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Part III

Statement of Program Service Accomplishments (see instructions.)

1

Briefly describe the organization's mission

Saint Marys Health System provides excellent healthcare in a spiritually enriched environment to improve the health of our community

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

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

3

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

☒ Yes ☐ No

If "Yes," describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 93,172,662 including grants of \$) (Revenue \$ 126,676,822)

Inpatient Services Saint Mary's remains committed to providing the highest quality care for our patients The hospital provided inpatient treatment for 12,473 inpatients in 2009 Please see schedule O for additional information about Saint Mary's inpatient services program

4b

(Code) (Expenses \$ 51,357,303 including grants of \$) (Revenue \$ 69,820,861)

Outpatient Saint Mary's Health System extends from Waterbury to Wolcott, Naugatuck, Southbury and Prospect In 2009, 223,346 patients chose Saint Mary's for outpatient care Please see schedule O for additional information about the outpatient services program

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)


















(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses \$ 144,529,965 (Must equal Part IX, Line 25, column (B).)

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors? 	2	Yes
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	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where 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	No
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	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
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, Part II	15	No
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, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H 	20	Yes
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 	25a	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
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	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules (Continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a116		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a1,854		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		No
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . . .	1a	16
b	Enter the number of voting members that are independent . . .	1b	7
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5	No
6	Does the organization have members or stockholders?	6	No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates?	9a	No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes
11	Is there any officer, director or 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	11	No

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes
13	Does the organization have a written whistleblower policy?	13	Yes
14	Does the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	Yes
b	Other officers or key employees of the organization?	15b	Yes
	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	Yes
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶CT
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ DEAN VITARISI 56 FRANKLIN STREET WATERBURY, CT 067061281 (203) 709-6273

Part VII

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

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

- 1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

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, or 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 the organization did not compensate any officer, director, trustee or key employee
- | (A)
Name and Title | (B)
Average hours per week | (C)
Position (check all that apply) | | | | | | (D)
Reportable compensation from the organization (W- 2/1099-MISC) | (E)
Reportable compensation from related organizations (W- 2/1099-MISC) | (F)
Estimated amount of other compensation from the organization and related organizations |
|--|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | <input checked="" type="checkbox"/> Individual | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| CHAD WABLE
PRESIDENT & CEO | 40 0 | X | | X | | | | 310,452 | 0 | 114,656 |
| ROBERT J ANTHONY MD
MEDICAL DIRECTOR | 1 0 | X | | | | | | 0 | 281,687 | 0 |
| REV THOMAS J BARRY JCL
DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| HENRY BORKOWSKI MD
DIRECTOR | 5 0 | X | | | | | | 0 | 0 | 0 |
| GREGORY BULLER MD
DIRECTOR | 2 0 | X | | | | | | 0 | 233,876 | 35,257 |
| MICHAEL KARNASIEWICZ MD
DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 |
| SISTER DOLORES LAHR
DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 |
| ROBERT LEHMAN MD
DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 |
| JOSEPH MENGACCI ESQ
DIRECTOR | 2 0 | X | | | | | | 0 | 0 | 0 |
| MICHAEL OBRIEN
DIRECTOR | 1 0 | X | | | | | | 0 | 0 | 0 |
| DAVID ROBINSON
DIRECTOR | 3 0 | X | | | | | | 0 | 0 | 0 |
| JAMES UBERTI MD
DIRECTOR | 3 0 | X | | | | | | 11,000 | 0 | 0 |
| THE MOST REVEREND
HENRY J MANSELL
CHAIRMAN | 2 0 | X | | X | | | | 0 | 0 | 0 |
| REV MONSIGNOR JAMES
COLEMAN
VICE CHAIRMAN | 4 0 | X | | X | | | | 0 | 0 | 0 |
| STEPHEN R GRIFFIN ESQ
SECRETARY | 4 0 | X | | X | | | | 0 | 0 | 0 |
| ROBERT MAZAIKA
TREASURER | 5 0 | X | | X | | | | 0 | 0 | 0 |
| ROBERT HALKO
VICE PRESIDENT & CFO | 40 0 | | | X | | | | 267,988 | 0 | 69,800 |
- Form 990 (2008)

