Form 990

Department of the Treasury Internal Revenue Service

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)

OMB No. 1545-00)47
2012)

 benefit trust or private foundation)
 Open to Public

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

 r, or tax year beginning
 10/01, 2012, and ending
 09/30, 20 13

 understand
 D
 Employer identification number

AI	For th	ne 201	2 calenda	r year, or ta	ax year beg	inning		10	/01, 2012	, anc	d endin	g			09/3	30, 20	13		
Р.			C Name of organization								D Employ	er iden	ıtificati	ion numl	ber				
D (Check if a	pplicable:	SAINT	MARY'S	HEALTH S	SYSTEM,	INC.												
	Addrochan		Doing Bus	siness As									22-2528399 E Telephone number						
	Name	e change	Number a	and street (or F	P.O. box if mail i	s not delivered	to street a	ddres	ss)	Roon	n/suite								
	Initia	l return	56 FR	RANKLIN S	STREET								(203) 709-6000						
	Term	inated	City or to	wn, state or cou	untry, and ZIP +	4													
	Amer retur		WATER	RBURY, CI	06706								G Gross re	eceipts	\$		156	,528.	
		cation	F Name and address of principal officer:									H(a) Is this		return f	or	Yes	XNC		
	pend	ing											affiliate H(b) Are all		s include	ed?	Yes		
ī	Tax-ex	empt st	atus: X	501(c)(3)	501(c) () 🗲 (ir	nsert no.)		4947(a)(1)	or	52	7	If "No,"	' attach	a list. (s	ee instruct	tions)		
J	Webs	ite: 🕨	WWW.STN			/ • ·			- (-/(/		-		H(c) Group	exempti	ion numł	ber 🕨	09	928	
ĸ				Corporation	Trust	Association	Oth	er 🕨	•		L Year of	format				legal dor			
	art I		mmary													- 0			
	1			he organizati	on'e mission	or most signi	ficant act	ivitio	e.				•						
		SAI	NT MARY	'S HEALT	H SYSTEM	S. INC.	'S PRI	MA	S RY PURPC	DSES	S IS 5	THE	OVERALL	· — — —					
S				OF HOSP															
mai												\frown	K						
Governance	2	Check	k this box	▶ ☐ if the	organization	discontinuer	tits oper	ation			more the	n 25%	of its net a	ssets					
ڻ ھ	3			members of	-										3			18.	
es	4			endent voting					VI line 1h)					· · -	4			15.	
Activities	5			individuals en						C)	• • •		· · ⊢	5				
cti	6			volunteers (es		-	012 (1 0	, .		. •				· · ⊢	6				
٩	-			ated business			lumn (C)	lino	12	 .					va l				
			-	siness taxable					G	• • •									
		Het u					, 1110 04						Prior Yea		-	Curr	ent Y	ear	
Revenue	8	Contri	ibutions and	d grants (Part	VIII line 1h)										0				
	9			revenue (Part				٦,	COPY	FOR	2				0				
	10			ne (Part VIII,				••	PUBLIC IN	SPEC					0				
ž	11			Part VIII, colur				11e)					156	,528	3.		156	,528.	
	12			dd lines 8 thr										,528				,528.	
	13												200	/020	0			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
	14		ants and similar amounts paid (Part IX, column (A), lines 1-3) nefits paid to or for members (Part IX, column (A), line 4)									0 49,152.							
	4.5		ries, other compensation, employee benefits (Part IX, column (A), lines 5-10)												49	,152.			
Expenses	16 a	Profes	ssional fund	draising fees (Part IX colum	n (A) line 11	e)	(, ,),						/ = = =	0			<u>, (</u>	
per	h	Total	fundraising	expenses (Pa	antiX onlumn	(D) line 25)				-									
ш	17		fundraising expenses (Part IX, column (D), line 25) ▶0 expenses (Part IX, column (A), lines 11a-11d, 11f-24f)								141	,820).		141	,609.			
													190		190,761				
	19		I expenses. Add lines 13,17 (must equal Part IX, column (A), line 25)								-34,444.			-34,233					
or	-	110701										Beain	inning of Current Year			End of Year			
Net Assets or Fund Balances	20	Total	assets (Part	X, line 16)									1,835	. 322	2			,339.	
Ass Bal	21			art X, line 26)				• •	• • • • • •	• • •				,683		- /		,933.	
let	22			id balances.		21 from line 2	0	• •		• • •			1,804			1.		,406.	
	art II		gnature Bl										2,001	/ • • • •		= /		/ 1001	
Un	der pei	nalties o	f perjury, I de	clare that I have	e examined this	s return, includ	ing accom	pany	ing schedules	and st	tatements	s, and to	o the best of	my kno	owledg	e and be	lief, it	is true,	
co	rrect, a	nd com	plete. Declara	ation of prepare	r (other than of	ficer) is based of	on all infoi	matio	on of which pr	repare	er has any	knowle	edge.						
S	Sign																		
	lere		Signature of	officer									Date						
			Type or print	t name and title															
		· ·	Type prepare			Preparer's s	signature			D	Date		Check if			PTIN			
Pai	d												self- employed			P004	318	62	
	parer	Eirm's	s name	KPMG	T.T.P								EIN		<u> </u>	56520			
Use	e Only				INANCIAI	, PT.A7.A	НАРТЕ	חאט	. CT 06	103.	-2608		Phone no.			522-3			
Ma	v the I		s address 🕨	eturn with the												X Ye		No	
				Act Notice, s					- /				<u></u>		· •) (2012)	
JSA	•															1 011		(=012)	
2⊏1	065 1.0	00																	

Form 8868

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

X

File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time

to file incom	e tax returns.	Enter filer's identifying number, see instructions
Type or	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
print	ST. MARY'S HEALTH SYSTEM, INC.	22-2528399
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
filing your	56 FRANKLIN STREET	
return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WATERBURY,CT 06706	

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

Application	Return	Application	Return
Is For	Code	Is For	Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ KYLE JURCZYK

Telephone No. ▶ 203-709-6111 FAX No. ▶ 203-709-5215	
• If the organization does not have an office or place of business in the United States, check this box	
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928	. If this is
for the whole group, check this box	and attach
a list with the names and EINs of all members the extension is for.	
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
until MAY 15 , 20 14 , to file the exempt organization return for the organization named	above. The extension is
for the organization's return for:	
▶ calendar year 20 or	
▶ X tax year beginning OCTOBER 1 , 20 12 , and ending SEPTEMBER 30	. 20 13 .
	·
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final retu	rn
Change in accounting period	
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less an	/
nonrefundable credits. See instructions.	3a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS	
(Electronic Federal Tax Payment System). See instructions.	3c \$
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO f	
For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 1-2013)

JSA

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box
 Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

