statements of operations and changes in net assets for the years ended September 30 are as follows (in thousands):

	2016
Dividend, interest income and other	\$ 2,494
Realized gains net	2,132
Realized equity gains, other investments	1,754
Change in net unrealized gains on investments	5,032
Total investment return	<u>\$ 11,412</u>
<b>Included in:</b>	
Operating income	\$ 1,384
Nonoperating items	7,114
Changes in restricted net assets	2,914
Total investment return	<u>\$ 11,412</u>

In addition to investments, assets restricted as to use include receivables for unconditional promises to give cash and other assets net of allowances for uncollectible promises to give. Unconditional promises to give consist of the following at September 30 (in thousands):

	<u>2016</u>
<b>Amounts expected to be collected in:</b>	
Less than one year	\$ 4,413
One to five years	8,397
More than five years	<u>3,390</u>
	16,200
Discount to present value of future cash flows	(1,529)
Allowance for uncollectible amounts	<u>(928)</u>
Total unconditional promises to give, net	<u>\$ 13,743</u>

**Patient Accounts Receivable, Estimated Receivables from Third-Party Payors, and Current Liabilities** – The carrying amounts reported in the consolidated balance sheets approximate their fair value.

**Long-term Debt** – The fair value of the Corporation’s intercompany debt under the Trinity Health intercompany loan program is based on its proportionate share of Trinity Health’s fair value for its tax-exempt fixed and variable rate bonds issued under its master indenture. The carrying amounts of Trinity Health’s variable rate debt approximate its fair values. The fair value of Trinity Health’s fixed rate debt is estimated using discounted cash flow analyses, based on current incremental borrowing rates for similar types of borrowing arrangements. Under the fair value hierarchy, these financial instruments are valued primarily using Level 2 inputs. The fair value of the tax-exempt fixed rate long-term revenue and refunding bonds was \$379 million September 30, 2016. The fair values of the remaining fixed rate capital leases and notes payable to banks are not materially different from their carrying values.

## 12. TEMPORARILY AND PERMANENTLY RESTRICTED NET ASSETS

Temporarily restricted net assets are those whose use by the Corporation has been limited by donors to a specific time period or purpose. Permanently restricted net assets have been restricted by donors to be maintained in perpetuity. Temporarily restricted net assets and permanently restricted net assets at September 30 are available for the following purposes (in thousands):

	<u>2016</u>
<b>Temporarily Restricted Net Assets</b>	
Education and research	\$ 3,494
Building and equipment	19,394
Patient care	2,376
Cancer Center/research	1,485
Services for elderly care	439
Other	<u>11,974</u>
Total	<u>\$ 39,162</u>
<b>Permanently Restricted Net Assets:</b>	
Hospital operations	<u>\$ 74,177</u>

The Corporation's endowments consist of funds established for a variety of purposes. Endowments include both donor-restricted endowment funds and funds designated by the board to function as endowments. Net assets associated with endowment funds, including funds designated by the board to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions. The Corporation considers various factors in making a determination to appropriate or accumulate donor-restricted endowment funds.

The Corporation employs a total return investment approach whereby a mix of equities and fixed income investments are used to maximize the long-term return of endowment funds for a prudent level of risk. The Corporation targets a diversified asset allocation to achieve its long-term return objectives within prudent risk constraints. The Corporation can appropriate each year all available earnings in accordance with donor restrictions. The endowment corpus is to be maintained in perpetuity. Certain donor-restricted endowments require a portion of annual earnings to be maintained in perpetuity along with the corpus. Only amounts exceeding the amounts required to be maintained in perpetuity are expended.

The following table summarizes endowment net asset composition by type of fund at September 30 (in thousands):

	<b>2016</b>			
	<b>Unrestricted Net Assets</b>	<b>Temporarily Restricted Net Assets</b>	<b>Permanently Restricted Net Assets</b>	<b>Total</b>
Donor-restricted endowment funds	\$ 10,945	\$ 3,789	\$ 74,177	\$ 88,911
Board-designated endowment funds	-	-	-	-
<b>Total endowment funds</b>	<b>\$ 10,945</b>	<b>\$ 3,789</b>	<b>\$ 74,177</b>	<b>\$ 88,911</b>

Changes in endowment net assets for the year ended September 30 include (in thousands):

	<b>Unrestricted Net Assets</b>	<b>Temporarily Restricted Net Assets</b>	<b>Permanently Restricted Net Assets</b>	<b>Total</b>
Endowment net assets, October 1, 2015	\$ -	\$ 3,200	\$ 55,404	\$ 58,604
Investment return:				
Investment gains	184	23	-	207
Change in net realized and unrealized gains	1,175	157	2,277	3,609
Total investment return	1,359	180	2,277	3,816
Acquisition of Saint Mary's	-	409	16,526	16,935
Equity transfer	9,586	-	-	9,586
Appropriation of endowment assets for expenditures	-	-	(30)	(30)
Other	-	-	-	-
<b>Endowment net assets, September 30, 2016</b>	<b>\$ 10,945</b>	<b>\$ 3,789</b>	<b>\$ 74,177</b>	<b>\$ 88,911</b>

The table below describes the restrictions for endowment amounts classified as temporarily restricted net assets and permanently restricted net assets as of September 30 (in thousands):

	<u>2016</u>
<b>Temporarily restricted net assets:</b>	
The portion of perpetual endowment funds subject to a purpose restriction:	
Total endowment funds classified as temporarily restricted net assets	<u>\$ 3,789</u>
<b>Permanently restricted net assets</b>	
Investment to be held in perpetuity, the income from which is expendable to support health care services	<u>\$ 74,177</u>

*Funds with Deficiencies* – Periodically the fair value of assets associated with the individual donor-restricted endowment funds may fall below the level that the donor or law requires the Corporation to retain as a fund of perpetual duration. Deficiencies of this nature are reported in unrestricted net assets. These deficiencies resulted from unfavorable market fluctuations and/or continued appropriation for certain programs that was deemed prudent by the Corporation.

### 13. INCOME TAXES

At September 30, 2016, the Corporation’s taxable subsidiaries have unused net operating loss carry forwards for tax purposes of approximately \$159 million, respectively, available to offset future taxable income. These loss carry forwards begin to expire in 2018. The Corporation has recognized a valuation allowance for the entire amount of the deferred tax asset related to net operating loss carry forwards. Deferred tax liabilities are immaterial.

### 14. SUBSEQUENT EVENTS

Management has evaluated subsequent events through January 25, 2017, the date the financial statements were issued.