Part VII

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		<input checked="" type="checkbox"/> Individual	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
SANDRA ROOSA VICE PRESIDENT PATIENT SERVICE	40 0				X			268,695	0	30,904	
CAROLYN ORRELL CHIEF INFORMATION OFFICER	40 0				X			155,341	0	9,554	
Michael Novak VP Operations					X			0	290,342	33,093	
CLARK M KEARNEY VICE PRESIDENT HUMAN RESOURCES	40 0					X		201,058	0	27,376	
JOSEPH CONNOLLY CHIEF MARKETING OFFICER	40 0					X		126,161	0	28,345	
Kathleen Smith Director of Surgical Services	40 0					X		143,773	0	9,077	
James Tucker Director of Quality	40 0					X		130,884	0	29,408	
Daniel Sullivan Director of Pharmacy	40 0					X		131,631	0	25,987	
1b Total								1,746,983	805,905	413,457	

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization64

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
COLLABORATIVE LAB SERVICES 114 WOODLAND STREET HARTFORD, CT 06105	MEDICAL LAB SVCS	6,780,000
SODEXHO INC AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	HOSPITAL MGMT SVCS	3,592,278
BROWN RUDNICK ONE FINANCIAL CENTER BOSTON, MA 02111	LEGAL SERVICES	927,165
YALE UNIVERSITY SCHOOL OF MEDICINE PO BOX 208087 333 CEDAR ST I-100 NEW HAVEN, CT 065208087	MEDICAL SERVICES	1,021,815
John Dempsey Hospital PO BOX 4034 FARMINGTON, CT 06034	Medical Services	725,871
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization43		

Part VIII

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d	286,725				
	e	Government grants (contributions) 1e	568,650				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f	855,375				
Program Service Revenue	2a	NET PATIENT REV	196,497,683	196,497,683			
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f	196,497,683				
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)	5,324,663			5,324,663
4		Income from investment of tax-exempt bond proceeds	0				
5		Royalties	0				
6a		Gross Rents	(i) Real				
			(ii) Personal				
				1,230,407			
b		Less rental expenses					
c		Rental income or (loss)	1,230,407				
d		Net rental income or (loss)	1,230,407			1,230,407	
7a		Gross amount from sales of assets other than inventory	(i) Securities	-1,653,651			
			(ii) O ther				
					91,124		
				-1,653,651	-91,124		
d		Net gain or (loss)	-1,744,775			-1,744,775	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
b		Less direct expenses					
c		Net income or (loss) from fundraising events	0				
9a		Gross income from gaming activities See Part IV, line 19					
b		Less direct expenses					
c	Net income or (loss) from gaming activities	0					
10a	Gross sales of inventory, less returns and allowances						
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory	0					
Miscellaneous Revenue		Business Code					
11a	CAFETERIA & DIETARY	722,210	1,009,120	1,009,120			
b	PHYSICIAN MALPRACTICE PREMIUMS	524,298	700,915	355,016	345,899		
c	PARKING	812,930	682,192	682,192			
d	All other revenue		562,572	175,137	387,435		
e	Total. Add lines 11a-11d		2,954,799				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		205,118,152	198,719,148	733,334	4,810,295	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,464,889	732,444	732,445	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	70,709,226	60,244,261	10,464,965	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,314,764	6,179,919	1,134,845	
9	Other employee benefits	9,416,313	7,955,425	1,460,888	
10	Payroll taxes	5,421,932	4,580,750	841,182	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,386,779	346,695	1,040,084	
c	Accounting	277,806	69,451	208,355	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	409,243		409,243	
12	Advertising and promotion	674,680	506,010	168,670	
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	963,538	578,123	385,415	
17	Travel	77,570	46,542	31,028	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	229,649	137,789	91,860	
20	Interest	1,940,644	485,161	1,455,483	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	7,422,796	1,855,699	5,567,097	
23	Insurance	3,408,154	2,044,892	1,363,262	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	MEDICAL SUPPLIES	25,497,042	22,947,338	2,549,704	
b	OTHER PROFESSIONAL FEES	17,274,396	10,364,638	6,909,758	
c	BAD DEBT	11,724,327	8,207,029	3,517,298	
d	CONTRACT AND PHYSICIAN FEES	9,273,435	6,027,733	3,245,702	
e	BUILDING MAINTENANCE	4,121,862	2,473,117	1,648,745	
f	All other expenses	13,338,640	8,746,949	4,591,691	
25	Total functional expenses. Add lines 1 through 24f	192,347,685	144,529,965	47,817,720	0
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		13,309,852	1	19,053,028	
	2	Savings and temporary cash investments		24,767	2	28,176	
	3	Pledges and grants receivable, net		643,335	3	4,441	
	4	Accounts receivable, net		19,663,796	4	21,361,544	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>			6		
	7	Notes and loans receivable, net		1,889,978	7	3,963,886	
	8	Inventories for sale or use		2,036,485	8	2,214,273	
	9	Prepaid expenses and deferred charges		1,304,946	9	1,859,172	
	10a	Land, buildings, and equipment cost basis	10a	150,318,389			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	104,096,037	49,537,282	10c	46,222,352
	11	Investments—publicly traded securities		9,863,384	11	10,249,999	
	12	Investments—other securities See Part IV, line 11		62,796,694	12	47,798,807	
	13	Investments—program-related See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets See Part IV, line 11		290,585	15	249,710	
16	Total assets. Add lines 1 through 15 (must equal line 34)		161,361,104	16	153,005,388		
Liabilities	17	Accounts payable and accrued expenses		22,773,428	17	20,095,315	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		29,020,890	20	27,643,144	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>			21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>			22		
	23	Secured mortgages and notes payable to unrelated third parties		4,436,094	23	2,959,927	
	24	Unsecured notes and loans payable			24		
	25	Other liabilities <i>Complete Part X of Schedule D</i>		90,264,849	25	91,045,692	
	26	Total liabilities. Add lines 17 through 25		146,495,261	26	141,744,078	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		-1,435,860	27	-4,795,103	
	28	Temporarily restricted net assets		2,261,012	28	2,274,974	
	29	Permanently restricted net assets		14,040,691	29	13,781,439	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
	33	Total net assets or fund balances		14,865,843	33	11,261,310	
	34	Total liabilities and net assets/fund balances		161,361,104	34	153,005,388	