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

Part II	Additional (Not Automatic) 3-Month Ex	tension of	of Time. Only file the orig	inal (no copies nee	ded).	
	Enter filer's identifying n					
	Name of exempt organization or other filer, see in	Employer identification number (EIN) or				
Type or						
print	SAINT MARY'S HEALTH SYSTEM, I			22-25283 Social security number		
File by the	Number, street, and room or suite no. If a P.O. bo	Number, street, and room or suite no. If a P.O. box, see instructions.				
due date for						
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.			
instructions.	WATERBURY, CT 06706					
Enter the	Return code for the return that this application	is for (file a	a separate application for ea	ch return)		. 0 1
Application	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990) or Form 990-EZ	01				
Form 990)-BL	02	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720			09
Form 990	-PF	04	Form 5227			10
Form 990	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	0-T (trust other than above)	06	Form 8870			12
STOP! Do	o not complete Part II if you were not already	granted ar	n automatic 3-month exter	sion on a previously	filed For	n 8868.
• The bo	ooks are in the care of ► KYLE JURCZYK					
	one No. ▶ 203 709-6111		FAX No. ▶ 203 709-			
• If the o	organization does not have an office or place of l	business ir	n the United States, check th	nis box		►
• If this is	s for a Group Return, enter the organization's for	ur digit Gro	oup Exemption Number (GE	N) 0928	If th	is is
for the wh	hole group, check this box \blacktriangleright . If	f it is for pa	art of the group, check this	oox►	and att	ach a
	ne names and EINs of all members the extension					
4 I rec	quest an additional 3-month extension of time ur	ntil	0	<u>8/15</u> , 20 <u>14</u> .		
	calendar year, or other tax year beginni					20 13 .
6 If the	e tax year entered in line 5 is for less than 12 m	onths, cheo	ck reason: Initial re	turn	'n	
	Change in accounting period					
7 Stat	e in detail why you need the extension					
8a If th	is application is for Form 990-BL, 990-PF, 99	90-T, 4720	, or 6069, enter the tent	ative tax, less any		
	refundable credits. See instructions.				Ba \$	
	his application is for Form 990-PF, 990-T,					
estir	mated tax payments made. Include any pri	or year c	overpayment allowed as	a credit and any		
-	ount paid previously with Form 8868.				Bb \$	
	ance Due. Subtract line 8b from line 8a. Include		ent with this form, if requir	ed, by using EFTPS		
(Ele	ctronic Federal Tax Payment System). See instru	ctions.		1	Bc \$	
	Signature and Verifica	ation mu	st be completed for P	art II only.		
	Ities of perjury, I declare that I have examined this form,	-	companying schedules and statem	ents, and to the best of	my knowled	ge and belief,
it is true, cor	rect, and complete, and that I am authorized to prepare this fo	rm.				

Signature 🕨

Title 🕨

Date 🕨

Form 8868 (Rev. 1-2013)

SAINT	MARY'S	HEALTH	SYSTEM,	INC.
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Form 990 (2012) Part III Stat	ement of Drogram Convice	Assemulishmente		Page
	ement of Program Service . ck if Schedule O contains a .	response to any question in this Part III		
	ibe the organization's mission	· · · · · · · · · · · · · · · · · · ·		
•	•	INC.'S PRIMARY PURPOSES I	S THE OVERALL	
	NT OF HOSPITAL SYSTE			
prior Form 9		ficant program services during the yea		e . Yes XI
services?		, or make significant changes in h		
4 Describe the expenses. S	ection 501(c)(3) and 501(c)	dule O. rvice accomplishments for each of it (4) organizations are required to repo r each program service reported.		
	RY'S HEALTH SYSTEM M	148,277. including grants of \$		156,528.)
-		AND AFFILIATES. PLEASE SEE		
		ARY'S HOSPITAL'S PROGRAM S	ERVICE	
ACCOMPLIS	SHMENTS.			
			7,	
		<u> </u>		
		<u>\</u>		
		C		
b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
		• • •		
		<u>.</u>		
)		
	— V—			
c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
d Other progr	am services (Describe in Sch			
d Other progra (Expenses \$	-	-	ፍ ነ	
	am service expenses ►	148,277.	Ψ)	
SA 0 2.000		110,2//.		Form 990 (2)
0 2.000 TU1560	2219	V 12-7.12	798537	Point 990 (20 PAG
TOT200		v ±4 /•±4	1,20,201	FAC

SAINT MARY'S HEALTH SYSTEM, INC.

Form 9	990 (2012)		F	Page 3
Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assess temporarily restricted			37
	endowments, permanent endowments, or quasi-endowments? If "Yes," comprese Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		v	
	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	X	
a		11b		Х
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
C	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		х
لم	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	110		
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tac positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
12 a	complete Schedule D, Parts X and XII	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

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Form 9	990 (2012)		F	Page 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? ("Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, flustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or incirect owner? If "Yes," complete Schedule L, Part IV	28c		
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			37
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	24		v
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	22		v
	<i>complete Schedule N, Par II</i> . Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33		22		Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		34	Х	
25.2	or <i>IV, and Part V, line 1</i> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
35 a հ		35a	A	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		Х
26		335		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		- 11
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	

Page 5

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			
		• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		х
h	account)?	τa		
D	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
ia	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 179(c).			
а	Did the organization receive a payment in excess of \$75 made periods a contribution and partly for goods	_		
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
Ч	If "Yes," indicate the number of Forms 8282 filed during the year	70		21
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	If the organization received a contribution of gual field intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, heats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		Х
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		X
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
2				
	Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
а	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b A	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	000	(00 (7)
40 1.00		⊢orm	990	. ,
	TU1560 2219V 12-7.12798537		Pł	AGE

Form 9	90 (2012) SAINT MARY'S HEALTH SYSTEM, INC. 22-2528	399	I	Page 6
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 ir			
	Check if Schedule O contains a response to any question in this Part VI	• • •	• •	Х
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6 7-	Did the organization have members or stockholders?	0		
7a	one or more members of the governing body?	7a	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
D	stockholders, or persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions indertaken during			
v	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
	Has the organization provided a complete copy of this Form 900 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	4.01-	Х	
	rise to conflicts?	12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
40	describe in Schedule O how this was done	12c 13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the process for determining compensation of the following persons include a review and approval by	17		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion 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 5	01(c)((3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	f inter	rest p	olicy,
	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 203-709-6111	ne		
JSA	OrganiZation: ► Kyle JURCZYK 56 FRANKLIN STREET, WATERBURY, CT 06706 203-709-6111	Form	990	(2012)
				()

22-2528399 Page 7

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

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

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) Officer Institutional trustee or director		(D) Depotable 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		
			C		-			
(1) ROBERT P ROSCOE	1.00	C		'				
DIRECTOR	1.00	X				C	0	0
(2) CHAD WABLE	1.00						511 100	120 004
PRESIDENT	40.00	X		Χ		C	511,122.	137,204.
(3) THE MOST REV HENRY J MANSELL CHAIRMAN	$C_{.00}^{2.00}$	Х				C	0	0
(4) REVEREND MONSIGNOR JAMES COLEM VICE CHAIRMAN	4.00	Х				C	0	0
(5) STEPHEN R GRIFFIN ESQ	4.00							0
SECRETARY	4.00	Х		x		C	0	0
(6) JOSEPH CARLSON II	4.00							
TREASURER	4.00	Х		x		C	0	0
(7) GARRET CASEY	2.00							
DIRECTOR	4.00	Х				C	0	0
(8) WILLIAM MORRIS	4.00							
DIRECTOR	1.00	Х				C	0	0
(9) JAMES C SMITH	1.00							
DIRECTOR	4.00	Х				C	0	0
(10)CHRISTINE SULLIVAN ESQ	4.00							
DIRECTOR	1.00	Х				C	0	0
(11) THE HONORABLE LINDA WIHBEY	4.00							
DIRECTOR	1.00	Х				C	0	0
(12) S MARK ALBINI MD	2.00							
DIRECTOR	1.00	Х				C	49,000.	0
(13) SISTER DOLORES LAHR	2.00							
DIRECTOR	2.00	Х				C	0	0
(14) JOSEPH MENGACCI, ESQ	2.00							
DIRECTOR	4.00	Х				C	0	0
JSA								Form 990 (2012)