Trinity Health - New England, Inc.  
(A Member of Trinity Health)

Consolidated Balance Sheet  
As of September 30, 2016  
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
<b>ASSETS</b>																
<b>CURRENT ASSETS:</b>																
Cash and cash equivalents	\$ 17,282	\$ 7,525	\$ -	\$ 979	\$ 207	\$ 158	\$ 243	\$ 543	\$ -	\$ 26,937	\$ 10,502	\$ -	\$ 6,530	\$ 967	\$ -	\$ 44,936
Investments	4,288	-	-	-	-	-	-	-	-	4,288	10,309	38	-	-	-	14,635
Investments in Trinity Health pooled investment program	33,338	-	-	-	-	-	-	-	-	33,338	-	-	-	-	-	33,338
Assets limited or restricted as to use—Current portion	-	-	-	-	-	-	-	-	-	-	-	2,303	-	-	-	2,303
Patient accounts receivable, net of allowance for doubtful accounts of \$34.9 million as of September 30, 2016	64,589	-	-	1,174	14	-	721	221	-	66,719	1,965	-	5,672	365	-	74,721
Estimated receivables from third-party payors	5,513	-	-	-	-	-	-	-	-	5,513	-	-	-	-	-	5,513
Other receivables	3,498	1	-	2	222	183	-	33	-	3,929	13	-	1,356	487	-	5,795
Receivables from affiliates	47,486	12,457	-	1,798	-	-	-	-	(9,734)	52,007	2,988	-	-	-	(23,303)	31,692
Inventories	8,913	-	-	-	-	-	-	-	-	8,913	-	-	-	-	-	8,913
Prepaid expenses and other current assets	3,861	-	-	147	2	10	7	8	-	4,035	81	14	174	-	-	4,304
Total current assets	188,768	19,983	-	4,100	445	351	971	805	(9,734)	205,689	25,858	2,355	13,732	1,819	(23,303)	226,150
<b>ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:</b>																
Self-insurance, benefit plans, and other	2,118	-	-	-	-	-	-	-	-	2,118	-	-	3,068	-	-	5,186
By board	23,504	-	-	-	-	-	-	-	-	23,504	-	-	-	-	-	23,504
By donors	74,738	-	-	-	-	-	-	-	-	74,738	-	9,315	-	-	-	84,053
Total assets limited or restricted as to use—Noncurrent portion	100,360	-	-	-	-	-	-	-	-	100,360	-	9,315	3,068	-	-	112,743
PROPERTY AND EQUIPMENT—Net	389,982	5,636	-	730	55	45	274	22	-	396,744	997	11	1,337	93	-	399,382
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	13,266	-	-	-	-	-	-	-	-	13,266	350	-	-	-	(11,681)	1,935
INTANGIBLE ASSETS	7,050	-	-	-	-	-	-	-	-	7,050	-	-	-	-	-	7,050
OTHER ASSETS	48,717	-	-	-	-	-	-	-	-	48,717	-	-	5	-	-	48,722
<b>TOTAL ASSETS</b>	<b>\$ 748,143</b>	<b>\$ 25,619</b>	<b>\$ -</b>	<b>\$ 4,830</b>	<b>\$ 500</b>	<b>\$ 396</b>	<b>\$ 1,245</b>	<b>\$ 827</b>	<b>\$ (9,734)</b>	<b>\$ 771,826</b>	<b>\$ 27,205</b>	<b>\$ 11,681</b>	<b>\$ 18,342</b>	<b>\$ 1,912</b>	<b>\$ (34,984)</b>	<b>\$ 795,982</b>

Trinity Health - New England, Inc.  
(A Member of Trinity Health)

Consolidated Balance Sheet (Continued)  
As of September 30, 2016  
(In Thousands)

	Johnson Memorial Hospital	Johnson Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Eliminations	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co./LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Practs	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	States of Providence Consolidated	Trinity Health NE - Eliminations	Trinity Health New England Inc
<b>ASSETS</b>																					
<b>CURRENT ASSETS:</b>																					
Cash and cash equivalents	\$ 86	\$ (73)	\$ -	\$ 160	\$ -	\$ 173	\$ 19,731	\$ -	\$ 460	\$ 87	\$ 53	\$ 507	\$ 1,170	\$ -	\$ 22,008	\$ 5,199	\$ -	\$ 72,316	\$ 20,039	\$ -	\$ 92,355
Investments	-	-	-	-	-	-	177	-	-	-	-	-	-	-	177	-	-	14,812	-	-	14,812
Investments in Trinity Health pooled investment program	1,068	130	51	-	-	1,251	-	-	-	-	-	-	-	-	-	-	-	34,289	25,536	-	60,125
Assets limited or restricted as to use—Current portion	-	-	-	-	-	-	-	3,418	-	-	-	-	-	33	3,451	-	-	-	-	1,099	4,550
Patient accounts receivable, net of allowance for doubtful accounts of \$34.9 million as of September 30, 2016	17,417	1,865	-	70	-	19,352	26,179	-	388	218	-	3,310	-	-	30,095	-	-	124,168	46,912	-	171,080
Estimated receivables from third-party payors	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,513	2,107	-	7,620
Other receivables	3,525	80	55	-	-	3,660	3,212	9,773	-	-	-	488	-	(9,773)	3,700	-	-	13,155	7,175	-	20,330
Receivables from affiliates	-	-	3,157	-	(2,732)	425	-	-	-	-	-	-	-	-	-	-	-	-	3,147	-	3,147
Inventories	1,513	-	-	-	-	1,513	3,889	-	-	-	-	-	-	-	3,890	-	-	14,316	5,479	-	19,795
Prepaid expenses and other current assets	677	56	15	-	-	750	2,950	261	31	793	-	28	9	1	3,515	-	-	8,569	2,818	-	11,387
Total current assets	24,266	2,160	3,280	230	(2,732)	27,114	56,118	13,432	882	328	53	4,363	1,213	(9,773)	66,636	5,199	(24,970)	296,339	111,163	-	407,504
<b>ASSETS LIMITED OR RESTRICTED AS TO USE—Noncurrent portion:</b>																					
Self-insurance, benefit plans, and other	-	-	-	-	-	-	-	19,531	-	-	-	-	-	-	19,531	-	-	24,717	1,347	-	26,064
By Board	-	-	-	-	-	-	10,849	-	-	-	-	-	-	-	10,849	-	-	15,999	4,026	-	19,875
By Donor	532	94	-	-	-	626	19,329	-	-	-	-	-	1,446	-	2,078	(2,978)	-	19,325	10,014	6,045	11,059
Total assets limited or restricted as to use—Noncurrent portion	532	94	-	-	-	626	30,178	19,531	-	-	-	-	1,446	-	(2,978)	-	-	164,530	11,418	-	175,948
PROPERTY AND EQUIPMENT—Net	20,756	12	4,440	-	-	25,208	96,482	-	1,747	383	-	2,400	-	-	101,012	-	-	525,602	116,041	-	641,643
INVESTMENTS IN UNCONSOLIDATED AFFILIATES	3,202	-	-	-	-	3,202	28,259	-	-	-	-	-	-	(22,048)	6,211	14,967	(14,847)	11,468	830	-	12,298
INTANGIBLE ASSETS	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	7,050	7,437	-	14,487
OTHER ASSETS	806	-	-	-	-	806	3,221	-	-	-	-	-	-	-	3,221	18,000	(18,000)	57,249	32,946	-	85,995
<b>TOTAL ASSETS</b>	<b>\$ 49,592</b>	<b>\$ 2,166</b>	<b>\$ 7,720</b>	<b>\$ 230</b>	<b>\$ (2,732)</b>	<b>\$ 56,076</b>	<b>\$ 214,228</b>	<b>\$ 32,963</b>	<b>\$ 2,672</b>	<b>\$ 911</b>	<b>\$ 53</b>	<b>\$ 6,763</b>	<b>\$ 5,633</b>	<b>\$ (24,799)</b>	<b>\$ 228,431</b>	<b>\$ 38,166</b>	<b>\$ (61,817)</b>	<b>\$ 1,052,728</b>	<b>\$ 272,817</b>	<b>\$ -</b>	<b>\$ 1,325,545</b>

