

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

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 10/01, 2011, and ending 09/30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. MARY'S HOSPITAL, INC. Doing Business As			D Employer identification number 06-0646844
	Number and street (or P.O. box if mail is not delivered to street address) 56 FRANKLIN STREET		Room/suite	E Telephone number (203) 709-6273
	City or town, state or country, and ZIP + 4 WATERBURY, CT 06706-1281			G Gross receipts \$ 252,229,787.
	F Name and address of principal officer: CHAD WABLE 56 FRANKLIN STREET WATERBURY, CT 06706-1281			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ▶ WWW.STMH.ORG		H(c) Group exemption number ▶ 0928
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1907	M State of legal domicile: CT

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAINT MARY'S HEALTH SYSTEM PROVIDES EXCELLENT HEALTHCARE IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13.
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	1,945.
	6 Total number of volunteers (estimate if necessary)	6	139.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,613,633.
b Net unrelated business taxable income from Form 990-T, line 34	7b	167,868.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,149,584.	907,317.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	207,355,344.	225,742,944.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,049,031.	4,628,380.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,125,840.	5,744,649.
		217,679,799.	237,023,290.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0	18,091.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	100,421,183.	110,773,076.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	111,119,679.	110,653,720.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	211,540,862.	221,444,887.
19 Revenue less expenses. Subtract line 18 from line 12	6,138,937.	15,578,403.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	163,115,671.	170,223,141.
	22 Net assets or fund balances. Subtract line 21 from line 20.	149,489,500.	152,298,642.
	13,626,171.	17,924,499.	

Part II Signature Block

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

Sign Here	▶ Signature of officer	Date			
	▶ Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP		08/14/2013		P00431862
	Firm's address ▶ ONE FINANCIAL PLAZA HARTFORD, CT 06103-2608			EIN ▶ 13-5565207	Phone no. ▶ 860-522-3200
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SAINT MARY'S HEALTH SYSTEM PROVIDES EXCELLENT HEALTHCARE IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY.

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 No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 97,130,914. including grants of \$) (Revenue \$ 138,263,967.)

INPATIENT SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 12,039 INPATIENTS IN 2012. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT SAINT MARY'S INPATIENT SERVICES PROGRAM.

4b (Code:) (Expenses \$ 70,288,155. including grants of \$) (Revenue \$ 90,218,420.)

OUTPATIENT SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHURY AND PROSPECT. IN 2012, 227,275 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT THE OUTPATIENT SERVICES PROGRAM.

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 167,419,069.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (17), 1b (13), 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT,
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.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: KYLE JURCZYK 56 FRANKLIN STREET WATERBURY, CT 06706-1281 203-709-6111

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ATTACHMENT 1										
(1) CHAD WABLE PRESIDENT AND CEO	40.00	X	X					551,739.	0	151,498.
(2) JOSEPH CARLSON, II TREASURER	4.00	X	X					0	0	0
(3) MOST REV. HENRY J. MANSELL CHAIRMAN	2.00	X	X					0	0	0
(4) REV. MONSIGNOR JAMES COLEMAN VICE CHAIRMAN	1.00	X	X					0	0	0
(5) STEPHEN R. GRIFFIN, ESQ. SECRETARY	4.00	X	X					0	0	0
(6) JEROME SUGAR, M.D. CHIEF OF STAFF (START 1/1/12)	4.00	X						0	0	0
(7) S. MARK ALBINI, M.D. DIRECTOR	1.00	X						49,000.	0	0
(8) GARRETT CASEY DIRECTOR	4.00	X						0	0	0
(9) SISTER DOLORES LAHR DIRECTOR	2.00	X						0	0	0
(10) JOSEPH MENGACCI, ESQ. DIRECTOR	4.00	X						0	0	0
(11) WILLIAM MORRIS DIRECTOR	1.00	X						0	0	0
(12) MICHAEL O'BRIEN DIRECTOR	1.00	X						0	0	0
(13) DAVID ROBINSON DIRECTOR	2.00	X						0	0	0
(14) ROBERT ROSCOE DIRECTOR	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JAMES C. SMITH DIRECTOR	4.00	X					0	0	0	
16) JEROME SUGAR, MD DIRECTOR	4.00	X					0	0	0	
17) CHRISTINE SULLIVAN, ESQ DIRECTOR	1.00	X					0	0	0	
18) JAMES UBERTI, M.D. DIRECTOR	1.00	X					0	246,493.	7,489.	
19) THE HONORABLE LINDA WIHBEY DIRECTOR	1.00	X					0	0	0	
20) ROBERT RILEY CFO (START 9/10/12)	40.00			X			0	0	0	
21) SANDRA ROOSA VP PATIENT SERVICE	40.00				X		277,906.	0	41,129.	
22) MICHAEL NOVAK VP OPERATIONS	40.00				X		275,911.	0	38,517.	
23) CAROLYN ORRELL CHIEF INFORMATION OFFICER	40.00				X		195,600.	0	33,089.	
24) M. CLARK KEARNEY VP HUMAN RESOURCES	40.00					X	230,664.	0	32,508.	
25) JOSEPH CONNOLLY CMO	40.00					X	172,625.	0	34,055.	
1b Sub-total							600,739.	0	151,498.	
c Total from continuation sheets to Part VII, Section A							2,485,385.	246,493.	342,579.	
d Total (add lines 1b and 1c)							3,086,124.	246,493.	494,077.	

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 **72**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **48**

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DANIEL SULLIVAN DIRECTOR PHARMACY	40.00					X		145,123.	0	29,814.
(27) STEPHEN HOLLAND, MD VP AND CMO	40.00					X		418,313.	0	45,713.
(28) ELIZABETH BOZZUTO VP SURGICAL SERVICES	40.00					X		283,333.	0	48,605.
(29) ROBERT HALKO VP AND CFO	40.00						X	485,910.	0	31,660.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **72**

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

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d	319,005.					
	e Government grants (contributions) . .	1e	588,312.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f						
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f			907,317.				
Program Service Revenue	Business Code							
	2a NET PATIENT REV.		900099	225,742,944.	225,742,944.			
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			225,742,944.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3			4,328,095.			4,328,095.	
	4 Income from investment of tax-exempt bond proceeds . . .			0				
	5 Royalties			0				
	6a Gross rents	(i) Real						
		(ii) Personal						
			1,391,573.					
		b Less: rental expenses						
	c Rental income or (loss)		1,391,573.					
	d Net rental income or (loss)			1,391,573.			1,391,573.	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			15,506,782.					
		b Less: cost or other basis and sales expenses		15,160,326.	46,171.			
	c Gain or (loss)		346,456.	-46,171.				
	d Net gain or (loss)			300,285.			300,285.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a							
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities			0				
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0				
Miscellaneous Revenue			Business Code					
11a CAFETERIA & DIETAR		722210	1,174,223.	1,174,223.				
b PARKING		812930	438,618.	438,618.				
c PHYSICIAN MALPRACTICE PREMIUMS		524298	1,289,997.		1,289,997.			
d All other revenue		624410	1,450,238.	1,126,602.	323,636.			
e Total. Add lines 11a-11d			4,353,076.					
12 Total revenue. See instructions			237,023,290.	228,482,387.	1,613,633.	6,019,953.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	18,091.	18,091.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,348,775.	1,674,387.	1,674,388.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	49,000.	49,000.		
7 Other salaries and wages	81,259,807.	69,226,104.	12,033,703.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,100,449.	8,464,944.	1,635,505.	
9 Other employee benefits	9,715,919.	8,142,679.	1,573,240.	
10 Payroll taxes	6,299,126.	5,279,147.	1,019,979.	
11 Fees for services (non-employees):				
a Management	0			
b Legal	1,344,664.	358,666.	985,998.	
c Accounting	302,691.	75,673.	227,018.	
d Lobbying	145,906.		145,906.	
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	679,336.	509,502.	169,834.	
13 Office expenses	8,883,352.	6,071,276.	2,812,076.	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	10,515,383.	6,236,530.	4,278,853.	
17 Travel	184,026.	110,416.	73,610.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	119,791.	71,875.	47,916.	
20 Interest	1,672,571.	418,143.	1,254,428.	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	8,581,571.	2,145,393.	6,436,178.	
23 Insurance	4,793,254.	2,875,952.	1,917,302.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>CONTRACT AND PHYSICIAN FEES</u>	24,376,915.	15,258,556.	9,118,359.	
b <u>BAD DEBT</u>	10,501,359.	7,350,951.	3,150,408.	
c <u>MEDICAL SUPPLIES</u>	33,150,377.	29,835,339.	3,315,038.	
d <u>CONSULTING</u>	1,141,301.	684,781.	456,520.	
e All other expenses	4,261,223.	2,561,664.	1,699,559.	
25 Total functional expenses. Add lines 1 through 24e	221,444,887.	167,419,069.	54,025,818.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	23,202,053.	1	21,808,238.
	2 Savings and temporary cash investments	497,349.	2	38,154.
	3 Pledges and grants receivable, net	27,303.	3	-41,030.
	4 Accounts receivable, net	25,440,911.	4	31,789,432.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	4,523,772.	7	1,831,088.
	8 Inventories for sale or use	2,559,525.	8	2,616,365.
	9 Prepaid expenses and deferred charges	1,624,895.	9	1,435,598.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 165,577,224.		
	b Less: accumulated depreciation	10b 111,554,465.		
		53,065,910.	10c	54,022,759.
	11 Investments - publicly traded securities	13,217,405.	11	16,043,637.
	12 Investments - other securities. See Part IV, line 11	38,775,923.	12	40,524,781.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
15 Other assets. See Part IV, line 11	180,625.	15	154,119.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	163,115,671.	16	170,223,141.	
Liabilities	17 Accounts payable and accrued expenses	29,285,796.	17	29,579,063.
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	24,822,960.	20	23,053,484.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	613,860.	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	94,766,884.	25	99,666,095.
	26 Total liabilities. Add lines 17 through 25	149,489,500.	26	152,298,642.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-2,602,946.	27	71,963.
	28 Temporarily restricted net assets	2,554,350.	28	2,546,738.
	29 Permanently restricted net assets	13,674,767.	29	15,305,798.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	13,626,171.	33	17,924,499.	
34 Total liabilities and net assets/fund balances	163,115,671.	34	170,223,141.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	237,023,290.
2	Total expenses (must equal Part IX, column (A), line 25)	2	221,444,887.
3	Revenue less expenses. Subtract line 2 from line 1	3	15,578,403.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,626,171.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-11,280,075.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,924,499.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
--	---

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a Type I b Type II c Type III - Functionally integrated d Type III - Other

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, and a checkbox. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2011

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(03) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization **ST. MARY'S HOSPITAL, INC.**

Employer identification number

06-0646844

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 319,005.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 140,174.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 448,138.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **ST. MARY'S HOSPITAL, INC.**

Employer identification number

06-0646844

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization **ST. MARY'S HOSPITAL, INC.**

Employer identification number
06-0646844

Part III *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

Political Campaign and Lobbying Activities

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

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

▶ **See separate instructions.**

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

Name of organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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)).