Part XI

Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	No
c	If "Yes" to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization SAINT MARY'S HOSPITAL INC	Employer identification number 06-0646844
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Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).
2	<input type="checkbox"/>	A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input checked="" type="checkbox"/>	A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H)
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in Section 170(b)(1)(A)(iv). (Complete Part II)
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).
7	<input type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in Section 170(b)(1)(A)(vi) (Complete Part II)
8	<input type="checkbox"/>	A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II)
9	<input type="checkbox"/>	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part III)
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See Section 509(a)(4). (See instructions)
11	<input type="checkbox"/>	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See Section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h a <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally Integrated d <input type="checkbox"/> Type III - Other
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? (ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total Support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage		
15Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage		
17Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)

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

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
 - Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
- If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization SAINT MARY'S HOSPITAL INC	Employer identification number 06-0646844
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Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

\$
- 3

Volunteer hours

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

\$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

\$
- 3

If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

\$
- 2

Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities

\$
- 3

Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b

\$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A

To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). (See the instructions for Schedule C for details.)

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV	Yes		169,926
j	Total lines 1c through 1i			169,926
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). (See the instructions for Schedule C for details.)

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

Part III-B

To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." (See the instructions for Schedule C for details.)

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part II-B Line 1i - Other Activities	Schedule C - Part II-B - Line 1i	\$36,808 - The Catholic Health Association - Annual Membership Dues \$90,000 - Legal Fees Related to Lobbying \$13,118 - Connecticut Hospital Association - portion of Membership Dues expended on Lobbying \$30,000 - Compensation of Chief Marketing Officer Attributable to Lobbying (approximately 20% of officer time spent on Lobbying Activities) Total Other Lobbying Activites \$169,926

Supplemental Information

Identifier	Return Reference	Explanation
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SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT MARY'S HOSPITAL INC

Employer identification number

06-0646844

Part I

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

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

Part II

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area☐ Protection of natural habitat☐ Preservation of certified historic structure☐ Preservation of open space

2

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

	Held at the End of the Year
a	

 Total number of conservation easements | 2a | || b |

 Total acreage restricted by conservation easements | 2b | || c |

3

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

4

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

5

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

☐ Yes☐ No

6

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7

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

8

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

☐ Yes☐ No

9

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

Part III

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

1a

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

b

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

(i) Revenues included in Form 990, Part VIII, line 1▶ \$

(ii) Assets included in Form 990, Part X▶ \$

2

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

a

Revenues included in Form 990, Part VIII, line 1▶ \$

b

Assets included in Form 990, Part X▶ \$

For Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
b	Contributions				
c	Investment earnings or losses				
d	Grants or scholarships				
e	Other expenditures for facilities and programs				
f	Administrative expenses				
g	End of year balance				

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations

(ii) related organizations

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,469,317		1,469,317
b Buildings		57,841,517	36,717,365	21,124,152
c Leasehold improvements				
d Equipment		91,007,555	67,378,672	23,628,883
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				46,222,352