Trinity Health - New England, Inc.  
(A Member of Trinity Health)

Consolidated Balance Sheet (Continued)  
As of September 30, 2016  
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medwicks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated	
<b>LIABILITIES AND NET ASSETS</b>																	
<b>CURRENT LIABILITIES:</b>																	
Current portion of long-term debt	\$ 6,925	\$ -	\$ -	\$ 3	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,928	\$ 1	\$ -	\$ 10	\$ -	\$ -	\$ (197)	\$ 6,742
Current portion of notes payable to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Accounts payable	33,443	8	-	1,282	251	459	(26)	21	(62)	35,376	43	165	990	1,791	-	38,366	
Accounts payable affiliates	-	-	-	-	186	152	1,463	7,933	(9,734)	-	-	826	16,473	1,931	(19,230)	-	
Accrued expenses	720	23	-	-	-	-	1	-	-	744	-	9	-	-	-	753	
Salary, wages, and related liabilities	38,144	-	-	1,749	47	-	456	653	-	41,049	2,132	-	15,641	230	-	59,052	
Current portion of self-insurance reserves	9,045	-	-	-	-	-	-	-	-	9,045	-	-	-	-	-	9,045	
Estimated payables to third-party payors	8,953	-	-	-	-	-	-	-	-	8,953	868	-	1,316	-	-	11,137	
Total current liabilities	97,230	31	-	3,034	484	611	1,894	8,607	(9,796)	102,095	3,044	1,001	34,430	3,952	(19,427)	125,085	
LONG-TERM DEBT - Net of current portion	237,732	-	-	-	-	-	-	-	-	237,732	-	-	5	-	(4,073)	233,664	
NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES - Net of current portion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
SELF-INSURANCE RESERVES - Net of current portion	40,654	-	-	-	-	-	-	-	-	40,654	-	-	-	-	-	40,654	
ACCRUED PENSION AND RETIREE HEALTH COSTS	227,408	-	-	4,207	-	-	-	-	-	231,615	-	-	-	-	-	231,615	
OTHER LONG-TERM LIABILITIES	11,214	-	-	-	-	-	-	-	-	11,214	-	151	3,068	-	197	14,630	
Total liabilities	614,238	31	-	7,241	484	611	1,894	8,607	(9,796)	623,310	3,044	1,152	37,503	3,952	(23,303)	645,538	
<b>NET ASSETS:</b>																	
Unrestricted net assets	49,222	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	63,833	22,498	(1,151)	(19,161)	(2,040)	-	63,979	
Noncontrolling ownership interest in subsidiaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Total unrestricted net assets	49,222	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	63,833	22,498	(1,151)	(19,161)	(2,040)	-	63,979	
Temporarily restricted net assets	29,372	-	-	-	-	-	-	-	-	29,372	1,663	11,467	-	-	(11,467)	31,035	
Permanently restricted net assets	55,311	-	-	-	-	-	-	-	-	55,311	-	213	-	-	(213)	55,311	
Total net assets	133,905	25,588	-	(2,411)	16	(215)	(649)	(7,780)	62	148,516	24,161	10,529	(19,161)	(2,040)	(11,680)	150,325	
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 748,143</b>	<b>\$ 25,619</b>	<b>\$ -</b>	<b>\$ 4,830</b>	<b>\$ 500</b>	<b>\$ 396</b>	<b>\$ 1,245</b>	<b>\$ 827</b>	<b>\$ (9,734)</b>	<b>\$ 771,826</b>	<b>\$ 27,205</b>	<b>\$ 11,681</b>	<b>\$ 18,342</b>	<b>\$ 1,912</b>	<b>\$ (34,983)</b>	<b>\$ 795,983</b>	



Trinity Health - New England, Inc.  
(A member of Trinity Health)

Consolidated Balance Sheet (Continued)  
As of September 30, 2016  
(In Thousands)