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities and their tax consequences.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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."

Table with 2 main columns: Question and Amount. Rows include questions about dues, lobbying expenditures, and carryover.

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

PART II-B LINE 1I - OTHER ACTIVITIES

SCHEDULE C - PART II-B - LINE 1I

\$38,596 - THE CATHOLIC HEALTH ASSOCIATION - ANNUAL MEMBERSHIP DUES

\$90,000 - LEGAL FEES RELATED TO LOBBYING

\$17,310 - CONNECTICUT HOSPITAL ASSOCIATION - PORTION OF MEMBERSHIP DUES

EXPENDED ON LOBBYING

\$15,000 - COMPENSATION OF CHIEF MARKETING OFFICER ATTRIBUTABLE TO

LOBBYING (APPROXIMATELY 10% OF OFFICER TIME SPENT ON LOBBYING

ACTIVITIES)

TOTAL OTHER LOBBYING ACTIVITIES: \$160,906

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	13,783,000.	14,500,000.	13,893,000.	14,132,000.	
b Contributions					
c Net investment earnings, gains, and losses	2,426,000.	-64,000.	1,286,000.	259,000.	
d Grants or scholarships					
e Other expenditures for facilities and programs	642,000.	653,000.	679,000.	498,000.	
f Administrative expenses					
g End of year balance	15,567,000.	13,783,000.	14,500,000.	13,893,000.	

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

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 1.6800 %
- c Temporarily restricted endowment ▶ 98.3200 %

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,053,776.		1,053,776.
b Buildings		64,931,966.	44,400,365.	20,531,601.
c Leasehold improvements				
d Equipment		98,998,869.	66,935,360.	32,063,509.
e Other		592,613.	218,740.	373,873.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).				54,022,759.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	4,494,994.	ATTACHMENT 1
(3) Other		
(A) DONOR & HELD IN TRUST BY OTHER	14,298,676.	FMV
(B) DEBT SERVICE FUND	4,100,498.	FMV
(C) MISCELLANEOUS FUNDS	5,513.	FMV
(D) INVESTMENTS IN JOINT VENTURES	17,625,100.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	40,524,781.	

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

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO REIMBURSEMENT AGENCIES	6,999,601.
(3) SELF INSURANCE LIABILITY	3,445,298.
(4) PENSION LIABILITY	79,738,428.
(5) OTHER LONG TERM LIABILITIES	9,482,768.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	99,666,095.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

Table with 10 rows for reconciliation of net assets. Columns include description, sub-column, and total column.

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

Table with 5 main rows for revenue reconciliation, including sub-rows a-d for adjustments.

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

Table with 5 main rows for expense reconciliation, including sub-rows a-d for adjustments.

Part XIV Supplemental Information

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

Horizontal dashed lines for providing supplemental information.

Part XIV Supplemental Information (continued)

ENDOWMENT FUNDS

PART V

THE HOSPITAL ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

THE HOSPITAL FOLLOWS A POLICY OF SPENDING AN AMOUNT THAT APPROXIMATES THE INVESTMENT INCOME EARNED, IN ADDITION TO SPECIFIC PURCHASES OF CAPITAL EQUIPMENT. ACCORDINGLY, THE HOSPITAL EXPECTS ITS SPENDING POLICY WILL ALLOW ITS ENDOWMENT FUNDS TO BE MAINTAINED IN PERPETUITY BY GROWING AT A RATE AT LEAST EQUAL TO THE PLANNED PAYOUTS. ADDITIONAL REAL ENDOWMENT GROWTH WILL BE PROVIDED THROUGH NEW GIFTS AND ANY EXCESS INVESTMENT RETURN.

FIN 48 (ASC 740) FOOTNOTE

PART X, LINE 2

THE HOSPITAL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT ITS TAX-EXEMPT STATUS WILL BE MAINTAINED.

ATTACHMENT 1SCHEDULE D, PART VII - INVESTMENTS - CLOSELY HELD EQUITY INTERESTS

<u>DESCRIPTION</u>	<u>BOOK VALUE</u>	<u>COST OR FMV</u>
NET INTEREST IN FOUNDATION	4,494,994.	FMV
TOTALS	<u>4,494,994.</u>	

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
1b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250.0000</u> %	X	
b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____%	X	
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
5b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
5c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
6b If "Yes," did the organization make it available to the public?	X	

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			1,476,256.		1,476,253.	.70
b Medicaid (from Worksheet 3, column a)			53,458,744.	46,414,689.	7,044,055.	3.32
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			54,935,000.	46,414,689.	8,520,308.	4.02
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			259,785.		259,785.	.13
f Health professions education (from Worksheet 5)			18,272,041.	14,456,091.	3,815,950.	1.80
g Subsidized health services (from Worksheet 6)			28,699,679.	18,831,767.	9,867,912.	4.65
h Research (from Worksheet 7)			4,932.		4,932.	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			45,843.		45,843.	.02
j Total. Other Benefits			47,282,280.	33,287,858.	13,994,422.	6.60
k Total. Add lines 7d and 7j.			102,217,280.	79,702,547.	22,514,730.	10.62

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

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			148.			
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development			160,049.			
9 Other						
10 Total			160,197.			

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

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

	Yes	No
1	X	
2		
3		
4		
5		
6		
7		
9a	X	
9b	X	

Section B. Medicare

- 5 Enter total revenue received from Medicare (including DSH and IME)
- 6 Enter Medicare allowable costs of care relating to payments on line 5
- 7 Subtract line 6 from line 5. This is the surplus (or shortfall)
- 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:
 Cost accounting system Cost to charge ratio Other

Section C. Collection Practices

- 9a Did the organization have a written debt collection policy during the tax year?
- 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

Part IV Management Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 H.L. CANCER CTR	OUTPATIENT CANCER TREATMENT	50.00000		
2 HEART CTR OF GW	CARDIAC SERVICES MSO	50.00000		
3 SM INDEMNITY GROUP	INSURANCE COMPANY	100.00000		
4 FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT			100.00000
5 DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.00000		20.00000
6 NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	48.00000		52.00000
7 PRIMARY CARE PARTNER	PRIMARY CARE (MERGED 5/10/12)			
8 SCOVILL MEDICAL	PRIMARY CARE (SOLD 2/29/12)			100.00000
9				
10				
11				
12				
13				

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

Name of Hospital Facility: SAINT MARY'S HOSPITAL INCORPORATED

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

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for tax year 2011)			
1	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 If "Yes," indicate what the Needs Assessment describes (check all that apply):		X
a	<input type="checkbox"/> A definition of the community served by the hospital facility		
b	<input type="checkbox"/> Demographics of the community		
c	<input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input type="checkbox"/> How data was obtained		
e	<input type="checkbox"/> The health needs of the community		
f	<input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Part VI)		
2	Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 __ __		
3	In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted		
4	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
5	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a	<input type="checkbox"/> Hospital facility's website		
b	<input type="checkbox"/> Available upon request from the hospital facility		
c	<input type="checkbox"/> Other (describe in Part VI)		
6	If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a	<input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b	<input type="checkbox"/> Execution of the implementation strategy		
c	<input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d	<input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e	<input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f	<input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g	<input type="checkbox"/> Prioritization of health needs in its community		
h	<input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i	<input type="checkbox"/> Other (describe in Part VI)		
7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs		
Financial Assistance Policy			
8	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care: <u>2</u> <u>5</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	

Part V Facility Information (continued) SAINT MARY'S HOSPITAL INCORPORATED

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>4</u> <u>0</u> <u>0</u> % If "No," explain in Part VI the criteria the hospital facility used.	X	
11 Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply):	X	
a <input checked="" type="checkbox"/> Income level		
b <input checked="" type="checkbox"/> Asset level		
c <input checked="" type="checkbox"/> Medical indigency		
d <input checked="" type="checkbox"/> Insurance status		
e <input checked="" type="checkbox"/> Uninsured discount		
f <input checked="" type="checkbox"/> Medicaid/Medicare		
g <input checked="" type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance?	X	
13 Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input checked="" type="checkbox"/> The policy was attached to billing invoices		
c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input checked="" type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		

Billing and Collections

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

Part V Facility Information (continued) SAINT MARY'S HOSPITAL INCORPORATED

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input checked="" type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?		X
If "Yes," explain in Part VI.			
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient?		X
If "Yes," explain in Part VI.			

Part V Facility Information (continued)

Section C. 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? 8

Name and address	Type of Facility (describe)
1 NAUGATUCK VALLEY SURGICAL CENTER 160 ROBBINS STREET, SUITE 1 WATERBURY CT 06708	SUGRICAL CENTER
2 THE HAROLD LEEVER CANCER CENTER 1075 CHASE PARKWAY WATERBURY CT 06708	CANCER CENTER
3 SAINT MARY'S MEDICAL IMAGING CENTER 475 CHASE PARKWAY WATERBURY CT 06708	MRI SERVICES
4 SLEEP DISORDER CENTER 1312 WEST MAIN STREET WATERBURY CT 06708	SLEEP CARE
5 OCCUPATION HEALTH & DIAG. CENTER 146 HIGHLAND AVENUE WATERBURY CT 06708	OCCUPATIONAL HEALTH, OCCUPATIONAL THERAPY, PHYSICAL THERAPY
6 HEART CENTER OF GREATER WATERBURY 1075 CHASE PARKWAY WATERBURY CT 06708	CARDIAC CARE
7 HEALTH AND WELLNESS CENTER NAUGATUCK 799 NEW HAVEN ROAD NAUGATUCK CT 06770	LAB, RADIOLOGY
8 HEALTH AND WELLNESS CENTER WOLCOTT 503 WOLCOTT ROAD WOLCOTT CT 06716	LAB, RADIOLOGY
9	
10	

Part VI Supplemental Information

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- 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.

COMMUNITY BENEFIT REPORT

PART I, LINE 6A

SAINT MARY'S HOSPITAL FILES A COMMUNITY BENEFIT REPORT WITH THE OFFICE OF HEALTHCARE ADVOCATE IN THE STATE OF CONNECTICUT. THE COMMUNITY BENEFIT REPORT IS ACCESSIBLE BY CLICKING THE "COMMUNITY BENEFIT REPORT BUTTON" ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG.