Form 990 (2012) Part VII Section A. Officers, Directors, Tru	ISTOOS KO	v Fn			s an	d Hia	hest Compensat	ed Emplo		Page 8			
(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee			(C) Position (do not check more than box, unless person is bott officer and a director/trus) tion nore th son is t rector/	ian one both an trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensati relate organiza (W-2/1099	able on from ed tions	(F) Estimated amount of other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee	-	employee Key employee	Former Highest compensated	(and related organizations			
15) MICHAEL O'BRIEN DIRECTOR	$1.00 \\ 1.00$	x							0	0			
16) DAVID ROBINSON	3.00			-					0	0			
DIRECTOR	2.00	x					0)	0	0			
17) JAMES UBERTI	1.00												
DIRECTOR	40.00	x					C	212	,801.	9,437.			
18) MICHAEL KARNASIEWICZ, M.D.	1.00						,			<u> </u>			
DIRECTOR	1.00	Х							0	0			
		-					- 2	•					
		-					\bigcirc						
		-					2						
		-				3							
		-		C	5)							
		C	C										
1b Sub-total				• •		🕨	0		,122.	137,204.			
c Total from continuation sheets to Part VII, So		• • •	• • •	• •	• • •	🕈			,801. ,923.	9,437. 146,641.			
 d Total (add lines 1b and 1c) 2 Total number of individuals (including but not reportable compensation from the organization 	limited to t		listed	ab	ove)	who re	eceived more than			140,041.			
		()							Yes No			
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X			
4 For any individual listed on line 1a, is the sorganization and related organizations grain individual.	eater than	\$15	50,00	0?	lf '	"Yes,"	complete Schedu			4 X			
 5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye 	accrue co	mpen	satio	n fr	rom a	any un	related organization			5 X			
Section B. Independent Contractors		10 001	icuul	J	101 31	ion per		<u></u>					
 Complete this table for your five highest com compensation from the organization. Report c year. 													
(A) Name and business add	ress						(B) Description of se	ervices	Co	(C) ompensation			

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 ► 0

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Form	990	(201	2)

Par	't VIII	Check if Schedule O contains a respon	nse to any quest	ion in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f g h	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$		0			
anue			Business Code				
Program Service Revenue	2a b c d e f g	All other program service revenue			<u> </u>		
<u> </u>	3	Investment income (including dividends, intere		0	$\mathbf{\nabla}$		
	4 5	other similar amounts)	roceeds 🕨	- Jre	•		
	6a b c	Gross rents	ò	05			
	d 7a	Net rental income or (loss) Gross amount from sales of	(i),Other	156,528.	156,528.		
	b	assets other than inventory Less: cost or other basis and sales expenses					
	c d	Gain or (loss)	<u> </u>	0			
Other Revenue		Gross income from fundraising events (not including \$					
othe	b c	Less: direct expenses b Net income or (loss) from fundraising events		0			
0		Gross income from gaming activities. See Part IV, line 19					
		Less: direct expenses b					
		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances a	· · · · · · · · · · · · · · · · · · ·	0			
	b c	Less: cost of goods sold b Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code	5			
	11a						
	b						
	c d	All other revenue		0			
	е 12	Total revenue. See instructions		156,528.	156,528.		

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Pa	rt IX Statement of Functional Expense	S			
Sec	tion 501(c)(3) and 501(c)(4) organizations m	nust complete all colum	ns. All other organizati	ons must complete colu	mn (A).
	Check if Schedule O contains a resp		in this Part IX		
	not include amounts reported on lines 6b, 7b, 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 .	0			
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	U			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1))$ and persons described in section $4958(c)(3)(B)$	C			
7	Other salaries and wages	38,400.	38,400.		
8	Pension plan accruals and contributions (include section				
-	401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	10,752.	10,752.		
10	Payroll taxes	0			
11	Fees for services (non-employees):				
а	Management	0	0		
b	Legal	17,500.	12,250.	5,250.	
	Accounting	0			
	Lobbying	0	6		
	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	0			
14	Information technology				
15	Royalties	0			
16	Occupancy	46,379.	32,465.	13,914.	
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0	E1 050		
22	Depreciation, depletion, and amortization	73,360.	51,352.	22,008.	
23		0			
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.)				
а	OTHER MISCELLANEOUS EXPENSES	4,370.	3,058.	1,312.	
с					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	190,761.	148,277.	42,484.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0			
		· · · · · · · · · · · · · · · · · · ·	1		

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SAINT MARY'S HEALTH SYSTEM, INC.

Page **11**

Part X	Balance Sheet			
	Check if Schedule O contains a response to any question in this Part	X	• • • •	
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	2,462.	1	1,356
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	0	3	
4	Accounts receivable, net	0	4	
5	Loans and other receivables from current and former officers, directors,			
	trustees, key employees, and highest compensated employees.			
	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
	organizations (see instructions). Complete Part II of Schedule L	0	6	
Assets 8 2		0	7	
SS 8	Inventories for sale or use	0	8	
1 9	Prepaid expenses and deferred charges	0	9	
10	a Land, buildings, and equipment: cost or	1	-	
	other basis. Complete Part VI of Schedule D 10a 2,635,954.			
	other basis. Complete Part VI of Schedule D10a2,635,954.b Less: accumulated depreciation10b1,563,439.	1,145,875.	10c	1,072,515
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11	0	12	
13	Investments - program-related. See Part IV, line 11	0	13	
14	Intangible assets	0	14	
15	Other assets. See Part IV. line 11	686,985.	15	726,468
16		1,835,322.	16	1,800,339
17	Iotal assets. Add lines 1 through 15 (must equal line 34) Accounts payable and accrued expenses Grants payable	18,183.	17	17,433
18	Grants payable		18	
19	Deferred revenue	0	19	
20		0	20	
໘ 21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Partity of schedule D		21	
21 21 22 22 22 22 22 22 22 22 22 22 22 2	Loans and other payables to current and torme officers, directors,			
abi	trustees, key employees, highest compensated employees, and			
Ë	disqualified persons. Complete Part II of Schedule L	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unelated third parties	0	24	
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X			
	of Schedule D	12,500.	25	12,500
26	Total liabilities. Add knes 17 through 25	30,683.	26	29,933
ses	Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
Fund Balances 65 8 65 8 65 9	Unrestricted net assets	1,804,639.	27	1,770,406
28	Temporarily restricted net assets	0	28	
g 29	Permanently restricted net assets	0	29	
or Fur	Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
හි 30	Capital stock or trust principal, or current funds		30	
30 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥ 32	Retained earnings, endowment, accumulated income, or other funds		32	
32				1 == 0 101
2 32 2 33	Total net assets or fund balances	1,804,639.	33	1,770,406

Form 990 (2012)

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Part						
	Check if Schedule O contains a response to any question in this Part XI	1	<u></u>			F 0 0
1	Total revenue (must equal Part VIII, column (A), line 12)	1			56,	
2	Total expenses (must equal Part IX, column (A), line 25)	2			90,	
3	Revenue less expenses. Subtract line 2 from line 1	3			34,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1,8	04,0	
5	Net unrealized gains (losses) on investments	5				(
6	Donated services and use of facilities	6				
7		7				(
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	4.0		1 7	70	106
Part	33, column (B))	10		, /	70,4	400.
raii	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: Cash X Accrual Other				103	NO
•	If the organization changed its method of accounting from a prior year or checked "Other," e	vnlair				
	Schedule O.	лріан				
22	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		x
24	If "Yes," check a box below to indicate whether the financial statements for the year were cor	nnilad	or	20		
	reviewed on a separate basis, consolidated basis, or both:	ipiicu	01			
	Separate basis Consolidated basis Both consolidated and separate basis					
				2b	х	
a	Were the organization's financial statements audited by an independent accomptant?			20		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:	tea o	na			
	Separate basis, consolidated basis, or both.					
-		laht				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over of the audit, review, or compilation of its financial statements and selection of an independent accou	signt stort2	,	2c	x	
	If the organization changed either its oversight process of selection process during the tax year, e			20		
	Schedule O.	spiali	1 111			
20	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	, in			
Ja	the Single Audit Act and OMB Circular A-133		1 111	3a		x
Ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	orgo	the			
D	required audit or audits, evoluin why in Sandule O and describe any stops taken to underge such au		the	3b		
					gan	(2012
				Form	550	(2012
	XXY					
	$\mathbf{O}^{\mathbf{v}}$					
	X					
	▼					

SCHEDULE A (Form 990 or 990-EZ)

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.

Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number SAINT MARY'S HEALTH SYSTEM, INC. 22-2528399 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 An organization that normally receives: (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit kash perform the functions of, or to carry out the X 11 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. Type I **b** X Type II c Type III-Functionally integrated d Type III-Non-functionally integrated а By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified е persons other than foundation managers and other than ne or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting f organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? controls, either alone or together with persons described in (ii) No Yes (i) A person who directly or indire and (iii) below, the governing body of the supported organization? 11g(i) (ii) A family member of a perso n described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following infor nation about the supported organization(s). h (ii) EIN (i) Name of supported (iii) Type of organization (vii) Amount of monetary (iv) Is the (v) Did you notify (vi) Is the organization in organization (described on lines 1-9 the organization organization in support col. (i) listed in above or IRC section in col. (i) of col. (i) organized your governing (see instructions)) your support? in the U.S.? document? Yes No Yes No Yes No (A) ATTACHMENT 1 (B) (C) (D) (E)

-	- 4 -	
	οτα	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2012

OMB No. 1545-0047

Schedule A (Form 990 or 990-EZ) 2012

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.)

1 Gi mo	rr year (or fiscal year beginning in) ► fts, grants, contributions, and embership fees received. (Do not clude any "unusual grants.")	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
m	embership fees received. (Do not						
ine							
	ax revenues levied for the ganization's benefit and either paid or expended on its behalf						
fu	ne value of services or facilities rnished by a governmental unit to the ganization without charge						
4 To	otal. Add lines 1 through 3						
ea gc su lin	the portion of total contributions by the person (other than a overnmental unit or publicly upported organization) included on the 1 that exceeds 2% of the amount				5		
	own on line 11, column (f) 				N		
	on B. Total Support						
-	ar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	nounts from line 4			0			
8 Gr pa rei	ross income from interest, dividends, ayments received on securities loans, nts, royalties and income from similar burces			JI			
ac	et income from unrelated business tivities, whether or not the business regularly carried on		20	2			
los	ther income. Do not include gain or ss from the sale of capital assets xplain in Part IV.)		Ś				
11 то	otal support. Add lines 7 through 10						
	ross receipts from related activities, etc. (s					12	
13 Fin	rst five years. If the Form 990 is for a second stop here	or the organizat	ion's first, secon	d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	on C. Computation of Public Sup						
14 Pu	ublic support percentage for 2012 i	ne 6, column (f)) divided by line	11, column (f))		14	%
	ublic support percentage from 2011					15	%
	31/3% support test - 2012. If the o						
	is box and stop here. The organization						
	31/3% support test - 2011. If the one of the state of the	•					
	0%-facts-and-circumstances test - 2						
10 Pa	0% or more, and if the organization art IV how the organization meets t	meets the "facts-and-c	cts-and-circumst ircumstances" te	ances" test, ch est. The organi	eck this box ar zation qualifies	nd stop here. E as a publicly s	Explain in upported
	ganization 0%-facts-and-circumstances test - 2						
	5 is 10% or more, and if the organic	-					
Ex	xplain in Part IV how the organization	on meets the "	facts-and-circun	nstances" test.	The organizatio	n qualifies as a	publicly
18 Pr	rivate foundation. If the organization	did not check a	a box on line 13	, 16a, 16b, 17a	, or 17b, check	this box and see	;
in	structions						▶ 90 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

INC. 22-2528399

Part IIISupport 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.)

	tion A. Public Support	(-) 2008	(1) 2000	(2) 2010	(-1) 2011	(2) 2012	(f) Total
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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				\mathbf{O}		
	Amounts included on lines 1, 2, and 3				\mathbf{N}		
1 a	received from disgualified persons						
b	Amounts included on lines 2 and 3)		
	received from other than disqualified						
	persons that exceed the greater of \$5,000			.01			
	or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support (Subtract line 7c from		C				
	line 6.)						
	tion B. Total Support	() 0000		()0040	()) 00 4 4	() 0040	(0 T . I . I
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b)-2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar						
	sources		/				
b	Unrelated business taxable income (less	• C • [•]					
	section 511 taxes) from businesses						
	acquired after June 30, 1975	<u></u>					
с	Add lines 10a and 10b)					
11	Net income from unrelated business activities not included in time 10b, whether or not the business is regularly						
12	Other income. Do not include gain or						
12	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 organizatio	n's first second	third fourth or	fifth tax year a	a soction 501	(0)(3)
14	-	•			-		
200	organization, check this box and stop here.						
	tion C. Computation of Public Supp			mn (f))		45	
15	Public support percentage for 2012 (line 8,					15	
16	Public support percentage from 2011 Sched					16	
_	tion I) (Computation of Investmen						
Sec	tion D. Computation of Investmen		f) divided by line 1	3 column (f))		17	
17	Investment income percentage for 2012 (lin						
17 18	Investment income percentage for 2012 (lin Investment income percentage from 2011 S	Schedule A, Part	III, line 17			18	
17 18	Investment income percentage for 2012 (lin Investment income percentage from 2011 S 331/3% support tests - 2012. If the org	Schedule A, Part anization did ne	III, line 17 ot check the box	on line 14, an	d line 15 is mor	18 e than 331/3%,	and line
17 18 19 a	Investment income percentage for 2012 (lin Investment income percentage from 2011 S 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check this	Schedule A, Part anization did ne s box and sto j	III, line 17 ot check the box p here. The orga	on line 14, an anization qualifie	d line 15 is mor s as a publicly	18e than 331/3 %,supported organ	and line ization ▶
17 18 19 a	Investment income percentage for 2012 (lin Investment income percentage from 2011 S 331/3% support tests - 2012. If the org	Schedule A, Part anization did ne s box and sto j	III, line 17 ot check the box p here. The orga	on line 14, an anization qualifie	d line 15 is mor s as a publicly	18e than 331/3 %,supported organ	and line ization ►
17 18 19 a	Investment income percentage for 2012 (lin Investment income percentage from 2011 S 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check this 331/3% support tests - 2011. If the organ line 18 is not more than 331/3%, check	Schedule A, Part anization did no s box and stoj nization did not this box and s	III, line 17 ot check the box p here. The orga check a box on I top here. The org	on line 14, an anization qualifie line 14 or line 19 ganization qualifi	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly	18 e than 331/3%, supported organ s more than 331/ supported organ	and line ization ► [3 %, and ization ► [
17 18 19 a	Investment income percentage for 2012 (lin Investment income percentage from 2011 S 331/3% support tests - 2012. If the org 17 is not more than 331/3%, check this 331/3% support tests - 2011. If the organ	Schedule A, Part anization did no s box and stoj nization did not this box and s	III, line 17 ot check the box p here. The orga check a box on I top here. The org	on line 14, an anization qualifie line 14 or line 19 ganization qualifi	d line 15 is mor s as a publicly 9a, and line 16 is es as a publicly o, check this bo	18 e than 331/3%, supported organ s more than 331/ supported organ	and line ization ► [3 %, and ization ► [ructions ►]

22-2528399

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).