	Johnson Memorial Hospital	Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE - Eliminations	Trinity Health New England, Inc.
<b>LIABILITIES AND NET ASSETS</b>																					
<b>CURRENT LIABILITIES:</b>																					
Current portion of long-term debt	\$ 389	\$ -	\$ -	\$ -	\$ -	\$ 389	\$ 89	\$ -	\$ 83	\$ 165	\$ -	\$ -	\$ -	\$ -	\$ 337	\$ (4,755)	\$ -	\$ 2,712	\$ 253	\$ -	\$ 2,965
Current portion of notes payable to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,108	-	5,108	2,343	-	7,451
Accounts payable	4,482	382	37	61	-	4,962	19,979	40	209	177	12	835	64	-	21,316	897	-	65,541	18,553	-	82,094
Accounts payable affiliates	23,269	2,701	-	31	(2,732)	23,269	1,984	-	-	-	164	3,354	20	(5,532)	-	5,701	(28,970)	-	-	-	-
Accrued expenses	-	113	19	-	-	132	1,888	-	-	-	-	-	-	-	1,888	-	-	2,775	2,664	-	5,437
Salary, wages, and related liabilities	2,490	273	-	25	-	2,788	9,183	-	329	19	-	3,242	-	-	12,773	1,060	-	75,613	24,982	-	100,595
Current portion of self-insurance reserves	532	96	-	2	-	630	2,324	-	-	-	-	-	-	-	2,324	-	-	11,999	5,607	-	17,600
Estimated payables to third-party payors	844	31	-	-	-	875	2,990	-	-	-	-	901	-	-	3,891	-	-	15,903	4,732	-	20,635
Total current liabilities	32,066	3,596	56	119	(2,732)	33,045	38,447	40	621	361	176	8,332	84	(5,532)	42,529	7,990	(28,970)	179,649	57,134	-	236,783
LONG-TERM DEBT - Net of current portion	4,367	-	-	-	-	4,367	-	-	287	299	-	-	-	-	586	(237,165)	-	1,452	212	-	1,664
<b>NOTES PAYABLE TO TRINITY HEALTH AND AFFILIATES -</b>																					
Net of current portion	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	254,704	-	254,704	116,816	-	371,520
SELF-INSURANCE RESERVES - Net of current portion	806	-	-	-	-	806	10,376	-	14,572	-	-	-	-	-	(4,241)	20,707	-	62,167	16,775	-	78,942
ACCRUED PENSION AND RETIREE HEALTH COSTS	-	-	-	-	-	-	82,429	-	-	-	-	-	-	-	82,429	-	-	314,044	-	-	314,044
<b>OTHER LONG-TERM LIABILITIES</b>																					
Total liabilities	18,039	-	-	-	-	18,039	2,226	-	-	-	-	-	-	-	2,226	-	(18,000)	16,995	2,145	-	19,140
	55,218	3,596	56	119	(2,732)	56,257	135,578	14,612	908	660	176	8,332	84	(9,773)	148,577	25,489	(46,970)	829,011	193,082	-	1,022,093
<b>NET ASSETS:</b>																					
Unrestricted net assets	(6,169)	(1,485)	7,635	111	-	82	62,162	18,371	1,721	251	(123)	(1,569)	2,572	(24,637)	58,748	12,677	(14,848)	120,638	78,917	-	199,555
Noncontrolling ownership interest in subsidiaries	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,588	-	-	2,588	-	-	2,588
Total unrestricted net assets	(6,169)	(1,485)	7,635	111	-	82	62,162	18,371	1,721	251	(123)	(1,569)	2,572	(22,049)	61,336	12,677	(14,848)	123,226	78,917	-	202,143
Temporarily restricted net assets	543	65	29	-	-	637	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	33,642	5,520	-	39,162
Permanently restricted net assets	-	-	-	-	-	-	16,548	-	-	-	-	-	1,050	(1,050)	16,548	-	-	71,859	2,318	-	74,177
Total net assets	(5,626)	(1,420)	7,664	111	-	719	80,680	18,371	1,721	251	(123)	(1,569)	5,549	(25,026)	79,854	12,677	(14,848)	228,727	86,755	-	315,482
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$ 49,592</b>	<b>\$ 2,166</b>	<b>\$ 7,720</b>	<b>\$ 230</b>	<b>\$ (2,732)</b>	<b>\$ 56,976</b>	<b>\$ 214,258</b>	<b>\$ 32,983</b>	<b>\$ 2,650</b>	<b>\$ 911</b>	<b>\$ 51</b>	<b>\$ 6,763</b>	<b>\$ 5,633</b>	<b>\$ (34,999)</b>	<b>\$ 228,431</b>	<b>\$ 38,186</b>	<b>\$ (61,818)</b>	<b>\$ 1,057,738</b>	<b>\$ 278,837</b>	<b>\$ -</b>	<b>\$ 1,337,575</b>

Trinity Health - New England, Inc.  
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets  
For The Year Ended September 30, 2016  
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Medworks	Total Lunenburg Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiary	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
<b>UNRESTRICTED REVENUE:</b>																
Patient service revenue, net of contractual and other allowances	\$ 745,036	\$ -	\$ -	\$ 14,190	\$ -	\$ -	\$ 4,435	\$ 3,404	\$ -	\$ 767,065	\$ 49,307	\$ -	\$ 64,494	\$ 3,528	\$ -	\$ 884,394
Provision for bad debts	(14,575)	-	-	(350)	(224)	(122)	(409)	(180)	-	(15,860)	(268)	-	(2,100)	(101)	-	(18,535)
Net patient service revenue less provision for bad debts	730,461	-	-	13,840	(224)	(122)	4,026	3,224	-	751,205	49,039	-	62,394	3,427	-	865,669
Capitation revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net assets released from restrictions	3,396	-	-	-	-	-	-	-	-	3,396	-	4,030	-	-	-	7,951
Other revenue	37,245	3,184	-	22,088	1,047	5,077	1,088	3,895	(31,473)	41,351	2,859	362	30,745	1,054	(51,092)	41,259
Total unrestricted revenue	771,102	3,184	-	35,928	363	4,955	5,114	6,319	(31,473)	795,952	52,363	4,412	113,133	4,481	(35,092)	915,209
<b>EXPENSES:</b>																
Salaries and wages	257,995	-	-	13,975	427	-	4,052	6,023	-	282,472	14,716	-	103,713	2,458	-	403,359
Employee benefits	64,724	-	-	3,791	33	347	549	1,060	(3,659)	66,865	3,480	-	13,542	388	(84)	84,191
Contract labor	37,529	163	-	473	34	2,589	264	153	(9,347)	31,860	2,292	936	4,170	31	(8,500)	30,719
Total labor expenses	360,248	163	-	18,239	494	2,936	4,865	7,236	(12,866)	381,197	20,398	936	121,425	2,877	(8,584)	518,269
Supplies	121,088	1	-	7,212	43	568	31	11	-	128,954	14,368	146	1,970	321	-	145,759
Purchased services	40,381	4	-	6,482	136	504	438	58	(4,149)	43,854	724	832	3,824	226	(2,060)	47,400
Depreciation and amortization	43,827	549	-	63	19	7	82	8	-	44,555	386	1	174	21	-	45,177
Occupancy	34,035	130	-	3,215	92	916	512	279	(961)	38,218	514	15	3,620	505	(2,468)	40,404
Interest	8,464	-	-	-	-	-	-	-	-	8,464	-	-	1	-	-	8,465
Other	152,655	105	-	688	99	30	153	262	(13,407)	140,585	718	421	3,697	1,710	(41,980)	107,151
Total expenses	760,698	952	-	35,899	883	4,961	6,081	7,856	(31,503)	785,827	37,108	2,371	136,711	5,660	(55,092)	912,585
OPERATING INCOME (LOSS)	10,404	2,232	-	29	(60)	(6)	(967)	(1,537)	30	10,125	15,255	2,041	(23,578)	(1,179)	-	2,684
<b>NONOPERATING ITEMS:</b>																
Earnings in Trinity Health pooled investment program	2,168	-	-	-	-	-	-	-	-	2,168	-	-	-	-	-	2,168
Investment income	4,716	-	-	-	-	-	-	-	-	4,716	19	3	2	-	-	4,740
Loss from early extinguishment of debt	(4,034)	-	-	-	-	-	-	-	-	(4,034)	-	-	-	-	-	(4,034)
Inherent contribution related to acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss on earnings of unconsolidated affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Interest cost on interest rate swaps	(925)	-	-	-	-	-	-	-	-	(925)	-	-	-	-	-	(925)
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total nonoperating items	1,925	-	-	-	-	-	-	-	-	1,925	19	3	2	-	-	1,949
EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES-net	\$ 12,529	\$ 2,232	\$ -	\$ 29	\$ (60)	\$ (6)	\$ (967)	\$ (1,537)	\$ 30	\$ 12,050	\$ 15,274	\$ 2,044	\$ (23,576)	\$ (1,179)	\$ -	\$ 4,633