PERCENT OF TOTAL EXPENSE

PART I, LINE 7, COLUMN F

THE PERCENT OF TOTAL EXPENSE IN PART 1, LINE 7, COLUMN (F) IS CALCULATED BY DIVIDING COLUMN (E), NET COMMUNITY BENEFIT EXPENSE, BY TOTAL EXPENSE. THE BAD DEBT EXPENSE OF \$10,501,359 WAS SUBTRACTED FROM THE TOTAL EXPENSE VALUE USED TO CALCULATE THE PERCENTAGES IN PART 1, LINE 7, COLUMN (F).

PART I, LINE 7

FOR PART 1, LINE 7 SECTIONS (A) CHARITY CARE AT COST, (B) UNREIMBURSED MEDICAID, (C) UNREIMBURSED COSTS-OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COSTING METHODOLOGY USED WAS THE COST-TO-CHARGE RATIO USING THE

Part VI Supplemental Information

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INCOME STATEMENT METHOD. THE COST-TO-CHARGE RATIO WAS DERIVED FROM THE YEAR-END GENERAL LEDGER, CALCULATED BY DIVIDING GROSS EXPENSE (LESS BAD DEBT) MINUS OTHER OPERATING REVENUE BY GROSS PATIENT CHARGES AND APPLIED BY CHARGE LINE APPROPRIATELY.

SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT; PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (G) SUBSIDIZED HEALTH SERVICES, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES; 2) PURCHASED SERVICES; 3) TUITION WAIVERS; AND 4) THE DIRECT SALARY COSTS FOR STAFF COMPENSATED BY THE HOSPITAL AND SPENT TIME PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS.

THE INTERN, RESIDENT AND FELLOW PORTION OF SECTION (F) HEALTH PROFESSIONS EDUCATION ALSO INCLUDES THE SALARIES, FRINGE BENEFITS AND OTHER EXPENSES OF THE RESIDENCY PROGRAM DERIVED FROM THE GENERAL LEDGER. INDIRECT COSTS WERE ALSO APPLIED.

Part VI Supplemental Information

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THE COST ACCOUNTING METHODOLOGY WAS USED TO DETERMINE NET COMMUNITY
BENEFIT EXPENSE FOR (G) SUBSIDIZED HEALTH SERVICES, WHICH INCLUDE IP AND
OP PSYCHIATRY SERVICE LINES, EMERGENCY ROOM AND OBSERVATION CASES.

BAD DEBT EXPENSE

PART III, LINE 4

THE FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE FOR BAD DEBT EXPENSE BUT
BELOW IS THE FOOTNOTE FOR THE ALLOWANCE FOR BAD DEBTS.

THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER
THEIR FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN
THEIR ESTABLISHED RATES. BECAUSE THE HOSPITAL DOES NOT ANTICIPATE
COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT
REPORTED AS REVENUE. THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO
PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER
THIRD-PARTY ARRANGEMENTS. ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE
ACCOUNTS ARE MADE BY MEANS OF THE FOR BAD DEBTS. ACCOUNTS WRITTEN OFF AS
UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES

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ARE ADDED. THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON
MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS,
BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE
GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS.

THE HOSPITAL USED A COST TO CHARGE RATIO TO CALCULATE THE AMOUNTS
RECORDED IN LINES 2 AND 3. WE REASONABLY ESTIMATED THE AMOUNT OF BAD
DEBTS THAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S
CHARITY CARE POLICY, IF THE PATIENTS WOULD HAVE APPLIED OR PROVIDED
SUFFICIENT INFORMATION. WE DID NOT INCLUDE THIS AMOUNT IN THE COMMUNITY
BENEFIT.

EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT

PART III, LINE 8

THERE IS NO SHORTFALL REPORTED IN LINE 7, THEREFORE, WE DID NOT INCLUDE
IN COMMUNITY BENEFIT. WE UTILIZED THE COST TO CHARGE RATIO TO ESTIMATE
THE MEDICARE ALLOWABLE COSTS OF CARE.

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COLLECTION PRACTICES FOR QUALIFIED PATIENTS

PART III, LINE 9B

A PATIENT MAY REQUEST CHARITY CARE AT ANY TIME IN THE BILLING AND COLLECTION PROCESS. IF THE HOSPITAL, ITS COLLECTION AGENT, OR ITS ATTORNEY BECOMES AWARE THAT THE PATIENT OR GUARANTOR REQUESTS CHARITY CARE, THE COLLECTION PROCESS WILL BE PROMPTLY DISCONTINUED WHILE THE ELIGIBILITY STATUS OF THE PATIENT OR GUARANTOR REQUESTING ASSISTANCE IS DETERMINED. WHENEVER IT IS DETERMINED THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE FINANCIAL COUNSELOR WILL ADJUST THE BALANCE BY THE APPROPRIATE AMOUNT, AND ANY RESULTING BALANCE WILL BECOME THE PATIENT'S RESPONSIBILITY.

NEEDS ASSESSMENT

PART VI, LINE 2

SAINT MARY'S HOSPITAL'S (SMH) INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN OUR SERVICE AREA. TO IDENTIFY NEED, SMH HAS RELIED UPON EXISTING LOCAL AND REGIONAL COMMUNITY NEEDS ASSESSMENTS INCLUDING: UNITED WAY 2007 NEEDS

Part VI Supplemental Information

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ASSESSMENT FOR THE GREATER WATERBURY AREA; 2007 COMMUNITY HEALTH DATA SCAN FOR CONNECTICUT; AND CENTER FOR DISEASE CONTROL AND PREVENTION'S (CDC) 2007 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA FOR NEW HAVEN COUNTY. IN ADDITION, THE HOSPITAL USES CONNECTICUT HOSPITAL ASSOCIATION (CHA) ONLINE TOOLS WHICH INCLUDE THE CHIME DECISION SUPPORT TOOL AND CHIME MAPS TO UNDERSTAND SERVICE AREA NEEDS. THE HOSPITAL USES THE CENSUS BUREAU DATABASES AS WELL AS DEMOGRAPHIC REPORTS AVAILABLE THROUGH CLARITAS DATABASES.

THE HOSPITAL IS IN THE PROCESS OF COMPLETING THE COMMUNITY HEALTH NEEDS ASSESSMENT WITH SEVERAL PARTNERS THAT INCLUDE THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, STAYWELL HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CENTER), UNITED WAY OF GREATER WATERBURY, CONNECTICUT COMMUNITY FOUNDATION, AND WATERBURY HOSPITAL.

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PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE

PART VI, LINE 3

THERE ARE BROCHURES AND SIGNAGE IN FOUR LANGUAGES INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED PATIENTS AND THEIR FAMILIES. SIGNAGE IS LOCATED IN REGISTRATION, EMERGENCY DEPARTMENT, ALL SOCIAL SERVICES DEPARTMENTS, CASHIER'S OFFICE, PATIENT FINANCIAL SERVICES AND THE LOBBY. THE SIGNAGE EXPLAINS THE POLICY AND HOW TO APPLY. IN ADDITION, FINANCIAL COUNSELORS ARE AVAILABLE TO MEET WITH INDIVIDUAL PATIENTS TO ASSIST DURING THE PROCESS.

COMMUNITY INFORMATION

PART VI, LINE 4

SAINT MARY'S TOTAL SERVICE AREA IS COMPRISED OF 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA (WHICH INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT, CT) HAS A POPULATION OF APPROXIMATELY 165,400. THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY

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ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$66,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IS 12.7%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT.

CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

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PROMOTION OF COMMUNITY HEALTH

PART II AND PART VI, LINE 5

SMH'S COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING: DISASTER

PREPAREDNESS; CONTRIBUTIONS TO THE WATERBURY ELIMINATES LEAD HAZARDS

PROGRAM; HEALTH CARE ADVOCACY; A VARIETY OF WORKFORCE DEVELOPMENT

INITIATIVES INCLUDING LECTURES TO ADDRESS HEALTHCARE WORKFORCE SHORTAGES,

RECRUITING MINORITIES AND DIVERSE LANGUAGES, AND SPEAKING TO YOUTH ABOUT

CAREERS IN HEALTHCARE; PARTICIPATION IN THE CONNECTICUT HOSPITAL

ASSOCIATION'S DIVERSITY COLLABORATIVE; UNITED WAY DAY OF CARING; AND

PUBLIC LANDSCAPE ENHANCEMENT AMONG OTHERS. THESE ACTIVITIES PROMOTE

HEALTH IN MANY WAYS. THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE

ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND

COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE

EVENT THAT A LOCAL DISASTER WOULD OCCUR. THE WATERBURY ELIMINATES LEAD

HAZARDS PROGRAM COLLABORATES WITH OTHER LOCAL AGENCIES TO IDENTIFY LEAD

HAZARDS IN THE COMMUNITY AND EDUCATE AND TREAT INDIVIDUALS IN AN EFFORT

TO PREVENT LEAD HAZARDS THROUGHOUT THE COMMUNITY. A VARIETY OF SMH STAFF

ADVOCATE FOR HEALTHCARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN

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EFFORT TO IMPROVE ACCESS TO HEALTHCARE AND PUBLIC HEALTH. THE VARIOUS
 WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTHCARE SERVICES IN
 OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES. BOTH THE UNITED WAY DAY
 OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO
 PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND
 LIVE.

OTHER INFORMATION

PART VI

IN ADDITION TO THE COMMUNITY BUILDING ACTIVITIES IDENTIFIED IN RESPONSE
 TO QUESTION 5 AND THE QUANTIFIED FREE OR DISCOUNTED HEALTH SERVICES
 IDENTIFIED IN THE REPORTED CHARITY CARE FIGURES, SMH PROVIDES THE
 FOLLOWING COMMUNITY BENEFITS:

COMMUNITY HEALTH IMPROVEMENT SERVICES: SMH PROVIDES MANY FREE OR
 DISCOUNTED SERVICES AIMED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY.
 EXAMPLES INCLUDE SCREENINGS, LECTURES, HEALTH FAIRS, SUPPORT GROUPS,
 CONSULTATIONS, REFERRALS TO OUTSIDE AGENCIES AND OTHERS.

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HEALTH PROFESSIONS EDUCATION: SMH IS A TEACHING HOSPITAL AND IS COMMITTED TO PREPARING FUTURE HEALTHCARE PROFESSIONALS. THIS CATEGORY REPRESENTS THE MAJORITY OF SMH'S COMMUNITY BENEFIT ACTIVITIES AND INCLUDES EFFORTS TO GENERATE INTEREST IN HEALTH PROFESSIONS AS WELL AS PROVIDING A CLINICAL SITE FOR MEDICAL STUDENTS, HIGH SCHOOL STUDENTS AND COLLEGES FOR STUDENTS WHO ARE PURSUING DEGREES AS NURSES, PAS, OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, DENTAL HYGIENISTS, RADIOLOGY TECHNOLOGISTS AND MORE.