				ATTACH	IMENT 1	
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	DRGANIZATIO	NS			
		(III) TYPE OF	(IV)	(V)	(VI)	(VII) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	YES NO	YES NO	SUPPORT
SAINT MARY'S HOSPITAL, INC.	06-0646844	03	Х			0
SAINT MARY'S HOSPITAL FOUNDATION, INC.	22-2528400	03	Х			0

TOTAL AMOUNT OF SUPPORT



SCHEE	DULE	D
(Form	990)	

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. OMB No. 1545-0047

	artment of the Treasury		9, 10, 11a, 11b, 11c, 11d, Form 990. ► See separate		Inspection
	rnal Revenue Service the organization	Attach to	Form 990. Fore separate		Employer identification number
	-	LTH SYSTEM, INC.			22-2528399
		tions Maintaining Donor Adv	sed Funds or Other Sim	ilar Funds or A	
I a		ion answered "Yes" to Form 9			counts. Complete il the
			(a) Donor advised fu	nds	(b) Funds and other accounts
1	Total number at e	nd of year			
2		utions to (during year)			
3		from (during year)			
4		it end of year			
5		on inform all donors and donor	advisors in writing that the	assets held in do	nor advised
•	-	nization's property, subject to the	-		
6	•	on inform all grantees, donors, ar		-	
	-	purposes and not for the benefi	-	-	
		issible private benefit?			
Ра	rt II Conserva	tion Easements. Complete if	the organization answere	ed "Yes" to Forn	n 990, Part IV, line 7.
1	Purpose(s) of con	servation easements held by the	organization (check all that a	apply).	
	Preservation	of land for public use (e.g., recre	eation or education)	Preservation of a	n historically important land area
	Protection of	natural habitat		Preservation of a	certified historic structure
	Preservation	of open space			
2		through 2d if the organization he	eld a qualified conservation	contribution in the	e form of a conservation
	easement on the I	ast day of the tax year.			
				_	Held at the End of the Tax Year
а		onservation easements		•••••	a
b		tricted by conservation easements		· · · · · · · · · -	b
C		vation easements on a certified			<u>c</u>
d		vation easements included in (c)			
•	historic structure l	isted in the National Register		· · · · · · · · · <u>· · · · · · · · · · </u>	d
3		vation easements modified, tran	sterred, released, extinguis	ned, or terminate	d by the organization during the
			nution accompant in located		
4 5		where property subject to conse tion have a written policy regard			
5		orcement of the conservation ea			
6		r hours devoted to monitoring, ir			
v		i nouis devoted of noncomig, i	specting, and emotoring cor		ients during the year
7	Amount of expens	es incurred in monitoring, inspec	ting, and enforcing conserv	ation easements	during the year
-	►s				
8	+ ========	vation easement reported on line	e 2(d) above satisfy the requ	uirements of section	on 170(h)(4)(B)
)(h)(4)(B)(ii)?			
9	In Part XIII, descri	be how the organization reports	conservation easements in	its revenue and ex	pense statement, and
		d include, if applicable, the text o	•	zation's financial	statements that describes the
		ounting for conservation easeme			
Ра		tions Maintaining Collections			imilar Assets.
	•	if the organization answered			
1a	If the organization	elected, as permitted under SF	AS 116 (ASC 958), not to	report in its rev	enue statement and balance sheet ion, or research in furtherance of bes these items.
	public service, pro	vide, in Part XIII, the text of the fo	potnote to its financial stater	ments that descril	bes these items.
b					enue statement and balance sheet
	works of art, hist	orical treasures, or other simila	ar assets held for public e		ion, or research in furtherance of
		vide the following amounts relation			
					···· ► \$
~	.,	d in Form 990, Part X			
2	-				ets for financial gain, provide the
~		required to be reported under S			•
a b		d in Form 990, Part VIII, line 1 Form 990, Part X			
		Act Notice, see the Instructions for			 Schedule D (Form 990) 2012
JSA	-				

SAINT MARY'S HEALTH SYSTEM, INC.

Sche	dule D (Form 990) 2012						Page 2
Pa	t III Organizations Maintaining	Collections of Art, Hi	storical Treasures	, or Other Simi	lar Assets (Co	ontinı	ued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and other reco	ords, check any of th	e following that a	ire a significant	use (of its
а	Public exhibition	d	Loan or exchange	e programs			
b	Scholarly research	e					
c	Preservation for future generation						
4	Provide a description of the organizati		lain how they further	r the organization	s exempt purpo	ose in	Part
-	XIII.		·····				
5	During the year, did the organization so	licit or receive donations	of art. historical treas	ures, or other simil	ar		
	assets to be sold to raise funds rather th					s	No
Pa	t IV Escrow and Custodial Arra line 9, or reported an amount			answered "Yes"	to Form 990	, Par	t IV,
1a	Is the organization an agent, trustee, cu						_
	included on Form 990, Part X?				Yes	s	No
b	If "Yes," explain the arrangement in Part	t XIII and complete the fo	llowing table:				
					mount		
	Beginning balance						
d	Additions during the year						
е	Distributions during the year		<u>1e</u>	\mathbf{O}			
f	Ending balance						_
	Did the organization include an amount			. <u>.</u>	Yes	_	No
	If "Yes," explain the arrangement in Part						
Pai	t V Endowment Funds. Comple						
4 -		a) Current year (b) Pr	ior year (c) Two yea	ars back (d) Three y	ears back (e) For	ur years	; back
1a	Beginning of year balance						
b			\sim				
C	Net investment earnings, gains, and losses		J				
4							
	Grants or scholarships						
e	Other expenditures for facilities and programs						
f	Administrative expenses						
	End of year balance						
g							
2	Provide the estimated percentage of the		e (line 1g, column (a)) held as:			
a b	Board designated or quasi-endowment	⁷⁰					
	Permanent endowment Temporarily restricted endowment	%					
U	The percentages in lines 2a, 2b, and 2c						
3a	Are there endowment funds not in the p		zation that are held ar	ad administered for	the		
ou	organization by:				lite	Yes	No
	(i) unrelated organizations				3a(i)		
	(ii) related organizations						
b	If "Yes" to 3a(ii), are the related organizations					/	
4	Describe in Part XIII the intended uses of	•					<u> </u>
-	t VI Land, Buildings, and Equipm						
T al	Description of property	(a) Cost or other basis	(b) Cost or other basis			(alua	
	Description of property	(investment)	(other)	(c) Accumulated depreciation	(d) Book v	/alue	
1a	Land	••	15,000.			15,	000.
b	Buildings		2,516,479.	1,495,527.	1,(952.
с	Leasehold improvements		104,475.	67,912.			563.
	Equipment			· · · ·			
	Other						
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 990, Par	t X, column (B), line 10	D(c).) ►	1,0)72,5	515.

Schedule D (Form 990) 2012

	Form 990) 2012			age 3
Part VII	Investments - Other Securities. See F	orm 990, Part X, lir	ne 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	
	al derivatives			
	held equity interests			
(3) Other				
(A)				
<u>(B)</u>				
<u>(C)</u>				
(D)				
(E)				
$\frac{(F)}{(C)}$				
<u>(G)</u> (H)				
(l)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related. See F	orm 990 Part X li	 ine 13	
	(a) Description of investment type	(b) Book value	(c) Mathod of valuation:	
			Cost of end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		6		
<u>(9)</u> (10)			/	
. ,	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. See Form 990, Part X, Iii	ne 15		
		Description	(b) Book value	
(1) DUE	FROM SAINT MARY'S HOSPITAL		485,4	468.
	NTORY/LAND)	241,0	
	FROM FOUNDATION			
(4)				
(5)				
(6)	NO.			
(7)				
(8)	\			
(9)				
(10)				
	umn (b) must equal Form 990, Part X, col. (B)		> 726,4	.68
Part X	Other Liabilities. See Form 990, Part X			
$\frac{1}{(1)} \operatorname{Fodor}$	(a) Description of liability	(b) Book val		
	al income taxes RITY DEPOSITS	12	,500.	
	XIII DEPOSIIS	12,	,500.	
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(10) (11)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 12,	,500.	
			,	

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

SAINT	MARY'	S	HEALTH	SYSTEM,	INC.
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Schedule	e D (Form 990) 2012		Page 4
Part >	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	า	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.) 4b		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part 2		rn	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part) line 18.)	5	
Part 2	XIII Supplemental Information		
Comple Part V, informa	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.	/, line vide a	s 1b and 2b; iny additional
SE	E PAGE 5		
	V		
			
	\sim		
	······		

Schedule D (Form 990) 2012

FIN 48 (ASC 740) FOOTNOTE

SCHEDULE D, PART X, LINE 2

THE SYSTEM, HOSPITAL, AND FOUNDATION ARE TAX-EXEMPT ORGANIZATIONS AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND ARE GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT THIS TAX-EXEMPT STATUS WILL BE MAINTAINED.