Trinity Health - New England, Inc.  
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)  
For the Year Ended September 30, 2016  
(In Thousands)

	Johnson Memorial Hospital	Trinity & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Capital Asset	Saint Mary's Hospital	Saint Mary's Indiana Co. LLC	Diagnostic Imaging of Southbury	Newagawick Valley MRI LLC	Saint Mary's Plus Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Starrs of Providence Consolidated	Trinity Health NE - Eliminations	Trinity Health New England, Inc.
<b>UNRESTRICTED REVENUE:</b>																					
Patient service revenue, net of contractual and other allowances	\$ 44,719	\$ 2,667	\$ -	\$ 138	\$ (11)	\$ 47,753	\$ 44,946	\$ -	\$ 994	\$ 328	\$ -	\$ 5,472	\$ -	\$ -	\$ 51,740	\$ -	\$ -	\$ 93,887	\$ 379,607	\$ -	\$ 1,361,901
Provision for bad debts	(1,262)	(541)	-	(2)	-	(1,805)	(935)	-	-	-	-	(904)	(3)	-	(1,442)	-	-	(21,982)	(6,196)	-	(72,576)
Net patient service revenue less provision for bad debts	43,457	2,126	-	136	(11)	45,948	44,011	-	994	328	-	4,568	(3)	-	50,298	-	-	91,905	373,411	-	1,339,325
Capitated revenue	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	18,645	-	18,645
Net assets released from restrictions	9	1	-	-	-	10	30	-	-	-	-	-	-	-	30	-	-	7,991	287	-	8,278
Other revenue	2,433	11	631	-	(169)	3,105	892	35	1	-	-	523	161	(807)	1,220	19,888	(16,490)	48,990	37,600	(7,386)	78,813
Total unrestricted revenue	45,915	2,339	631	136	(180)	49,264	44,933	35	995	328	-	5,091	164	(807)	51,518	19,888	(16,490)	173,586	437,906	(7,386)	1,435,700
<b>EXPENSES:</b>																					
Salaries and wages	20,029	1,873	-	189	-	22,091	15,392	-	209	70	39	6,653	39	-	22,402	-	-	447,832	193,631	-	641,463
Employee benefits	4,377	389	-	30	-	4,876	4,065	-	41	9	-	640	10	-	4,763	1,298	-	54,936	6,493	-	138,913
Contract labor	922	4	1	73	(17)	983	2,867	-	(28)	105	55	551	38	-	3,688	1,088	-	39,486	8,994	(879)	48,279
Total labor expenses	25,228	2,266	1	292	(34)	27,662	22,424	-	222	184	94	7,844	87	-	30,853	5,086	-	282,254	213,128	(968)	828,655
Supplies	8,215	198	-	37	-	8,440	7,346	-	70	37	-	360	8	-	7,821	89	-	162,109	60,819	-	222,918
Purchased services	3,433	310	3	39	-	3,785	1,967	-	82	30	26	111	11	-	2,167	14,681	-	68,033	68,219	(6,419)	129,633
Depreciation and amortization	2,385	19	77	-	-	2,481	2,639	-	50	8	-	117	-	-	2,654	283	-	50,735	15,507	(282)	65,779
Occupancy	3,018	131	228	49	(122)	3,314	1,862	-	112	34	-	515	2	(2)	2,502	107	-	46,327	16,879	-	63,206
Interest	582	-	-	-	-	582	5	-	3	1	-	-	-	-	9	-	-	9,566	2,838	-	11,404
Other	6,292	369	28	55	(11)	6,733	5,038	206	351	10	1	493	16	(999)	5,538	1,397	(16,490)	104,229	28,211	-	132,540
Total expenses	46,131	3,293	337	412	(180)	52,965	41,261	208	890	304	121	8,440	124	(612)	51,728	22,043	(16,490)	1,022,839	136,137	(7,588)	1,451,414
<b>OPERATING INCOME (LOSS)</b>	<b>(2,216)</b>	<b>(954)</b>	<b>494</b>	<b>(276)</b>	<b>-</b>	<b>(5,701)</b>	<b>3,672</b>	<b>(173)</b>	<b>105</b>	<b>24</b>	<b>(121)</b>	<b>(3,349)</b>	<b>34</b>	<b>240</b>	<b>(168)</b>	<b>(7,180)</b>	<b>-</b>	<b>(1,553)</b>	<b>(6,341)</b>	<b>-</b>	<b>(13,714)</b>
<b>NON-OPERATING ITEMS:</b>																					
Damage in Trinity Health pooled investment program	104	-	-	-	-	104	-	-	-	-	-	-	-	-	-	-	-	2,272	667	-	2,939
Investment income	(199)	-	-	-	-	(199)	45	(4)	-	1	-	-	25	-	67	(1,003)	-	3,645	530	-	4,175
Loss from early extinguishment of debt	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(4,554)	-	-	(4,554)
Inherent consolidation related to acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	60,065	-	60,065	-	-	60,065
Loss on earnings of unconsolidated affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(1,879)	-	(1,879)
Interest (net of interest rate swaps)	(13)	-	-	-	-	(13)	-	-	-	-	-	-	-	-	-	-	-	(938)	(24)	-	(962)
Other	(192)	-	-	-	-	(192)	-	-	-	-	-	-	-	-	-	-	-	(192)	(131)	-	(323)
Total nonoperating items	(282)	-	-	-	-	(282)	45	(4)	-	1	-	-	25	-	67	39,665	-	60,818	(1,781)	-	59,642
<b>EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES-net</b>	<b>\$ (2,498)</b>	<b>\$ (954)</b>	<b>\$ 494</b>	<b>\$ (276)</b>	<b>\$ -</b>	<b>\$ (5,983)</b>	<b>\$ 3,717</b>	<b>\$ (177)</b>	<b>\$ 105</b>	<b>\$ 25</b>	<b>\$ (121)</b>	<b>\$ (3,349)</b>	<b>\$ 59</b>	<b>\$ 240</b>	<b>\$ (101)</b>	<b>\$ (6,780)</b>	<b>\$ -</b>	<b>\$ (1,553)</b>	<b>\$ (6,341)</b>	<b>\$ -</b>	<b>\$ (13,714)</b>