SUBSIDIZED SERVICES: SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL HEALTH CLINICS.

FINANCIAL AND IN-KIND CONTRIBUTIONS: SMH FINANCIALLY SUPPORTS OTHER COMMUNITY ORGANIZATIONS THROUGH SPONSORSHIPS AND IN-KIND DONATIONS VIA TIME SPENT BY STAFF IN THE COMMUNITY ON LOCAL BOARDS AND VOLUNTEERING TIME FOR LOCAL ORGANIZATIONS.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

COMMUNITY BENEFIT OPERATIONS: THE COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS ARE IN ITSELF A BENEFIT TO THE COMMUNITY.

AFFILIATED HEALTH CARE SYSTEM ROLES

PART VI, LINE 6

SMH AFFILIATED ORGANIZATIONS SHARE THE GOAL OF PROMOTING HEALTHY LIVING AND DISEASE DETECTION AND PREVENTION THROUGHOUT THE WATERBURY COMMUNITY.

THE HEART CENTER OF GREATER WATERBURY IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HEART CENTER PROMOTES HEALTHY LIVING AND CARDIOVASCULAR DISEASE DETECTION THROUGH SUPPORT GROUPS, SCREENINGS, COMMUNITY HEALTH BOARD INVOLVEMENT, AND COMMUNITY EDUCATION.

THE HAROLD LEEVER CANCER CENTER IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS: SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL. THE HAROLD LEEVER

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION.

SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) WHOLLY OWNED SUBSIDIARY COMPANY OF SAINT MARY'S HEALTH SYSTEM. THE FOUNDATION SUPPORTS THE HOSPITAL'S MISSION BY RAISING MONEY TO BENEFIT A VARIETY OF COMMUNITY NEEDS.

FRANKLIN MEDICAL GROUP IS A CAPTIVE PROFESSIONAL CORPORATION OF MULTI-SPECIALTY PHYSICIANS AFFILIATED WITH SAINT MARY'S HOSPITAL. THE MEDICAL GROUP OPERATES SAINT MARY'S EMERGENCY DEPARTMENT, CHILDREN'S AND FAMILY HEALTH CENTER, AND A VARIETY OF CLINICS OFTEN BENEFITING THE UNINSURED POPULATION. IN ADDITION TO PATIENT CARE, PATIENTS BENEFIT FROM A VARIETY OF FREE OR DISCOUNTED SERVICES.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT

PART VI, LINE 7

CT

BILLING AND COLLECTIONS

PART V, LINE 15E

THE ORGANIZATION TAKES THE FOLLOWING EFFORT TO ENSURE ELIGIBILITY PRIOR TO INITIATING ANY LAWSUITS OR LEINS:

ON A BI-WEEKLY BASIS PATIENT FINANCIAL SERVICES DEPARTMENT WILL RUN A REPORT OF ALL OUTSTANDING PATIENT ACCOUNT BALANCES, IN FINANCIAL CLASS P, WHICH WILL BE FORWARDED TO AN OUTSIDE VENDOR (CURRENTLY CENTURY FINANCIAL SERVICES) FOR VERIFICATION OF ASSET. PATIENTS THAT ARE CLASSIFIED AS HAVING NO ASSETS WILL BE WRITTEN OFF TO CHARITY CARE. THESE MUST BE AUTHORIZED AND APPROVED BY THE VICE PRESIDENT OF FINANCE/CFO OR HIS DESIGNEE.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE

PART V, LINE 19D

THE FOLLOWING CRITERIA ARE USED TO DETERMINE THE ELIGIBILITY OF PATIENTS
FOR FINANCIAL ASSISTANCE:

ALL SELF-PAY ACCOUNTS (SFPY) (EXCEPT FOR CARDIAC REHAB PHASE 3) WILL BE
ELIGIBLE FOR A 25% DISCOUNT OFF OF THE PUBLISHED CHARGES, REGARDLESS OF
THEIR INCOME OR ASSETS. ACCOUNTS MUST BE IN A SELF-PAY FINANCIAL CLASS
FOR THE DISCOUNT TO BE TAKEN.

FOR UNINSURED PATIENTS WHOSE INCOME ARE AT OR BELOW 350% OF THE FEDERAL
POVERTY INCOME LEVELS, SMH WILL REDUCE THEIR BILL BY SLIDING SCALE
DISCOUNT OR TO "COST OF PROVIDING SERVICES", AS ESTABLISHED BY THE OFFICE
OF HEALTH CARE ACCESS (OHCA), WHICHEVER IS GREATER.

UNINSURED PATIENTS, WHOSE INCOME RANGE BETWEEN 351% AND 400% OF THE
FEDERAL POVERTY INCOME LEVELS, WILL BE ELIGIBLE FOR AN ADDITIONAL CHARITY
CARE REDUCTION OF 20% OFF OF THEIR REMAINING ACCOUNT(S) BALANCE(S).

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospitals 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.

PATIENTS WHO DO NOT QUALIFY FOR REDUCTION TO COST OR CHARITY CARE MAY
 QUALIFY FOR AN ADDITIONAL 5% - 10% DISCOUNT BY CONTACTING OUR SELF-PAY
 COLLECTORS. REQUESTS FOR THIS DISCOUNT MUST BE MADE BEFORE THE ACCOUNT IS
 SENT TO A COLLECTION AGENCY AND PAYMENT MUST BE RECEIVED WITHIN 10 DAYS
 OF THE AGREEMENT.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SACRED HEART HIGH SCHOOL 142 S ELM STREET WATERBURY, CT 06706	06-0646798	501(C)(3)	7,500.				TUITION SUBSIDY
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. 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
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

GENERAL INFORMATION ON GRANTS AND ASSISTANCE

SCHEDULE I, PART I, LINES 1 & 2

THE HOSPITAL DOES NOT MAKE GRANTS TO OTHER ORGANIZATIONS. THE HOSPITAL WILL MAKE VARIOUS DONATIONS AND SPONSORSHIPS FOR LOCAL ORGANIZATIONS TO PROMOTE HEALTH AND WELFARE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Part I Questions Regarding Compensation

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

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input 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 type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a	X	
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 CHAD WABLE	(i)	403,736.	143,000.	5,003.	123,127.	28,371.	703,237.	0
	(ii)	0	0	0	0	0	0	0
2 ROBERT HALKO	(i)	187,079.	63,867.	234,964.	11,202.	20,458.	517,570.	0
	(ii)	0	0	0	0	0	0	0
3 JAMES UBERTI, M.D.	(i)	0	0	0	0	0	0	0
	(ii)	246,151.	0	342.	4,354.	3,135.	253,982.	0
4 SANDRA ROOSA	(i)	220,709.	54,248.	2,949.	18,906.	22,223.	319,035.	0
	(ii)	0	0	0	0	0	0	0
5 MICHAEL NOVAK	(i)	220,930.	54,711.	270.	14,700.	23,817.	314,428.	0
	(ii)	0	0	0	0	0	0	0
6 CAROLYN ORRELL	(i)	170,666.	24,586.	348.	11,332.	21,757.	228,689.	0
	(ii)	0	0	0	0	0	0	0
7 M. CLARK KEARNEY	(i)	185,471.	44,122.	1,071.	12,920.	19,588.	263,172.	0
	(ii)	0	0	0	0	0	0	0
8 JOSEPH CONNOLLY	(i)	149,652.	22,776.	197.	10,428.	23,627.	206,680.	0
	(ii)	0	0	0	0	0	0	0
9 DANIEL SULLIVAN	(i)	144,849.	0	274.	8,707.	21,107.	174,937.	0
	(ii)	0	0	0	0	0	0	0
10 STEPHEN HOLLAND, MD	(i)	335,016.	82,523.	774.	14,700.	31,013.	464,026.	0
	(ii)	0	0	0	0	0	0	0
11 ELIZABETH BOZZUTO	(i)	227,217.	54,928.	1,188.	28,653.	19,952.	331,938.	0
	(ii)	0	0	0	0	0	0	0
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PARTICIPATION IN OR PAYMENT FROM NONQUALIFIED RETIREMENT PLANS.

SCHEDULE J - PART I - LINE 4B

CHAD WABLE AND SANDRA ROOSA PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN.

CHAD WABLE PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. NO PAYMENT WAS RECEIVED DURING FISCAL YEAR ENDING 2012.

SANDRA ROOSA'S EMPLOYMENT CONTRACT INCLUDES A PROVISION FOR SUPPLEMENTAL RETIREMENT PAYMENTS. THERE WERE PAYMENTS MADE UNDER THIS PROVISION IN THE CURRENT FISCAL YEAR; HOWEVER THE PAYMENTS DO NOT SHOW UP ON CALENDAR YEAR 2011 W-2 WHICH IS USED TO REPORT COMPENSATION IN THE SCHEDULE.

COMPENSATION CONTINGENT ON NET EARNINGS

SCHEDULE J - PART I - QUESTION 6A

EACH SENIOR LEADER IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS. THE BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR. DURING FY2012, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, QUALITY, FINANCE, AND GROWTH. THE BONUS IS COMPUTED ON A

Part III Supplemental Information

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

PERCENTAGE ALLOCATION FOR THE WEIGHT OF EACH OBJECTIVE WHICH IS DIFFERENT
FOR EACH SENIOR LEADER BASED ON THEIR JOB FUNCTION.

SEVERANCE AGREEMENT

SCHEDULE J, LINE 4A

SAINT MARY'S HOSPITAL ENTERED INTO A SEVERANCE AGREEMENT WITH ROBERT
HALKO.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization

ST. MARY'S HOSPITAL, INC.

Employer identification number

06-0646844

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
	(1)									
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ▶ \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

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
(1) NAUGATUCK VALLEY WOMEN'S HEALTH, PC	DIRECTOR - M. ALBINI	281,469.	SEE PART V FOR DESCRIPTION		X
(2) WEBSTER FINANCIAL SERVICES	DIRECTOR - J. SMITH	412,855.	SEE PART V FOR DESCRIPTION		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTION WITH INTERESTED PERSON

PART IV

DR. MARK ALBINI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC. DURING THE YEAR ENDING SEPTEMBER 30, 2012, THE HOSPITAL PAID DR. ALBINI'S PRACTICE, NAUGATUCK VALLEY WOMEN'S HEALTH, PC, \$281,469 IN FEES FOR SERVICE.

MR. JAMES C. SMITH IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HEALTH SYSTEM, WHICH IS THE PARENT HOLDING COMPANY OF SAINT MARY'S HOSPITAL, INC. MR. SMITH IS ALSO THE CHAIRMAN AND CEO OF WEBSTER FINANCIAL CORP., PARENT COMPANY OF WEBSTER BANK. THE HOSPITAL HAS A LINE OF CREDIT THROUGH WEBSTER BANK, THE BALANCE OF THE LINE OF CREDIT AT THE END OF THE REPORTING PERIOD WAS \$0. DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE HOSPITAL PAID \$108,461 IN BANKING FEES AND INCURRED \$3,025 IN FEES ON THE LINE OF CREDIT.