THE SYSTEM RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THIS POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. RECOGNIZED INCOME TAX POSITIONS ARE MEASURED AT THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY TO BE REALIZED UPON SETTLEMENT. CHANGES IN RECOGNITION IN MEASUREMENT ARE REFLECTED IN THE ERIOD IN WHICH THE CHANGE IN JUDGEMENT OCCUES. THE SYSTEM DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2013 68 2012.

Schedule D (Form 990) 2012

SCHEDULE J (Form 990)		For certain Officers, Dire Col ► Complete if the org	ectors, Trustees, Key Employees, and Highest mpensated Employees anization answered "Yes" to Form 990, Part IV, line 23.		мв _{No.} 20 Open te	12	olic
Internal	Revenue Service	Attach to Form	990. See separate instructions.			ectio	n
	of the organization			Employer identificatio		r	
_		HEALTH SYSTEM, INC.		22-252839	9		
Part	Questio	ns Regarding Compensation				v	
1a	990, Part VII, First-cla Travel fo Tax inde		ovided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso Health or social club dues or initiation Personal services (e.g., maid, chauff	g these items. personal use nal residence on fees		Yes	No
b 2	If any of the or reimburse explain	boxes on line 1a are checked, did the exempt or provision of all of the ex	ne organization follow a written policy re penses described above? If "No," com	egarding payment plete Part III to	1b		
	-		regarding the items checked in line 1a2	A	2		
3	organization's related organ X Comper X Indepen	CEO/Executive Director. Check all the	nization used to establish the compensation at apply. Do not check any boxes for method e CEO/Executive Director, but exclain in Pr Written employment contract X Compensation survey or study X Approval by the board or compensation	ds used by a art III.			
4 a	organization of	ar, did any person listed in Form 990, or a related organization: verance payment or change-of-control p	Part VII, Section A, the 1a, with respect to	the filing	4a		X
b			ental nonqualified retirement plan?		4b	Х	
C	Participate in, If "Yes" to an	, or receive payment from, an equity-ba y of lines 4a-c, list the persons and p	ased compensation arrangement? rovide the applicable amounts for each it		4c		X
5	For persons li compensatior	n contingent on the revenues of	line 1a, did the organization pay or accrue a	-	5-		x
a h	Any related of	ion?			5a		X
u		rganization? e 5a or 5b, describe in Part III.		•••••	5b		
6	For persons I		line 1a, did the organization pay or accrue a	any			
а	The organizat	ion?			6a		Х
b	Any related o	rganization?			6b	X	
	If "Yes" to line	e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provi escribe in Part III		7		x
8	Were any am to the initial in Part III	nounts reported in Form 990, Part VII I contract exception described in	, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject "Yes," describe	8		X
9			low the rebuttable presumption proced				
					9		<u> </u>
For Pa	aperwork Reduc	ction Act Notice, see the Instructions for Fe	orm 990.	Sched	lule J (Fo	orm 990	J) 2012

Page 2

Schedule J (Form 990) 2012

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

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

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

(A) Name and Title		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
CHAD WABLE	(i)	0	C	0	C	0	(0
1 PRESIDENT	(ii)	424,421.	61,500.	25,201.	100,391.	36,813.	648,326.	0
JAMES UBERTI	(i)	00	C	00		0	(00
2 DIRECTOR	(ii)	212,431.	370.	0	6,384.	3,053.	222,238.	0
	(i)							
3	(ii)							
	(i)				<u> </u>			
	(ii)							
	(i)							
5	(ii)			5				
	(i)			\sim				
6	(ii)							
	(i)							
7	(ii)		•	S				
	(i)							
8	(ii)			•				
	(i)							
9	(ii)							
	(i)							
10	(ii)		N'					
	(i)							
<u>11</u>	(ii)							
	(i)	X						
12	(ii)	•						
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2012

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.

Cob

ESTABLISH COMPENSATION

SCHEDULE J, PART I, LINE 3

SAINT MARY'S HEALTH SYSTEM'S OFFICER SALARY AND BENEFITS ARE PAID BY

SAINT MARY'S HOSPITAL. OFFICER SALARIES ARE DETERMINED UNDER THE

COMPENSATION POLICIES OF SAINT MARY'S HOSPITAL WHICH MEET THE

REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE POLICIES INCLUDE A

COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATI

SURVEY OR STUDY, AND APPROVAL BY THE BOARD AND COMPENSATION COMPENSATION

SEE FURTHER DISCUSSION ON SCHEDULE O.

PARTICIPATION IN OR PAYMENT FROM NONQUALIFIED RETIREMENT PLANS

SCHEDULE J, PART I, LINE 4B

SAINT MARY'S HEALTH SYSTEM DOES NOT HAVE A NON-VALIFIED RETIREMENT PLAN.

HOWEVER, CHAD WABLE PARTICIPATED IN A SURPLEMENTAL NONQUALIFIED

RETIREMENT PLAN AT SAINT MARY'S HOSPITAL. NO PAYMENT WAS RECEIVED BY

THIS INDIVIDUAL DURING THE FISCAL YEAR ENDING 2013 FROM THE SAINT MARY'S

HOSPITAL PLAN.

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

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.

WEIGHT

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COMPENSATION CONTINGENT ON NET EARNINGS

SCHEDULE J, PART I, QUESTION 6B

SAINT MARY'S HEALTH SYSTEM DOES NOT DIRECTLY PAY BONUSES TO ITS SENIOR

LEADERS. HOWEVER, INDIVIDUALS LISTED IN SCHEDULE J RECEIVE COMPENSATION FROM SAINT MARY'S HOSPITAL. EACH SENIOR LEADER OF SAINT MARY'S HOSPITAL

THE IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS.

BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR.

2013, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, OUALITY, FINANC

OF EACH OBJECTIVE WHICH IS DIFFERENT FOR EACH SENIOR LEAD H SE. BASED ON

GROWTH. THE BONUS IS COMPUTED ON A PERCENTAGE ALLOCATION

THEIR JOB FUNCTION.

Schedule J (Form 990) 2012

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

SAINT MARY'S HEALTH SYSTEM, INC.

22-2528399

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4A

SAINT MARY'S HEALTH SYSTEMS, INC.'S PRIMARY PURPOSE IS THE OVERALL MANAGEMENT OF SAINT MARY'S HOSPITAL. SAINT MARY'S HOSPITAL HAS MANY IMPORTANT SERVICE ACCOMPLISHMENTS IN THE AREA OF INPATIENT SERVICES AND OUTPATIENT SERVICES. THE HOSPITAL ALSO PROVIDES MANY COMMUNITY BEN DTS.

SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY FOR OUR PATIENTS. RΕ THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR INPATIENTS IN 2013, 1 WITH AN AVERAGE LENGTH OF STAY OF 4.42 DAY INT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE.

GENERAL SURGERY AT SAINT MARY'S, IN 2013, 915 PATIENTS CHOSE STAYING AT THE HOSPITAL FOR A TOTAL OF 5,187 DAYS AND GENERATED \$14 ATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, MILLION IN REVENUE; , 5 え STAYING IN THE HOSPITAL FOR A TOTAL OF 6,028 DAYS AND GENERATING \$19 MILLION IN REVENUE; AND 4,569 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 23,352 DAYS, AND GENERATING \$41 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.

Page 2

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 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 AMPRAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES

IN ADDITION, SAINT MARY'S IS THE FIRST HOSETRAL 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 2013, SAINT MARY'S HES RECEIVED FIVE GOLD AWARDS FOR CARDIAC CARE. 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,

Page 2

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 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 MULLITY AND SUPERIOR SERVICE FOR OUR PATIENTS. DURING FISCAL YEAR 2015, SAINT MARY'S PERFORMED 590 SURGERIES USING THE DAVINCI® ROBOTIC SURGICAL SYSTEM.

IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX- YEAR TRAINING PROGRAM IN GENERAL SURGERY. CAINT 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.

SAINT MARY'S HOSPITAL, OUTPATIENT SERVICE ACCOMPLISHMENTS FORM 990, PART III, LINE 4A CONTINUED SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK,

Schedule O (Form 990 or 990-EZ) 2012

SOUTHBURY AND PROSPECT. IN 2013, 215,256 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HEALTH SYSTEM'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT 62,003 PATIENTS IN 2013, GENERATING \$23 MILLION IN REVENUE, AND AMBULATORY SURGERY. IN 2013, 14,945 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING \$44 MILLION IN REVENUE.

OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO: MEDICAL IMACUNE, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CARESES. SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING WALK-IN HEALTH CARE, BLOOD DRAW STATIONS AND X NAY SERVICES IN NAUGATUCK AND WOLCOTT; OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK; OUTPATIENT SLEEP DESORDERS CENTERS IN WATERBURY AND WOLCOTT; THE BREAST & ONCOLOGY VENTERS 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 67,000 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

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Page 2

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 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, THICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS. THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICLANS 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 PATTERT DOPULATION, 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 COMMENDATION. ONLY 40 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

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Page 2

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 THE BEST POSSIBLE OUTCOMES. ON AVERAGE, 92 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TREATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 14 WEEKS. SPECIALIZ OUND CARE ALSO HELPS PATIENTS WITH DIABETIC ULCERS, PRESSURE ULCER 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. SCI

COMMUNITY BENEFIT

FORM 990, PART III, LINE 4A CONTINU 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 VALLE 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.

SAINT MARY'S HOSPITAL:

AREA.

JSA 2E1228 1.000

- 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 (MOP)
SPONSORS MEDICAL, SURGICAL, AND DENTAL RESIDENCY PROGRAMS TO PROVIDE
PROFESSIONAL EDUCATION FOR PHYSICIANS IN TRAINING AND ENCOURAGE THE
RETENTION OF PROVIDERS WHO VILL CHOOSE TO REMAIN IN ITS PRIMARY SERVICE

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.

Schedule O (Form 990 or 990-EZ) 2012

Page 2

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 RUBSUIT OF SUPERIOR CLINICAL QUALITY AND SERVICE TO OTHERS

SAINT MARY'S HAS AN ANYUAL 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 INTERAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.

PROCESS TO ELECT MEMBERS OF THE GOVERNING BODY FORM 990, PART VI, SECTION A, LINE YA THE BOARD OF DIRECTORS SHALL CONSIST OF THE ARCHBISHOP OF THE ROMAN CATHOLIC ARCHDIOCESE OF HANFFORD (THE "ARCHBISHOP") OR HIS DESIGNEE, TO SERVE AS CHAIRMAN OF THE DOARD OF DIRECTORS (EX-OFFICIO), THE CHIEF EXECUTIVE OFFICER OF THE CORPORATION (EX-OFFICIO), THE CHIEF OF THE MEDICAL STAFF OF THE CORPORATION ("CHIEF OF STAFF") (EX-OFFICIO) AND NOT LESS THAN 5 NOR MORE THAN 18 OTHER MEMBERS, TO BE APPOINTED BY THE BOARD OF DIRECTORS OF THE CORPORATE MEMBER OF THE CORPORATION AT THE ANNUAL MEETING. NO MORE THAN 50% PERCENT OF THE DIRECTORS SHALL BE MEMBERS OF THE CORPORATION'S MEDICAL STAFF. BY RESOLUTION, THE BOARD OF DIRECTORS SHALL DIVIDE THE DIRECTORS WHO DO NOT SERVE IN AN EX-OFFICIO CAPACITY INTO THREE CLASSES, WITH EACH CLASS CONTAINING APPROXIMATELY THE SAME

798537

Page 2

Schedule O (Form 990 or 990-EZ) 2012		
Name of the organization		Employer identification number
SAINT MARY'S HEALTH SYSTEM,	INC.	22-2528399

PERCENTAGE OF THE TOTAL. INITIALLY, THE TERM OF THE FIRST CLASS SHALL EXPIRE AT THE CORPORATION'S NEXT ANNUAL MEETING FOLLOWING THE ELECTION OF THE DIRECTORS, THE TERM OF THE SECOND CLASS SHALL EXPIRE TWO YEARS AFTER THE CORPORATION'S NEXT MEETING FOLLOWING THE ELECTION OF DIRECTORS AND THE TERM OF THE THIRD CLASS SHALL EXPIRE THREE YEARS AFTER THE CORPORATION'S NEXT MEETING FOLLOWING THE ELECTION OF DIRECTORS. THEREAFTER, THE DIRECTORS OF EACH CLASS SHALL SERVE FOR THREE YEARS AND UNTIL THEIR RESPECTIVE SUCCESSORS ARE DULY ELECTED AND OUALIFIE UNTIL THEIR EARLIER RESIGNATION OR REMOVAL. NO DIRECTOR MAY SERVE FOR MORE THAN THREE CONSECUTIVE TERMS. ANY VACANCY ON THE CORPORATION'S BOARD OF DIRECTORS SHALL CONSTITUTE A VACANCY ON THE BOARD OF DIRECTORS OF THE CORPORATE MEMBER AND SHALL BE FILLED BY THE CORPORATE MEMBER, EVEN THOUGH SUCH REMAINING DIRECTORS OR DIRECTOR ARE LESS THAN A QUORUM. NOTWITHSTANDING ANY VACANCY ON THE BOARD OF DIRECTORS, THE CORPORATION'S BOARD OF DIRECTORS MAY CONTINUE TO CT FOR AND ON BEHALF OF THE CORPORATION WITH ITS FULL AUTHORITY AND THE BOARD OF DIRECTORS OF THE CORPORATE MEMBER MAY CONTINUE TO ACT FOR AND ON BEHALF OF THE CORPORATE MEMBER WITH ITS FULM HORITY.

DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL FORM 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:

798537

PAGE 36

Page 2

Employer identification number 22-2528399

Page 2

(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 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

FORM 990, PART VI, SECTION B, QUESTION 11A THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS AND THE ORGANIZATION'S FINANCE COMMITEE 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. Name of the organization

SAINT MARY'S HEALTH SYSTEM, INC.

Page 2

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, QUESTION 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.

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 CHAINPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMENTEES, 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

FORM 990, PART VI, SECTION B, QUESTIONS 15A & 15B SAINT MARY'S HEALTH SYSTEM'S OFFICER SALARY AND BENEFITS ARE PAID BY

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Schedule O (Form 990 or 990-EZ) 2012

SAINT MARY'S HOSPITAL. OFFICER SALARIES ARE DETERMINED UNDER THE COMPENSATION POLICIES OF SAINT MARY'S HOSPITAL WHICH INCLUDE THE FOLLOWING:

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 ORGANIZ EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILY TO THE HOSPITAL AND THE COMMUNITY TO EXSURE 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 JUDGENEN PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE C TIVE COMPENSATION COMMITTEE OBTAINED AND TO COMPARABILITY. RELIED UPON APPROPRIATE DAT 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

FORM 990, PART VI, SECTION C, QUESTION 19 COPIES OF THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

Schedule O (Form 990 or 990-EZ) 2012

Schedule O (Form 990 or 990-EZ) 2012				
Name of the organization	Employer identification number			
SAINT MARY'S HEALTH SYSTEM, INC.	22-2528399			

FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

ORGANIZATION'S FINANCIAL STATEMENTS

FORM 990, PART XII, LINES 2B AND 2C

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

BUSINESS TRANSACTIONS WITH INTERESTED PERSONS ("CHEDULE L) THERE WERE NO TRANSACTIONS BETWEEN RELATED FARTHES AND SAINT MARY'S HEALTH SYSTEM. THE FOLLOWING DISCLOSURES REPRESENT RELATED PARTY TRANSACTIONS BETWEEN PERSONS RELATED TO SAINT MARY'S HEALTH SYSTEM AND SAINT MARY'S HEALTH SYSTEM'S COLELY CONTROLLED SUBSIDIARY SAINT MARY'S HOSPITAL.