Trinity Health - New England, Inc.  
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)  
For The Year Ended September 30, 2016  
(In Thousands)

	Saint Francis Hospital and Medical Center, Inc.	One Thousand Corporation	Saint Francis Indemnity Co.	Collaborative Laboratory Services	Midwicks	Total Laundry Collaborative	Saint Francis Care Medical Group	Saint Francis Behavioral Health Group	Intercompany Eliminations	Consolidated Saint Francis Hospital and Medical Center	Mount Sinai Rehabilitation Hospital, Inc.	Saint Francis Hospital and Medical Center Foundation, Inc.	Saint Francis Medical Group and Subsidiaries	Asylum Hill Family Medicine Center, Inc.	Intercompany Eliminations	Saint Francis Consolidated
<b>UNRESTRICTED NET ASSETS:</b>																
Unrestricted net assets attributable to the Corporation:																
Excess (deficiency) of revenue over expenses	\$ 12,329	\$ 2,232	\$ -	\$ 29	\$ (60)	\$ (6)	\$ (967)	\$ (1,537)	\$ 30	\$ 12,050	\$ 15,294	\$ 2,044	\$ (23,576)	\$ (1,179)	\$ -	\$ 4,633
Net assets released from restrictions for capital acquisitions	284	-	-	-	-	-	-	-	-	284	-	-	-	-	-	284
Transfers to Trinity Health and affiliates	(6,130)	-	-	-	76	1,505	-	-	32	(4,517)	(10,000)	(156)	15,000	-	-	327
Transfer to Trinity Assurance, Ltd.	-	-	(11,359)	-	-	-	-	-	-	(11,359)	-	-	-	-	-	(11,359)
Transfer from Trinity Health	43,992	-	-	-	-	-	-	-	-	43,992	-	-	-	-	-	43,992
Acquisitions—Saint Mary's	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquisitions—Riverbend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Net change in retirement plan-related items	(38,499)	-	-	(1,663)	-	-	-	-	-	(40,162)	-	-	-	-	-	(40,162)
Partnership dividends	12,484	-	(12,484)	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	(317)	-	-	-	-	-	-	-	-	(317)	-	(2,700)	-	-	-	(3,017)
Increase (decrease) in unrestricted net assets	24,743	2,232	(23,843)	(1,634)	16	1,499	(967)	(1,337)	62	(29)	5,294	(812)	(8,576)	(1,179)	-	(5,302)
Excess of revenue over expenses attributable to noncontrolling interests:																
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase in unrestricted net assets attributable to noncontrolling interests	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>TEMPORARILY RESTRICTED NET ASSETS:</b>																
Contributions	2,919	-	-	-	-	-	-	-	-	2,919	336	6,258	-	-	-	9,513
Net investment gain	513	-	-	-	-	-	-	-	-	513	-	78	-	-	-	591
Net assets released from restrictions	(2,600)	-	-	-	-	-	-	-	-	(2,600)	(305)	(4,030)	-	-	(1,093)	(8,248)
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	4,123	-	-	-	-	-	-	-	-	4,123	70	-	-	-	(1,194)	2,999
Increase (decrease) in temporarily restricted net assets	4,955	-	-	-	-	-	-	-	-	4,955	(99)	2,286	-	-	(2,287)	4,855
<b>PERMANENTLY RESTRICTED NET ASSETS:</b>																
Net investment gain	2,131	-	-	-	-	-	-	-	-	2,131	-	-	-	-	-	2,131
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Increase (decrease) in permanently restricted net assets	2,131	-	-	-	-	-	-	-	-	2,131	-	-	-	-	-	2,131
<b>INCREASE (DECREASE) IN NET ASSETS</b>	<b>31,229</b>	<b>2,232</b>	<b>(23,843)</b>	<b>(1,634)</b>	<b>16</b>	<b>1,499</b>	<b>(967)</b>	<b>(1,537)</b>	<b>62</b>	<b>7,057</b>	<b>5,195</b>	<b>1,474</b>	<b>(8,576)</b>	<b>(1,179)</b>	<b>(2,287)</b>	<b>1,684</b>
NET ASSETS—BEGINNING OF YEAR	102,676	23,356	23,843	(777)	-	(1,714)	318	(6,243)	-	141,459	18,966	9,055	(10,585)	(861)	(9,393)	148,641
NET ASSETS—END OF YEAR	\$ 133,905	\$ 25,588	\$ -	\$ (2,411)	\$ 16	\$ (215)	\$ (649)	\$ (7,780)	\$ 62	\$ 148,516	\$ 24,161	\$ 10,529	\$ (12,161)	\$ (2,040)	\$ (7,180)	\$ 150,325

Trinity Health - New England, Inc.  
(A member of Trinity Health)

Consolidated Statement of Operations and Changes in Net Assets (Continued)  
For The Year Ended September 30, 2016  
(In Thousands)