THE HOSPITAL ALSO PAYS WEBSTER FINANCIAL SERVICES, A COMPANY RELATED TO THE WEBSTER BANK, TO ADMINISTER ITS PENSION PLAN AND OTHER INVESTMENT MANAGEMENT SERVICES. DURING THE YEAR ENDED SEPTEMBER 30, 2012, SAINT

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
(1)					
(2)					
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Part V Supplemental Information

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

MARY'S HOSPITAL, INC. AND ITS AFFILIATES PAID \$122,434 FOR INVESTMENT MANAGEMENT SERVICES FOR ASSETS IN RESTRICTED FUNDS AND \$178,935 FOR ADMINISTRATION OF THE HOSPITAL'S RETIREMENT PLAN ASSETS.

THE HOSPITAL CHOSE WEBSTER BANK IN OCTOBER 2000 AFTER A CAREFUL SEARCH WAS UNDERTAKEN TO FIND A BANK THAT COULD OFFER THE SERVICES NEEDED. THE CFO MADE THE FINAL DECISION AND IT WAS APPROVED BY THE FULL BOARD OF DIRECTORS. SAINT MARY'S HOSPITAL, INC. BELIEVES THAT THE AMOUNTS CHARGED FOR SERVICES PROVIDED BY WEBSTER ARE AT LEAST AS BENEFICIAL TO THE HOSPITAL AS TO OTHER COMMERCIAL CUSTOMERS OF THE WEBSTER BANK.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. MARY'S HOSPITAL, INC.

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

06-0646844

PROGRAM SERVICE ACCOMPLISHMENTS

990 PART III - LINE 4A

INPATIENT SERVICES

SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS. THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 12,039 INPATIENTS IN 2012, WITH AN AVERAGE LENGTH OF STAY OF 4.26 DAYS. SAINT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE.

IN 2012, 1,282 PATIENTS CHOSE TO HAVE SURGERY AT SAINT MARY'S, STAYING AT THE HOSPITAL FOR A TOTAL OF 7,486 DAYS AND GENERATED \$22 MILLION IN REVENUE; 1,446 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 5,677 DAYS AND GENERATING \$19 MILLION IN REVENUE; AND 1,849 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 8,383 DAYS, AND GENERATING \$17 MILLION IN REVENUE.

AS THE HOSPITAL CONTINUES TO DISTINGUISH ITSELF AS A LEADING PROVIDER OF HEALTHCARE SERVICES IN THE REGION, IT HAS GARNERED RECOGNITION FROM STATE AND NATIONAL ORGANIZATIONS FOR PROVIDING OUTSTANDING PATIENT CARE.

SAINT MARY'S HOSPITAL IS RANKED AS THE TOP-PERFORMING HOSPITAL IN CONNECTICUT FOR DELIVERING PERCUTANEOUS CORONARY INTERVENTION (PCI), A LIFE-SAVING PROCEDURE THAT OPENS THE BLOCKED ARTERIES OF HEART ATTACK PATIENTS. THE NATIONAL STANDARD STATES THAT PATIENTS SHOULD RECEIVE THIS

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PROCEDURE WITHIN 90 MINUTES OF ARRIVAL AT THE HOSPITAL. ACCORDING TO THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS), 100 PERCENT OF PATIENTS WHO REQUIRE ANGIOPLASTY RECEIVE IT AT SAINT MARY'S WITHIN 90 MINUTES OF ARRIVAL. THIS RANKS SAINT MARY'S AS THE NUMBER ONE PERFORMING HOSPITAL IN CONNECTICUT, AND SIGNIFICANTLY AHEAD OF THE NATIONAL AVERAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES.

IN ADDITION, SAINT MARY'S IS THE FIRST HOSPITAL IN CONNECTICUT TO RECEIVE A GOLD AWARD UNDER THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES PROGRAM FOR ITS TREATMENT OF PATIENTS WITH CORONARY ARTERY DISEASE. IT IS ALSO THE FIRST HOSPITAL IN THE STATE TO RECEIVE A GOLD AWARD FOR ITS TREATMENT OF PATIENTS WITH HEART FAILURE. AS OF FISCAL YEAR 2012, SAINT MARY'S HAS RECEIVED FOUR GOLD AWARDS FOR CARDIAC CARE FOR THIS PROGRAM. THESE ACCOMPLISHMENTS ARE INDICATIVE OF THE EXTRAORDINARY CROSS-DISCIPLINE COLLABORATION AND OVERALL COMMITMENT TO CLINICAL EXCELLENCE SHARED BY THE SAINT MARY'S TEAM.

IN ADDITION, SAINT MARY'S IS A LEADER IN SURGICAL SERVICES. OUR PHYSICIANS PROVIDE BOTH IN-PATIENT AND OUT-PATIENT SURGERY IN THE AREAS OF GI, ONCOLOGY, THORACIC, VASCULAR, LAPAROSCOPY, TRAUMA, GYNECOLOGY, UROLOGY, NEUROSURGERY, ORTHOPEDICS, CARDIOTHORACIC, PLASTIC, BARIATRIC AND ENDOCRINE SURGERY AT SAINT MARY'S HOSPITAL

SAINT MARY'S HEALTH SYSTEM IS PLEASED TO INTRODUCE A NEW ERA OF SURGERY TO THE GREATER WATERBURY COMMUNITY. OUR EXPERIENCED SURGEONS ARE NOW

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PERFORMING ADVANCED ROBOTIC-ASSISTED PROCEDURES UTILIZING THE DAVINCI® ROBOTIC SURGICAL SYSTEM. THIS INNOVATIVE TECHNOLOGY IS QUICKLY BECOMING THE STANDARD OF CARE FOR MANY COMPLEX SURGICAL PROCEDURES WITH APPLICATIONS FOR GYNECOLOGIC, UROLOGIC, THORACIC, CARDIAC AND GENERAL SURGERY. AS THE LEADING PROVIDER OF SURGICAL SERVICES IN THE REGION, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND SUPERIOR SERVICE FOR OUR PATIENTS. DURING FISCAL YEAR 2012, SAINT MARY'S PERFORMED 433 SURGERIES USING THE DAVINCI® ROBOTIC SURGICAL SYSTEM.

IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX- YEAR TRAINING PROGRAM IN GENERAL SURGERY. SAINT MARY'S HOSPITAL IS COMMUNITY BASED AND BOASTS A CLOSE AFFILIATION TO YALE UNIVERSITY IN NEARBY NEW HAVEN, CONNECTICUT, AND THE UNIVERSITY OF CONNECTICUT IN FARMINGTON, CONNECTICUT. HISTORICALLY, NEARLY ONE HALF OF THE RESIDENTS COMPLETING THIS PROGRAM HAVE PURSUED FURTHER TRAINING IN CARDIOTHORACIC, COLON AND RECTAL, PLASTIC AND RECONSTRUCTIVE, SURGICAL ONCOLOGY, OR VASCULAR SURGERY.

OUTPATIENT SERVICES

990 PART III - LINE 4B

SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT. IN 2012, 227,275 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HEALTH SYSTEM'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT 62,812 PATIENTS IN 2012, GENERATING \$21 MILLION IN REVENUE, AND AMBULATORY SURGERY. IN 2012, 8,741 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING

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\$27.5 MILLION IN REVENUE.

OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO: MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CLASSES. SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING WALK-IN HEALTH CARE, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK AND WOLCOTT; OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK; OUTPATIENT SLEEP DISORDERS CENTERS IN WATERBURY AND WOLCOTT; THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY.

SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES.

SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT. IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE.

THE SAINT MARY'S EMERGENCY DEPARTMENTS IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHYSICIANS ARE BOARD CERTIFIED IN EMERGENCY MEDICINE. THE EMERGENCY DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING SAINT MARY'S ACHIEVE ITS EXTRAORDINARY PERFORMANCE WITH DOOR-TO-BALLOON TIME, A MEASURE OF THE TIME IT TAKES A HEART ATTACK VICTIM TO HAVE HIS OR HER BLOCKED ARTERIES OPENED. SAINT MARY'S MEDIAN DOOR-TO-BALLOON TIME IS 60

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MINUTES. SAINT MARY'S DOOR-TO-BALLOON TIME IS 30 MINUTES FASTER THAN NATIONAL GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR OPENING BLOCKED ARTERIES.

THE DEPARTMENT ALSO PROVIDES AMBULATORY CARE SERVICES, WHICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS. THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICIANS EACH AFTERNOON.

FINALLY, THE EMERGENCY DEPARTMENT CONTAINS A DEDICATED BEHAVIORAL HEALTH AREA, SUPPORTED BY A PSYCHIATRIST. THIS UNIT PROVIDES A MUCH NEEDED RESOURCE FOR SERVING OUR PATIENT POPULATION, AND HAS SEEN CONTINUED GROWTH AND INCREASE IN DEMAND.

SAINT MARY'S CANCER PROGRAM WAS AWARDED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER WITH COMMENDATIONS IN SIX CATEGORIES. ONLY 49 PERCENT OF ALL U.S. HOSPITALS SURVEYED BY THE COMMISSION ACHIEVE THIS LEVEL OF RECOGNITION. ACS ACCREDITATION ENSURES THAT PATIENTS WHO CHOOSE SAINT MARY'S FOR CANCER CARE HAVE ACCESS TO A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT, A TEAM THAT COORDINATES THE BEST AVAILABLE TREATMENT OPTIONS, AND ACCESS TO CLINICAL TRIALS AND NEW TREATMENT OPTIONS, AS WELL AS EARLY DETECTION PROGRAMS, EDUCATION AND SUPPORT SERVICES.

SAINT MARY'S WOUND HEALING CENTER IS STAFFED BY A SPECIALIZED TEAM OF PHYSICIANS, SURGEONS, NURSES AND TECHNICIANS, WHO COLLABORATE TO PRODUCE

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THE BEST POSSIBLE OUTCOMES. ON AVERAGE, 90 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TREATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 16 WEEKS. SPECIALIZED WOUND CARE ALSO HELPS PATIENTS WITH DIABETIC ULCERS, PRESSURE ULCERS, INFECTIONS AND COMPROMISED SKIN GRAFTS. IN ADDITION THE CENTER OFFERS HYPERBARIC OXYGEN THERAPY, WHICH IS PARTICULARLY EFFECTIVE FOR PATIENTS WHO SUFFER FROM RADIATION DAMAGE OR FACE THE POSSIBILITY OF AMPUTATION.