DR. MARK ALBINI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC. DURING THE YEAR ENDING SEPTEMBER 30, 2013, THE HOSPITAL PAID DR. ALBINI'S PRACTICE, NAUGATUCK VALLEY WOMEN'S HEALTH, PC, \$273,750 IN FEES FOR SERVICE. IN ADDITION, DR. ALBINI WAS PAID \$49,000 BY SAINT MARY'S HOSPITAL FOR SERVICES PERFORMED FOR THE HOSPITAL.

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

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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, 2013, THE HOSPITAL PAID \$119,317 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 20, 2013, SAINT MARY'S HOSPITAL, INC. AND ITS AFFILIATES PAID \$138, 51 FOR INVESTMENT MANAGEMENT SERVICES FOR ASSETS IN RESTRICTED FUNDS AND \$202,261 FOR AMINISTRATION 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 MARK'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.

COMPENSATION

PART I, LINE 5

SAINT MARY'S HEALTH SYSTEM IS AN AFFILIATED HEALTHCARE SYSTEM. SALARIES FOR SAINT MARY'S HOSPITAL, SAINT MARY'S HEALTH SYSTEM AND SAINT MARY'S FOUNDATION ARE ALL PAID BY SAINT MARY'S HOSPITAL. SAINT MARY'S HOSPITAL

Schedule O (Form 990 or 990-EZ) 2012					
Name of the organization	Employer identification number				
SAINT MARY'S HEALTH SYSTEM, INC.	22-2528399				

ISSUES ALL W2 FORMS. THE SALARIES SHOWN ON THIS TAX RETURN REPRESENT THE PROPER SALARY ALLOCATION FOR WORK PERFORMED AT THIS ENTITY BUT PAID BY SAINT MARY'S HOSPITAL.

Public Disclosure

SAINT	MARY'S	HEALTH	SYSTEM,	INC.
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	SAINT MARY'S HEALTH S	YSTEM, INC.		22-2528399				
SCHEDULE R (Form 990)	Related C	Organizations and	d Unrelated	d Partnersh	ips		<u>0mb no. 19</u>	-
Department of the Treasury nternal Revenue Service		rganization answered "Yes" ach to Form 990.	to Form 990, Part See separate		36, or 37.		Open to I Inspec	Public
Name of the organization						Employer ide	ntification	number
SAINT MARY'S HEA	ALTH SYSTEM, INC.					22-2528	399	
Part I Identificat	ion of Disregarded Entities (Complete	e if the organization answ	wered "Yes" to F	Form 990, Part I	/, line 33.)			
Na	(a) me, address, and EIN (if applicable) of disregarded entity	F	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor enti	ntrolling
_(1)								
_(2)								
_(3)				5				
_(4)			<i>.Q</i>	-				
(5)								
			C C					
_(6)			\mathbf{S}					
Part II Identificat	tion of Related Tax-Exempt Organization related tax-exempt organizations duri	ons (Complete if the or	ganization answ	vered "Yes" to Fo	orm 990, Part IV,	line 34 because	it had	
	(a) address, and EIN of related organization	Primary activity	(c) Legal domicile (state or foreign country)		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	g) 512(b)(13) rolled ity?
		• C)					Yes	No
(1) SAINT MARY'S HOSPI 56 FRANKLIN STREET	WATERBURY, CT 06706	HOSPITAL	СТ		3	ST MARY SYS	x	
(2) SAINT MARY'S FOUND. 56 FRANKLIN STREET	WATERBURY, CT 06786	FUNDRAISING	СТ		7	ST MARY SYST	x	
(3) HEART CENTER OF GR. 56 FRANKLIN STREET		93 MANAGEMENT	СТ		11A	ST MARY HOSP	x	
(4) HAROLD LEVER REGIO	NAL CANCER CENTER 06-15484 WATERBURY, CT 06706		OTT.		2		v	
(5)	WATERBORT, CT 00700	TREATMENT CTR			3	ST MARY HOSP	X	
(6)								
_(7)							+	
	Act Notice, see the Instructions for Form 990					Schodulo	P (Form (00) 2012

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

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 512-51	l, income		- (h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	alor Per ing Ow	(k) rcentage nership
		country)		3001013 012-01			Yes No	-	Yes	No	
(1) DIAGNOSTIC IMAGING OF SOUTHBUR	_										
385 MAIN ST. SOUTH	IMAGING CENTE	CT	ST. MARY HOSP				X	0			
(2)											
(3)	-					<u>ok</u>					
	-										
	-				S O						
(6)	-			ć	S S						
	-			<u>\</u> 0-							
Part IV Identification of Relate line 34 because it had	ed Organizations one or more rela	Taxable	as a Corporati	i on or Trust (Co d as a corporati	omplete if the o on or trust durir	rganization answe	ered "Yes"	to Form 990,	Part I	V,	
(a) Name, address, and EIN) I of related organization		Fitmary	ctivity (c) Legal domici (state or forei country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota income	al (g) end-of-year as	sets	(h) Percen- tage ownership	(i) Section 512(b)(13) controlled entity?
			\cdot								Yes No
(1) FRANKLIN MEDICAL GROUP, PC		06-1470	493								
56 FRANKLIN STREET WATERBURY, C	CT 06706		PHYSICIAN	OFF CT	ST MARY'S HOSP	. C CORP					
(2) SAINT MARY'S PHO		06-1461	28.								
56 FRANKLIN STREET WATERBURY, C		O^{\vee}	MANAGEMENT	CT	N/A	C CORP					
_(3)		-									
(4)											
(5)											
(6)											

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	N
During the tax year, did the organization engage in any of the following transactions with c	one or more related organizations lis	ted in Parts II-I\/?		163	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity			1a	X	
 b Gift, grant, or capital contribution to related organization(s) 			1b		
c Gift, grant, or capital contribution from related organization(s)			1c	-	2
d Loans or loan guarantees to or for related organization(s)			1d	-	2
e Loans or loan guarantees by related organization(s)			1e	-	2
f Dividends from related organization(s)				-	-
g Sale of assets to related organization(s)			<u>1g</u>		2
h Purchase of assets from related organization(s)	·····		<u>1h</u>	-	Σ
i Exchange of assets with related organization(s)	· · · · · · · · · · · · · · · · · · ·		<u>1i</u>	-	X
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1</u> j		X
k Lease of facilities, equipment, or other assets from related organization(s)	0.		1k		X
Performance of services or membership or fundraising solicitations for related organization				-	X
m Performance of services or membership or fundraising solicitations by related organization				-	-
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			· · · · · · -		-
 Sharing of paid employees with related organization(s) 			4.	-	-
p Reimbursement paid to related organization(s) for expenses			1p	x	
					X
r Other transfer of cash or property to related organization(s)			1r		X
				-	x
If the answer to any of the above is "Yes," see the instructions for information on who must					
(a)	(b)	(c)	(d)		
Name of other organization	Transaction type (a-s)	Amount involved	Method of de amount in		ng
	type (a-s)		amount in	voiveu	
\sim					
) SAINT MARY'S HOSPITAL, INC.	A	156,528.	FMV		
2)					
3)					
4)					
5)					
5) 6) 34			Schedule R (For	m 990) 201

Page **3**

Schedule R (Form 990) 2012

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	(e) Are all pa section 501(c) organiza	artners on)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percenta ownersh
			section 512-514)	Yes	No			Yes	No	(FOIII 1005)	Yes	No	<u> </u>
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Schedule R (Form 990) 2012

Schedule R (F	Form 990) 2012	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	

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