	Johnson Memorial Hospital	Home & Community Health Services	Johnson Memorial Medical Center	Johnson Health Care	Intercompany Elimination	Johnson Consolidated	Saint Mary's Hospital	Saint Mary's Indemnity Co LLC	Diagnostic Imaging of Southbury	Naugatuck Valley MRI LLC	Saint Mary's Phys Partners	Franklin Medical Group PC	Saint Mary's Foundation	Intercompany Eliminations	Saint Mary's Consolidated	Trinity Health New England	Connecticut Eliminations	Connecticut Total	Sisters of Providence Consolidated	Trinity Health NE- Eliminations	Trinity Health New England, Inc.
UNRESTRICTED NET ASSETS:																					
Unrestricted net assets attributable to the Corporation:																					
Excess (deficiency) of revenue over expenses	\$ (3,474)	\$ (955)	\$ 494	\$ (56)	\$ -	\$ (3,991)	\$ 3,717	\$ (177)	\$ 105	\$ 25	\$ (121)	\$ (3,949)	\$ 59	\$ 240	\$ (101)	\$ 56,904	\$ -	\$ 57,445	\$ (9,511)	\$ -	\$ 47,934
Net assets released from restrictions for capital acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	284	2,604	2,888
Transfers to Trinity Health and affiliates	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	327	(3,868)	(3,541)
Transfer to Trinity Assurance, Ltd.	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(724)	-	-	(12,083)	-	(12,083)
Transfer from Trinity Health	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	43,992	-	43,992
Acquisitions—Saint Mary's	(2,695)	(540)	7,141	167	-	4,073	55,417	18,548	1,616	226	(102)	2,380	2,521	(24,712)	55,894	(60,065)	-	(98)	-	-	(98)
Acquisitions—Naverbend	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	(5,158)	(5,158)
Net change in retirement plan-related items	-	-	-	-	-	-	3,028	-	-	-	-	-	-	-	3,028	-	-	-	(37,154)	-	(37,154)
Partnership dividends	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other	-	-	-	-	-	-	-	-	-	-	100	-	-	(8)	(165)	(75)	-	-	(1,090)	-	(1,090)
Increase (decrease) in unrestricted net assets	(6,169)	(1,495)	7,635	111	-	82	62,162	18,371	1,721	251	(125)	(1,569)	2,572	(24,637)	58,748	(3,885)	-	49,643	(15,933)	-	33,710
Excess of revenue over expenses attributable to noncontrolling interests:																					
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	88	88	-	-	88	-	-	88
Acquisitions	-	-	-	-	-	-	-	-	-	-	-	-	-	2,500	2,500	-	-	2,500	-	-	2,500
Increase in unrestricted net assets attributable to noncontrolling interests	-	-	-	-	-	-	-	-	-	-	-	-	-	2,588	2,588	-	-	2,588	-	-	2,588
TEMPORARILY RESTRICTED NET ASSETS:																					
Contributions	83	-	-	-	-	83	-	-	-	-	-	-	-	-	-	-	-	-	9,596	3,857	13,453
Net investment gain	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	591	75	666
Net assets released from restrictions	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquisitions	460	65	29	-	-	554	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	-	(8,248)	(2,917)	(11,165)
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,524	-	-	-	2,524	-	2,524
Increase (decrease) in temporarily restricted net assets	543	65	29	-	-	637	1,970	-	-	-	-	-	1,927	(1,927)	1,970	-	-	-	7,462	1,015	8,477
PERMANENTLY RESTRICTED NET ASSETS:																					
Net investment gain	-	-	-	-	-	-	22	-	-	-	-	-	-	-	22	-	-	-	2,153	94	2,247
Acquisitions	-	-	-	-	-	-	16,526	-	-	-	-	-	1,050	(1,050)	16,526	-	-	-	16,526	-	16,526
Increase (decrease) in permanently restricted net assets	-	-	-	-	-	-	16,548	-	-	-	-	-	1,050	(1,050)	16,548	-	-	-	18,679	94	18,773
INCREASE (DECREASE) IN NET ASSETS	(5,626)	(1,430)	7,664	111	-	719	80,680	18,371	1,721	251	(125)	(1,569)	5,549	(25,026)	79,854	(3,885)	-	78,372	(14,824)	-	63,548
NET ASSETS—BEGINNING OF YEAR	\$ (5,626)	\$ (1,430)	\$ 7,664	\$ 111	\$ -	\$ 719	\$ 80,680	\$ 18,371	\$ 1,721	\$ 251	\$ (125)	\$ (1,569)	\$ 5,549	\$ (25,026)	\$ 79,854	\$ 16,562	\$ (14,848)	\$ 150,355	\$ 101,579	\$ -	\$ 251,934
NET ASSETS—END OF YEAR	\$ (11,252)	\$ (2,860)	\$ 15,328	\$ 222	\$ -	\$ 1,438	\$ 169,360	\$ 36,742	\$ 3,442	\$ 502	\$ (250)	\$ (3,138)	\$ 11,098	\$ (50,052)	\$ 159,708	\$ 12,677	\$ (14,848)	\$ 308,727	\$ 86,755	\$ -	\$ 315,482

Form **990-T**

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

OMB No. 1545-0687

For calendar year 2015 or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016

**2015**

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury  
Internal Revenue Service

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>114 WOODLAND STREET, MS-510358</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>HARTFORD, CT 06105</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)  <b>06-0646813</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)  <b>621500 524298</b></p>
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**C** Book value of all assets at end of year: **753,218,691.**

**F** Group exemption number (See instructions.)

**G** Check organization type:  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. **LABORATORY SERVICE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation.

**J** The books are in care of **DONNA GILBERT** Telephone number **860-714-9632**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales <b>1,238,572.</b>			
<b>b</b> Less returns and allowances			
<b>c</b> Balance	<b>1,238,572.</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)			
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>1,238,572.</b>		<b>1,238,572.</b>
<b>4a</b> Capital gain net income (attach Schedule D)			
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
<b>c</b> Capital loss deduction for trusts			
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>12,367.</b>	<b>STMT 1</b>	<b>12,367.</b>
<b>6</b> Rent income (Schedule C)			
<b>7</b> Unrelated debt-financed income (Schedule E)			
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
<b>10</b> Exploited exempt activity income (Schedule I)			
<b>11</b> Advertising income (Schedule J)			
<b>12</b> Other income (See instructions; attach schedule) <b>STATEMENT 2</b>	<b>1,096,361.</b>		<b>1,096,361.</b>
<b>13 Total.</b> Combine lines 3 through 12	<b>2,347,300.</b>		<b>2,347,300.</b>

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	<b>736,782.</b>
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	<b>203,984.</b>
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule) <b>SEE STATEMENT 3</b>	<b>28</b>	<b>1,350,551.</b>
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	<b>2,291,317.</b>
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	<b>55,983.</b>
<b>31</b> Net operating loss deduction (limited to the amount on line 30) <b>SEE STATEMENT 4</b>	<b>31</b>	<b>55,983.</b>
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	<b>0.</b>
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	<b>1,000.</b>
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	<b>0.</b>



**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**(see instructions)

1. Description of property

(1)			
(2)			
(3)			
(4)			
<b>2. Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a)</b> From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	<b>(b)</b> From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)		
(1)			
(2)			
(3)			
(4)			
Total	0.	Total	0.
<b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....		<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...	
		0.	

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

<b>1. Description of debt-financed property</b>		<b>2. Gross income from or allocable to debt-financed property</b>	<b>3. Deductions directly connected with or allocable to debt-financed property</b>	
			<b>(a)</b> Straight line depreciation (attach schedule)	<b>(b)</b> Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
<b>4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</b>	<b>5. Average adjusted basis of or allocable to debt-financed property (attach schedule)</b>	<b>6. Column 4 divided by column 5</b>	<b>7. Gross income reportable (column 2 x column 6)</b>	<b>8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))</b>
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> .....			0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....			0.	