COMMUNITY BENEFIT

SAINT MARY'S HOSPITAL PLAYS AN INDISPENSABLE ROLE IN THE HEALTHCARE DELIVERY SYSTEM FOR THE GREATER WATERBURY COMMUNITY AND THE TOWNS OF THE CENTRAL NAUGATUCK VALLEY. FOUNDED IN 1907 BY THE SISTERS OF SAINT JOSEPH OF CHAMBERY, SAINT MARY'S HAS BEEN THE CATHOLIC BEACON OF HEALING AND HOPE IN THE COMMUNITY FOR 100 YEARS. BUILT IN THE HEART OF THE CITY AND WITHIN CLOSE DISTANCE OF ITS ONCE-THRIVING BRASS MILLS SO THAT IT COULD RESPOND READILY TO INJURED WORKERS, THE HOSPITAL HAS EVOLVED INTO A DIVERSE HEALTH SYSTEM THAT TODAY PROVIDES A VARIETY OF HEALTHCARE, EDUCATIONAL, FINANCIAL AND OTHER BENEFITS TO THE PEOPLE IT SERVES.

SAINT MARY'S EXISTS TO SERVE THE PEOPLE OF WATERBURY AND ITS SURROUNDING COMMUNITIES. PROVIDING HIGH QUALITY HEALTHCARE TO ALL WHO NEED IT, REGARDLESS OF ABILITY TO PAY, HAS BEEN CENTRAL TO ITS MISSION THROUGHOUT ITS EXISTENCE. ADAPTING TO MEET THE CHANGING NEEDS OF THE COMMUNITY, THE HOSPITAL IS MORE FOCUSED THAN EVER ON PRESERVING ACCESS TO APPROPRIATE HEALTHCARE AND PROVIDING EXCEPTIONAL QUALITY AND SERVICE TO PATIENTS AND THEIR FAMILIES.

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SAINT MARY'S HOSPITAL IS LICENSED FOR 347 BEDS (32 BASSINETS) AND STAFFS APPROXIMATELY 168 BEDS WITH AN AVERAGE DAILY CENSUS OF 141. DURING 2012, SAINT MARY'S HAD 12,078 DISCHARGES. ITS EMERGENCY DEPARTMENT, WHICH IS AMONG THE BUSIEST IN CONNECTICUT, SAW APPROXIMATELY 70,000 VISITS, WHILE SAINT MARY'S CLINICS (INCLUDING PSYCHIATRY, PEDIATRICS, ADULT AND DENTISTRY) HAD MORE THAN 50,000 VISITS DURING THE SAME PERIOD. SAINT MARY'S AND ITS AFFILIATES SERVICED MORE THAN 200,000 OUTPATIENT VISITS IN 2012. SAINT MARY'S HOSPITAL EMPLOYS APPROXIMATELY 1,200 FULL TIME EQUIVALENT EMPLOYEES.

SAINT MARY'S HOSPITAL:

- OPERATES THE 9TH BUSIEST EMERGENCY DEPARTMENTS IN CONNECTICUT, WHICH IS AVAILABLE TO ALL PERSONS REGARDLESS OF ABILITY TO PAY AND PROVIDES SERVICES OFTEN TO THOSE WHO HAVE THE GREATEST NEED
- PROVIDES PRIMARY AND SPECIALTY CARE THROUGH ITS CHILDREN'S AND FAMILY HEALTH CENTER
- PARTICIPATES IN MEDICAID, MEDICARE, SAGA, HUSKY A & B, CHARTER OAK AND/OR OTHER GOVERNMENT- SPONSORED HEALTHCARE PROGRAMS
- SERVES ONE OF CONNECTICUT'S MOST CHALLENGING URBAN POPULATIONS, IN A DESIGNATED MEDICALLY UNDERSERVED AREA (MUA)
- SPONSORS MEDICAL, SURGICAL, AND DENTAL RESIDENCY PROGRAMS TO PROVIDE PROFESSIONAL EDUCATION FOR PHYSICIANS IN TRAINING AND ENCOURAGE THE RETENTION OF PROVIDERS WHO WILL CHOOSE TO REMAIN IN ITS PRIMARY SERVICE AREA.

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THE CHALLENGES FACED BY SAINT MARY'S HOSPITAL ARE SIGNIFICANT, YET IT REMAINS FULLY DEDICATED TO FULFILLING ITS CORE MISSION. AS HAS BEEN THE CASE THROUGHOUT THE HOSPITAL'S HISTORY, ITS MISSION IS BROUGHT TO LIFE BY ITS TALENTED AND HARD WORKING EMPLOYEES, WHOSE INGENUITY AND PERSEVERANCE ENSURES THAT THE INDIVIDUAL AND COLLECTIVE NEEDS OF THE COMMUNITY ARE BEING MET.

BUILDING UPON A LEGACY OF CARING

THE MISSION OF SAINT MARY'S HOSPITAL IS TO PROVIDE EXCELLENT HEALTHCARE SERVICES IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY.

IT IS THE HOSPITAL'S VISION TO BE THE LEADING REGIONAL HEALTHCARE PROVIDER THE HOSPITAL'S STAFF, MEDICAL STAFF, BOARD, FOUNDATION, AUXILIARY AND VOLUNTEERS ARE ALSO UNITED BY THESE VALUES:

- INTEGRITY - COMMITMENT TO DOING WHAT IS RIGHT
- CARING - COMPASSIONATE APPROACH TO ADDRESSING THE HEALTHCARE NEEDS OF ALL PEOPLE
- ACCOUNTABILITY - PERSONAL RESPONSIBILITY FOR THE PERFORMANCE OF SAINT MARY'S HEALTH SYSTEM
- RESPECT - RESPECT FOR THE DIGNITY, WORTH, AND RIGHTS OF OTHERS
- EXCELLENCE - WORKING TOGETHER IN PURSUIT OF SUPERIOR CLINICAL QUALITY AND SERVICE TO OTHERS

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TAKING QUALITY TO HEART

SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE. RECOGNIZING THAT CLINICAL QUALITY CORRELATES SIGNIFICANTLY TO PATIENT SAFETY AND PATIENT SATISFACTION, ITS STAFF IS DEDICATED TO MEETING THE 2012 NATIONAL PATIENT SAFETY GOALS AS WELL AS THE QUALITY MEASURES ESTABLISHED BY THE JOINT COMMISSION.

THE RESULTS OF THESE EFFORTS CAN BE CLEARLY MEASURED BY RECENT ACHIEVEMENTS. SAINT MARY'S HAS BEEN HONORED BY THE AMERICAN HEART ASSOCIATION FOR FOUR YEARS IN A ROW WITH GOLD PERFORMANCE ACHIEVEMENT AWARDS FOR OUTSTANDING CARDIAC CARE FROM THE AMERICAN HEART ASSOCIATION.

SAINT MARY'S HAS BEEN RECOGNIZED BY THE NATIONAL BLUECROSS BLUESHIELD ASSOCIATION AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BASED ON SUPERIOR PATIENT OUTCOMES AND DEMONSTRATED EXPERTISE IN DELIVERING QUALITY HEALTHCARE. SAINT MARY'S IS ONE OF ONLY SIX HOSPITALS IN CONNECTICUT TO HAVE ACHIEVED THIS RECOGNITION FOR ITS CARDIAC PROGRAM.

SAINT MARY'S HAS BEEN NAMED TO THE NATIONAL COMMUNITY VALUE 100 LIST BY CLEVERLEY + ASSOCIATES, A LEADING HEALTHCARE FINANCIAL CONSULTING FIRM BASED IN COLUMBUS, OHIO. SAINT MARY'S IS ONE OF JUST FIVE HOSPITALS IN CONNECTICUT TO RECEIVE THIS RECOGNITION, HIGHLIGHTING A COMMITMENT TO QUALITY CARE AND VALUE TO THE COMMUNITY. SAINT MARY'S HAS ALSO BEEN RECOGNIZED AS ONE OF THE TOP 100 HOSPITALS IN THE COUNTRY BASED ON A

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COMMUNITY VALUE INDEX (CVI) THAT RANKS HOSPITALS BASED ON FINANCIAL VIABILITY, COST STRUCTURE, CHARGE STRUCTURE AND QUALITY PERFORMANCE.

SAINT MARY'S ALSO DEMONSTRATES COMMITMENT TO QUALITY THROUGH ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR), THE LARGEST AND OLDEST IMAGING ACCREDITING BODY IN THE U.S. SAINT MARY'S IS ACCREDITED BY THE ACR FOR THE FOLLOWING IMAGING SERVICES: MAMMOGRAPHY; STEREOTACTIC MAMMOGRAPHY; NUCLEAR MEDICINE; ULTRASOUND; AND, CAT SCAN (64-SLICE AND 16-SLICE).

SAINT MARY'S IS ALSO AMONG SEVERAL HOSPITALS IN CONNECTICUT, AND A GROWING NUMBER IN THE NATION, TO ESTABLISH THE GOAL OF BECOMING A "MINIMAL LIFT" HOSPITAL TO PROMOTE THE SAFE MOVEMENT OF PATIENTS IN THE HEALTHCARE SETTING.

A QUALITY COMMITTEE OF THE BOARD OF DIRECTORS CONTINUALLY EVALUATES CLINICAL PERFORMANCE AND A MULTIDISCIPLINARY CLINICAL QUALITY ROUNDS TEAM MEETS WEEKLY WITH THE GOAL OF IMPROVING THE QUALITY OF PATIENT CARE IN REAL TIME. THIS TEAM, WHICH IS COMPRISED OF PHYSICIANS, CLINICAL NURSE MANAGERS, AND REPRESENTATIVES FROM DISCHARGE PLANNING, NUTRITION, PHARMACY AND QUALITY MANAGEMENT, IS COMBINING PATIENT SAFETY WITH CORE MEASURES AND USING EVIDENCE FROM BOTH TO ENSURE THAT PATIENTS ARE RECEIVING THE HIGHEST QUALITY CARE BASED ON THOSE GUIDELINES.

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IDENTIFYING THE NEEDS OF THE COMMUNITY

SAINT MARY'S INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE NEEDS OF INDIVIDUALS LIVING IN THE HOSPITAL'S SERVICE AREA, WHICH INCLUDES WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 165,400 RESIDENTS AND THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600.

THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$66,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IS 12.7%. APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT.

CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH.