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

<b>1. Name of controlled organization</b>	<b>2. Employer identification number</b>	<b>Exempt Controlled Organizations</b>			
		<b>3. Net unrelated income (loss) (see instructions)</b>	<b>4. Total of specified payments made</b>	<b>5. Part of column 4 that is included in the controlling organization's gross income</b>	<b>6. Deductions directly connected with income in column 5</b>
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

<b>7. Taxable income</b>	<b>8. Net unrelated income (loss) (see instructions)</b>	<b>9. Total of specified payments made</b>	<b>10. Part of column 9 that is included in the controlling organization's gross income</b>	<b>11. Deductions directly connected with income in column 10</b>
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			0.	0.



**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....		0.	0.			0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....		0.	0.			0.
<b>Totals, Part II</b> (lines 1-5) .....		0.	0.			0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			0.

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	1
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DESCRIPTION	AMOUNT
PREMIER PURCHASING PARTNERS, L.P.	12,367.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	12,367.

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
DAY CARE	420,123.
FITNESS CENTER	23,651.
CELL TOWER	74,478.
CJRI RENTAL	95,610.
JMMC MANAGEMENT	120,000.
SFHCP MANAGEMENT	20,000.
SFBHG INTEREST	342,499.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	1,096,361.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
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DESCRIPTION	AMOUNT
LABORATORY EXPENSE	1,310,199.
DAY CARE EXPENSES	18,922.
FITNESS CENTER EXPENSES	8,577.
ADMINISTRATION EXPENSES	12,853.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	1,350,551.



**SCHEDULE O  
(Form 1120)**

(Rev. December 2012)  
Department of the Treasury  
Internal Revenue Service

**Consent Plan and Apportionment Schedule  
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.  
▶ Information about Schedule O (Form 1120) and its instructions is available at [www.irs.gov/form1120](http://www.irs.gov/form1120).

OMB No. 1545-0123

Name <b>SAINT FRANCIS HOSPITAL AND MEDICAL CENTER</b>	Employer identification number <b>06-0646813</b>
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**Part I Apportionment Plan Information**

1 Type of controlled group:

- a  Parent-subsidiary group
- b  Brother-sister group
- c  Combined group
- d  Life insurance companies only

2 This corporation has been a member of this group:

- a  For the entire year.
- b  From \_\_\_\_\_, until \_\_\_\_\_.

3 This corporation consents and represents to:

- a  Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.
- b  Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending \_\_\_\_\_, and for all succeeding tax years.
- c  Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d  Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on \_\_\_\_\_, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a  Elected by the component members of the group.
- b  Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a  No apportionment plan is in effect and none is being adopted.
- b  An apportionment plan is already in effect. It was adopted for the tax year ending SEPTEMBER 30, 2007, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions. **N/A**

- a  Yes.
  - (i)  The statute of limitations for this year will expire on \_\_\_\_\_.
  - (ii)  On \_\_\_\_\_, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until \_\_\_\_\_.
- b  No. The members may not adopt or amend an apportionment plan.

7 Required information and elections for component members. Check the applicable box(es) (see instructions).

- a  The corporation will determine its tax liability by applying the maximum tax rate imposed by section 11 to the entire amount of its taxable income.
- b  The corporation and the other members of the group elect the FIFO method (rather than defaulting to the proportionate method) for allocating the additional taxes for the group imposed by section 11(b)(1).
- c  The corporation has a short tax year that does not include December 31.

For Paperwork Reduction Act Notice, see Instructions for Form 1120.

Schedule O (Form 1120) (Rev. 12-2012)

513335 04-01-15 JWA

**Part II Taxable Income Apportionment** (See instructions)

**Caution:** Each total in Part II, column (g) for each component member must equal taxable income from Form 1120, page 1, line 30 or the comparable line of such member's tax return.

	(a) Group member's name and employer identification number	(b) Tax year end (Yr-Mo)	Taxable Income Amount Allocated to Each Bracket				(g) Total (add columns (c) through (f))
			(c) 15%	(d) 25%	(e) 34%	(f) 35%	
1	SAINT FRANCIS HOSPITAL AND MEDICAL CENTER	06-0646813 16-09	0.	0.	0.	0.	0.
2	MEDWORKS, LLC	06-1490483 16-09	0.	0.	0.	0.	0.
3	COLLABORATIVE LABORATORY SERVICES, LLC	06-1520109 16-09	0.	0.	0.	0.	0.
4	PATH, PC	06-1384686 16-09	0.	0.	0.	0.	0.
5							
6							
7							
8							
9							
10							
11							
12							
<b>Total</b>							

Schedule O (Form 1120) (Rev. 12-2012)

**Part III Income Tax Apportionment** (See instructions)

(a) Group member's name	Income Tax Apportionment						(h) Total income tax (combine lines (b) through (g))
	(b) 15%	(c) 25%	(d) 34%	(e) 35%	(f) 5%	(g) 3%	
1 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER							
2 MEDWORKS, LLC							
3 COLLABORATIVE LABORATORY SERVICES, LLC							
4 PATH, PC							
5							
6							
7							
8							
9							
10							
11							
12							
<b>Total</b>							

Schedule O (Form 1120) (Rev. 12-2012)

**Part IV Other Apportionments** (See instructions)

(a) Group member's name	Other Apportionments				
	(b) Accumulated earnings credit	(c) AMT exemption amount	(d) Phaseout of AMT exemption amount	(e) Penalty for failure to pay estimated tax	(f) Other
1 SAINT FRANCIS HOSPITAL AND MEDICAL CENTER		40,000.			
2 MEDWORKS, LLC		0.			
3 COLLABORATIVE LABORATORY SERVICES, LLC		0.			
4 PATH, PC		0.			
5					
6					
7					
8					
9					
10					
11					
12					
<b>Total</b>		40,000.			

Schedule O (Form 1120) (Rev. 12-2012)

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b>	Employer identification number (EIN) or <b>06-0646813</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>114 WOODLAND STREET, MS-510358</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HARTFORD, CT 06105</b>	

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

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

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

**DONNA GILBERT**

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

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

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

4 I request an additional 3-month extension of time until AUGUST 15, 2017.

5 For calendar year \_\_\_\_\_, or other tax year beginning OCT 1, 2015, and ending SEP 30, 2016.

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**

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

**Signature and Verification must be completed for Part II only.**

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

Signature  Title  Date



# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Enter filer's identifying number**

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>ST FRANCIS HOSPITAL AND MEDICAL CENTER</b>	Employer identification number (EIN) or <b>06-0646813</b>
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. <b>114 WOODLAND STREET, MS-510358</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>HARTFORD, CT 06105</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**DONNA GILBERT**

- The books are in the care of ▶ **114 WOODLAND STREET, MS 5-103-58 - HARTFORD, CT 06105**  
Telephone No. ▶ **860-714-9632** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **OCT 1, 2015**, and ending **SEP 30, 2016**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.