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SAINT MARY'S HAS AN ANNUAL STRATEGIC PLANNING PROCESS THAT IDENTIFIES UNMET COMMUNITY NEEDS WHILE DEPLOYING STRATEGIES TO ADDRESS THESE UNMET COMMUNITY NEEDS AND IMPROVE OUR OVERALL COMMUNITY BENEFIT. SAINT MARY'S ALSO WORKS CLOSELY WITH MANY LOCAL CHARITABLE COMMUNITY SERVICE ORGANIZATIONS TO BOTH IDENTIFY AND ADDRESS COMMUNITY NEEDS. SAINT MARY'S IS IN THE PROCESS OF COMPLETING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH SEVERAL PARTNERS THAT INCLUDE THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, STAYWELL HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CENTER), UNITED WAY OF GREATER WATERBURY, CONNECTICUT COMMUNITY FOUNDATION, AND WATERBURY HOSPITAL. THE CHNA PARTNERS WILL DEVELOP A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH PRIMARY AND SECONDARY RESEARCH.

COMMUNITY BENEFIT PROGRAMS AND SERVICES

SAINT MARY'S HOSPITAL OFFERS A VARIETY OF FREE PROGRAMS AND SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. FROM MEDICAL AND SURGICAL SERVICES FOR THE UNINSURED AND UNDERINSURED TO HEALTH EDUCATION, SUPPORT GROUPS AND COMMUNITY OUTREACH PROGRAMS, SAINT MARY'S PLAYS AN INTEGRAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.

EXAMPLES OF SAINT MARY'S MANY COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION PROGRAM, WHICH PROVIDES FREE MAMMOGRAMS FOR WOMEN WHO ARE AGE 40 OR OLDER AND HAVE LITTLE OR NO HEALTH INSURANCE. SAINT MARY'S IS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, WHICH HAS ASSISTED MORE THAN 2,500

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WOMEN SINCE 1995. THE PROGRAM IS OFFERED THROUGH SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER.

OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL FOR PATIENTS SUFFERING FROM ASTHMA AND OUR "BEYOND GRIEF" GROUP PROVIDES BEREAVEMENT SUPPORT FOR ADULTS.

ONE OF THE PROGRAMS THAT HAS HAD AN IMPACT IS CALLED "TEEN GRIEF," WHICH PROVIDES CONFIDENTIAL BEREAVEMENT SUPPORT TO STUDENTS OF LOCAL MIDDLE AND HIGH SCHOOLS. ESTABLISHED BY A PEDIATRIC SOCIAL WORKER FROM SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER IN THE WAKE OF THE TERRORIST ATTACKS OF SEPTEMBER 2001, THIS PROGRAM IS SUPPORTED IN PART BY A GRANT FROM THE J. WALTON BISSELL FOUNDATION. THIS IN SCHOOL PROGRAM ALLOWS TEENS TO COPE WITH THEIR GRIEF IN A POSITIVE WAY AND PROVIDES THEM WITH A SAFE PLACE TO EXPRESS THEIR FEELINGS AND LEARN FROM THE EXPERIENCES OF THEIR PEERS.

IN ADDITION TO THESE PROGRAMS SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLPATH BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES, AND THE MORRIS FOUNDATION, WHICH OFFERS TREATMENT, PREVENTION, EDUCATION, AND RECOVERY SUPPORT FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND BEHAVIORAL HEALTH ISSUES.

THE HOSPITAL HAS ALSO FORGED COLLABORATIONS TO BRING WORLD-CLASS HEALTHCARE SERVICES TO THE COMMUNITY THROUGH:

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- THE HAROLD LEEVER REGIONAL CANCER CENTER, A FREESTANDING 40,000-SQUARE-FOOT FACILITY DEDICATED TO OUTPATIENT CANCER CARE, WHICH IS A JOINT VENTURE PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL;

- THE HEART CENTER OF GREATER WATERBURY, WHICH PROVIDES ADVANCED CARDIAC SERVICES, INCLUDING ANGIOPLASTY AND OPEN HEART SURGERY, THROUGH A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL AND THE UNIVERSITY OF CONNECTICUT HEALTH CENTER/JOHN DEMPSEY HOSPITAL. EXTENDING ITS REACH

SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY THE CONNECTICUT LEGISLATURE, STATE CHILD ADVOCACY GROUPS AND THE NATIONAL INITIATIVE FOR CHILD HEALTHCARE QUALITY AS A LEADER AND MODEL PRACTICE IN THE CARE OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS BASED ON ITS "MEDICAL HOME" MODEL OF CARE.

FORMALLY KNOWN AS THE NORTHWEST REGIONAL MEDICAL HOME SUPPORT CENTER, THIS HOSPITAL-BASED PROGRAM PROVIDES ASSISTANCE TO CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND HAS EXPANDED TO FIVE LOCATIONS: SAINT MARY'S CHILDREN'S HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN, CT, PEDIATRIC ASSOCIATES OF CT AND THE MEDICAL/PEDIATRICS RESIDENCY TRAINING PROGRAM OPERATED JOINTLY BY SAINT MARY'S HOSPITAL AND YALE-NEW HAVEN HOSPITAL.

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THE PROGRAM PROVIDES:

- O CARE COORDINATION
- O FAMILY SUPPORT
- O ADVOCACY
- O TITLE V FUNDS
- O BENEFITS COORDINATION

WORKING WITH CAREGIVERS, THE "MEDICAL HOME" PROGRAM HELPS CREATE CUSTOMIZED CARE PLANS AND BRINGS TOGETHER RESOURCES THAT FAMILIES WITH CHILDREN OF SPECIAL NEEDS DEPEND UPON. THE PROGRAM PARTNERS WITH PEDIATRIC CARE PROVIDERS TO MEET THE DIVERSE NEEDS OF CAREGIVERS AND FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS. WORKING THROUGH REHABILITATION AND SCHOOL SERVICES, COMMUNITY AGENCIES AND DEPARTMENT OF SOCIAL SERVICES, THE PROGRAM ESTABLISHES TRANSITION PLANS FOR CHILDREN LEAVING THE PROGRAM AT AGE 21. THE UNITED STATES MATERNAL AND CHILD HEALTH BUREAU DEFINES CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) AS THOSE WHO HAVE OR ARE AT INCREASED RISK FOR: CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL OR EMOTION CONDITIONS (EXPECTED TO LAST AT LEAST A YEAR); AND THOSE WHO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY. EIGHTEEN PERCENT OF CHILDREN IN THE UNITED STATES ARE INCLUDED IN THAT DEFINITION.

ALL FAMILIES OF ELIGIBLE CHILDREN, REGARDLESS OF INCOME, RECEIVE CARE COORDINATION SERVICES IN PARTNERSHIP WITH THEIR CHILD'S MEDICAL HOME

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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UNDER THE SAINT MARY'S PROGRAM. FAMILY AND COMMUNITY REFERRALS, DIRECT SERVICES, ADVOCACY AND LINKS TO PARENT SUPPORT SERVICES ARE ALSO PROVIDED. A LIMITED NUMBER OF FAMILIES RECEIVE RESPITE AND CAMP FUNDS.

UNINSURED OR UNDERINSURED FAMILIES WHO FALL WITHIN THE TITLE V EXTENDED SERVICE FUNDS ELIGIBILITY GUIDELINES CAN ALSO BENEFIT FROM PAYMENT FOR EXTENDED SERVICES (I.E. DURABLE MEDICAL EQUIPMENT, PRESCRIPTIONS, SPECIALTY VISITS, THERAPIES AND SPECIAL NUTRITIONAL FORMULAS).

THIS PROGRAM IS JUST ONE EXAMPLE OF HOW SAINT MARY'S HAS EXTENDED ITS REACH BEYOND THE BOUNDS OF THE WALLS OF THE HOSPITAL.

PATIENT FINANCIAL AID

SAINT MARY'S HOSPITAL PROVIDES FINANCIAL ASSISTANCE TO PATIENTS WHO QUALIFY FOR THE HOSPITAL'S "BED FUND" OR OTHER FINANCIAL ASSISTANCE PROGRAMS.

IF A PATIENT IS UNINSURED OR OTHERWISE UNABLE TO PAY HIS OR HER MEDICAL BILLS, HE OR SHE MAY QUALIFY FOR THE HOSPITAL BED FUND. IN ORDER TO QUALIFY, A PATIENT MUST MEET CERTAIN CRITERIA, INCLUDING HAVING A HOUSEHOLD INCOME AT OR BELOW 400% OF THE FEDERAL POVERTY LIMITS.

IF A PATIENT QUALIFIES FOR THE "BED FUND," OR ANY OTHER FINANCIAL ASSISTANCE PROGRAMS, THE PATIENT WILL BE NOTIFIED WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION. IF A PATIENT'S APPLICATION IS DENIED, AN

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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EXPLANATION WILL BE PROVIDED. THE PATIENT MAY REAPPLY AT ANY TIME AND THE APPLICATION WILL BE REASSESSED BASED ON THE AVAILABILITY OF ADDITIONAL FUNDS OR A CHANGE IN THE PATIENT'S FINANCIAL STATUS.

AS PART OF FULFILLING ITS MISSION, THE HOSPITAL PROVIDES CARE TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL HAS A FORMALIZED CHARITY CARE POLICY, WHICH IDENTIFIES PATIENTS WHO ARE ELIGIBLE FOR "CHARITY CARE." SAINT MARY'S HOSPITAL DEFINES CHARITY CARE AS THOSE HEALTHCARE SERVICES PROVIDED BY SAINT MARY'S HOSPITAL TO UNINSURED OR SELF-PAY PATIENTS AT REDUCED OR DISCOUNTED RATES. THE TERM CHARITY CARE MAY ALSO BE REFERRED TO AS FREE OR DISCOUNTED CARE. AN UNINSURED PATIENT IS ONE WHOSE INCOME IS AT OR BELOW 400% OF THE FEDERAL POVERTY INCOME LEVELS; WHO HAS APPLIED AND BEEN DENIED ELIGIBILITY FOR ANY MEDICAL OR HEALTH CARE COVERAGE PROVIDED UNDER ANY MEDICAID PROGRAM; WHO IS NOT ELIGIBLE FOR COVERAGE UNDER MEDICARE, TRICARE, OR ANY OTHER FEDERAL PROGRAMS, OR PRIVATELY SPONSORED HEALTH OR ACCIDENT INSURANCE, INCLUDING, BUT NOT LIMITED TO, WORKERS' COMPENSATION, SETTLEMENTS OR JUDGMENTS ARISING FROM SUITS, CLAIMS OR PROCEEDINGS INVOLVING MOTOR VEHICLE ACCIDENTS OR ALLEGED NEGLIGENCE; WHO IS LIABLE FOR ONE OR MORE HOSPITAL CHARGES. CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH SAINT MARY'S BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED.

DURING 2012, THE HOSPITAL RECORDED \$10,501,000 OF BAD DEBT EXPENSE. THIS

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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EXPENSE IS PRIMARILY RELATED TO UNINSURED PATIENTS WHO DID NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR THE PATIENT FINANCIAL AID PROGRAMS DESCRIBED ABOVE. WHILE THE AMERICAN HOSPITAL ASSOCIATION RECOMMENDS INCLUDING THIS AMOUNT IN THE HOSPITAL'S COMMUNITY BENEFIT CALCULATION, THE INTERNAL REVENUE SERVICES DOES NOT SUPPORT THIS POSITION. ACCORDINGLY, THE \$10,501,000 OF BAD DEBT EXPENSES HAS NOT BEEN INCLUDED IN THE \$22,514,733 OF COMMUNITY BENEFIT.

PROCESS TO ELECT MEMBERS OF THE GOVERNING BODY

990 PART VI SECTION A LINE 7A

SAINT MARY'S HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF SAINT MARY'S HOSPITAL, INC. AND APPOINTS THE BOARD OF DIRECTORS.

ARE THE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL

990 PART VI SECTION A LINE 7B

PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS:

(A) TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES. (B) TO APPROVE THE ACQUISITION, ALIENATION OR CONVEYANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS. (C) TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION. (D) TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION.

FORM 990 REVIEW PROCESS

PART VI, SECTION B, LINE 11A

THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS AND THE ORGANIZATION'S FINANCE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING TO ENSURE ACCURACY AND COMPLETENESS. A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS.

CONFLICT OF INTEREST POLICY

990 PART VI - SECTION B - LINE 12C

ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF SMHS AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON:

- 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY;
- 2) HAS READ AND UNDERSTANDS THE POLICY; AND
- 3) HAS AGREED TO COMPLY WITH THE POLICY.

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS. CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER.

CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT. THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS.

COMPENSATION POLICY

990 PART VI - SECTION B - LINES 15A & 15B

THE PROCESS FOR DETERMINING THE COMPENSATION OF THE HOSPITAL'S TOP MANAGEMENT OFFICIALS, INCLUDING THE CEO, ALL OFFICERS, AND KEY EMPLOYEES, MEET THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILY TO THE HOSPITAL AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND THE HOSPITAL AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGEMENT. PRIOR TO MAKING ANY

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE CONTRACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVERY'S TO SET COMPENSATION LEVELS. FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.

PUBLIC DISCLOSURE

PART VI, SECTION C, QUESTION 19

COPIES OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ORGANIZATIONS FINANCIAL STATEMENTS

990 PART XI - LINES 2B 2C

THERE ARE NO SEPARATELY PREPARED AUDITED FINANCIALS STATEMENTS FOR THE OPERATING RESULTS AND FINANCIAL POSITION OF SAINT MARY'S HOSPITAL AS A STAND ALONE ENTITY. SAINT MARY'S HOSPITAL IS AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MARY'S HOSPITAL, INC. TO OBTAIN A COPY OF THE AUDITED FINANCIAL STATEMENTS, PLEASE CALL 203-709-6111.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

CHANGE IN NET ASSETS OF FOUNDATION	(7,000)
UNREALIZED LOSS ON MARKETABLE SECURITIES	2,450,000

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NET ADDITIONS TO ASSETS HELD IN TRUST BY OTHERS	1,631,000
TRANSFERS TO AFFILIATES	(10,606,075)
CHANGE IN MINIMUM PENSION LIABILITY	(4,748,000)
<hr/>	
TOTAL	(11,280,075)

ATTACHMENT 1

FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE	HOURS DEVOTED FOR RELATED ORGANIZATION
CHAD WABLE PRESIDENT AND CEO	10.00
JOSEPH CARLSON, II TREASURER	4.00
MOST REV. HENRY J. MANSELL CHAIRMAN	2.00
REV. MONSIGNOR JAMES COLEMAN VICE CHAIRMAN	4.00
STEPHEN R. GRIFFIN, ESQ. SECRETARY	4.00
S. MARK ALBINI, M.D. DIRECTOR	2.00
GARRETT CASEY DIRECTOR	2.00
SISTER DOLORES LAHR DIRECTOR	2.00
JOSEPH MENGACCI, ESQ. DIRECTOR	2.00
WILLIAM MORRIS DIRECTOR	4.00
MICHAEL O'BRIEN DIRECTOR	1.00
DAVID ROBINSON DIRECTOR	3.00
ROBERT ROSCOE DIRECTOR	1.00
JAMES C. SMITH DIRECTOR	1.00
JEROME SUGAR, MD DIRECTOR	3.00
CHRISTINE SULLIVAN, ESQ. DIRECTOR	4.00
JAMES UBERTI, M.D.	

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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ATTACHMENT 1 (CONT'D)

DIRECTOR	40.00
THE HONORABLE LINDA WIHBEY	
DIRECTOR	4.00

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COLLABORATIVE LAB SERVICES 114 WOODLAND STREET HARTFORD, CT 06105	MEDICAL LAB SVCS	2,085,080.
SODEXHO INC. AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	HOSPITAL MGMT SVCS	2,893,457.
BROWN RUDNICK BERLAK ISRAEL LLP ONE FINANCIAL CENTER BOSTON, MA 02111	LEGAL SERVICES	1,135,190.
MAYO MEDICAL LABORATORIES PO BOX 4100 ROCHESTER, MN 55903	MEDICAL LAB SERVICES	846,533.
O R AND L CONSTRUCTION COMPANY 2 SUMMIT PLACE BRANFORD, CT 06405	CONSTRUCTION	1,648,423.
	TOTAL COMPENSATION	<u>8,608,683.</u>

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
MRI PARTNERSHIP INCOME	531,605.			531,605.
DIAGNOSTIC IMAGING CENTER INCOME	730,614.			730,614.
CT HEALTH CH LAB NET	-1,428.			-1,428.
PREMIER INCOME	383,303.			383,303.

Name of the organization ST. MARY'S HOSPITAL, INC.	Employer identification number 06-0646844
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ATTACHMENT 3 (CONT'D)

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A)</u> <u>TOTAL</u> <u>REVENUE</u>	<u>(B)</u> <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	<u>(C)</u> <u>UNRELATED</u> <u>BUSINESS REV.</u>	<u>(D)</u> <u>EXCLUDED</u> <u>REVENUE</u>
HLRCC JV NET INCOME	623,404.			623,404.
DIVIDEND & INTEREST REVENUE	2,060,597.			2,060,597.
TOTALS	<u>4,328,095.</u>			<u>4,328,095.</u>

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING</u> <u>BOOK VALUE</u>	<u>ENDING</u> <u>BOOK VALUE</u>	<u>COST</u> <u>OR FMV</u>
MARKETABLE SECURITIES	13,217,405.	16,043,637.	FMV
TOTALS	<u>13,217,405.</u>	<u>16,043,637.</u>	

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization
ST. MARY'S HOSPITAL, INC.

Employer identification number
06-0646844

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) SAINT MARY'S INDEMNITY COMPANY, LLC 06-0646844 126 COLLEGE STREET BURLINGTON, VT 05401	INSURANCE	VT	0	30,056,000.	ST MARY HOSP
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) SAINT MARY'S HEALTH SYSTEM, INC 22-2528399 56 FRANKLIN STREET WATERBURY, CT 06703	HOLDING CO.	CT	501(C)(3)	11B	N/A		X
(2) SAINT MARY'S FOUNDATION 22-2528400 56 FRANKLIN STREET WATERBURY, CT 06703	FUNDRAISING	CT	501(C)(3)	7	ST MARY HOSP	X	
(3) HAROLD LEEVER REGIONAL CANCER CENTER 06-1548409 1075 CHASE PARKWAY WATERBURY, CT 06708	TREATMENT CTR	CT	501(C)(3)	3	ST MARY HOSP	X	
(4) HEART CENTER OF GREATER WATERBURY, INC. 83-0416893 P.O. BOX 2153 WATERBURY, CT 06722	MANAGEMENT	CT	501(C)(3)	11A	ST MARY HOSP	X	
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2011

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DIAGNOSTIC IMAGING - SOUTHURY 385 MAIN STREET SOUTH	IMAGING CENTER	CT	N/A	RELATED	853,541.	1,772,102.		X	0	X		60.0000
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SAINT MARY'S PHO ----- 06-1461285 56 FRANKLIN STREET WATERBURY, CT 06703	MANAGEMENT	CT	N/A	C CORP	0	0	50.0000
(2) FRANKLIN MEDICAL GROUP, PC ----- 06-1470493 56 FRANKLIN STREET WATERBURY, CT 06703	PHYSICIAN OFFICE	CT	N/A	C CORP	-8,452,000.	3,484,000.	100.0000
(3) SCOVILL MEDICAL GROUP PC (SOLD 2/29/12) ----- 06-1470495 56 FRANKLIN STREET WATERBURY, CT 06703	PHYSICIAN OFFICE	CT	N/A	C CORP	-198,936.	0	100.0000
(4) PRIMARY CARE PARTNERS PC (MERGE 5/10/12) ----- 26-3677154 56 FRANKLIN STREET WATERBURY, CT 06703	PHYSICIAN OFFICE	CT	N/A	C CORP	-105,000.	0	100.0000
(5) -----							
(6) -----							
(7) -----							

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

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	X	
b	Gift, grant, or capital contribution to related organization(s)	X	
c	Gift, grant, or capital contribution from related organization(s)	X	
d	Loans or loan guarantees to or for related organization(s)	X	
e	Loans or loan guarantees by related organization(s)		X
f	Sale of assets to related organization(s)		X
g	Purchase of assets from related organization(s)		X
h	Exchange of assets with related organization(s)		X
i	Lease of facilities, equipment, or other assets to related organization(s)		X
j	Lease of facilities, equipment, or other assets from related organization(s)		X
k	Performance of services or membership or fundraising solicitations for related organization(s)		X
l	Performance of services or membership or fundraising solicitations by related organization(s)	X	
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n	Sharing of paid employees with related organization(s)	X	
o	Reimbursement paid to related organization(s) for expenses		X
p	Reimbursement paid by related organization(s) for expenses	X	
q	Other transfer of cash or property to related organization(s)		X
r	Other transfer of cash or property from related organization(s)		X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) FRANKLIN MEDICAL GROUP, PC	B	7,549,000.	FMV
(2) FRANKLIN MEDICAL GROUP, PC	L	9,798,054.	FMV
(3) DIAGNOSTIC IMAGING OF SOUTHBURY, LLC	C	921,000.	FMV
(4) PRIMARY CARE PARTNERS, PC	B	2,132,000.	FMV
(5) SAINT MARY'S HOSPITAL FOUNDATION, INC.	C	319,005.	FMV
(6) SCOVILL MEDICAL GROUP, PC	B	972,605.	FMV

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
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(15) -----													
(16) -----													

Part VII **Supplemental Information**

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