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests	4,269,933	F
Other DONOR & HELD IN TRUST BY OTHER	13,796,566	F
DEBT SERVICE FUND	5,872,812	F
MISCELLANEOUS FUNDS	5,513	F
OTHER INVESTMENTS	23,853,983	F
SELF INSURANCE LIABILITY	0	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	47,798,807	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

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

(a) Description	(b) Book value
DEFERRED FINANCING COSTS	249,710
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DUE TO REIMBURSEMENT AGENCIES	6,846,898
SELF INSURANCE LIABILITY	3,263,944
PENSION LIABILITY	71,556,888
OTHER LONG TERM LIABILITIES	9,377,962
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	91,045,692

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV)	2d
e	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	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
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	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d
e	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:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV)	4b
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
FIN48		Effective October 1, 2007, the Hospital adopted Financial Accounting Standards Board (FASB) Interpretation No. 48, Accounting for Uncertainty in Income Taxes - An Interpretation of FASB Statement No. 109 (FIN 48) now part of FASB ASC 740, Income Taxes. FIN 48 clarifies the accounting for uncertainty in income tax recognized in an entity's financial statements. FIN 48 requires entities to determine whether it is more likely than not that a tax position will be sustained upon examination by the appropriate taxing authorities before any part of the benefit can be recorded in the financial statements. It also provides guidance on the recognition, measurement, and classification of income tax uncertainties, along with any related interest or penalties. A tax position is measured at the largest amount of benefit that is greater than fifty percent likely of being realized upon settlement. The adoption of FIN 48 had no impact on the Hospital's consolidated financial statements.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

► To be completed by organizations that answer "Yes" to Form 990,
Part IV, line 20.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization
SAINT MARY'S HOSPITAL INC

Employer identification number
06-0646844

Part I

Charity Care and Certain Other Community Benefits at Cost (Optional for 2008)

		Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	
b	If "Yes," is it a written policy?	1b	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals <div><input type="checkbox"/> Applied uniformly to all hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div> <div><input type="checkbox"/> Generally tailored to individual hospitals</div>		
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care <div><input type="checkbox"/> 100%</div> <div><input type="checkbox"/> 150%</div> <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> Other _____%</div> b Does the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%</div> <div><input type="checkbox"/> 250%</div> <div><input type="checkbox"/> 300%</div> <div><input type="checkbox"/> 350%</div> <div><input type="checkbox"/> 400%</div> <div><input type="checkbox"/> Other _____%</div> c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care 4 Does the organization's policy provide free or discounted care to the "medically indigent"?	3a	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Does the organization prepare an annual community benefit report?	6a	
6b	If "Yes," does the organization make it available to the public?	6b	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H		

7

Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from <i>worksheets 1 and 2</i>)						
b Unreimbursed Medicaid (from <i>worksheet 3, column a</i>)						
c Unreimbursed costs—other means-tested government programs (from <i>Worksheet 3, column b</i>)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from <i>worksheet 4</i>)						
f Health professions education (from <i>worksheet 5</i>)						
g Subsidized health services (from <i>worksheet 6</i>)						
h Research (from <i>worksheet 7</i>)						
i Cash and in-kind contributions to community groups (from <i>worksheet 8</i>)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II

Community Building Activities (Complete this table if the organization conducted any community building activities) (Optional for 2008)

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

Part III

Bad Debt, Medicare, and Collection Practices (Optional for 2008)

Section A—Bad Debt Expense

		Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	
2	Enter the amount of the organization's bad debt expense (at cost)	2	
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit.		

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used: <input type="checkbox"/> Cost accounting system <input type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	

Part IV

Management Companies and Joint Ventures (Optional for 2008)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

Other
(Describe)

Schedule H (Form 990) 2008

Part VI

Supplemental Information (Optional for 2008)

Complete this part to provide the following information

- 1

Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions
- 2

Needs Assessment. Describe how the organization assesses the health care needs of the communities it serves
- 3

Patient Education of Eligibility for Assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy
- 4

Community Information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5

Community Building Activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves
- 6

Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 7

If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 8

If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT MARY'S HOSPITAL INC

Employer identification number
06-0646844

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div> <div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	<div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div> <div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHAD WABLE	(i)	216,793	78,015	15,644	94,700	19,956	425,108	285,444
	(ii)	0	0	0	0	0	0	0
ROBERT J ANTHONY MD	(i)	0	0	0	0	0	0	0
	(ii)	281,687	0	0	0	0	281,687	211,265
GREGORY BULLER MD	(i)	0	0	0	0	0	0	0
	(ii)	212,962	0	20,914	14,033	21,224	269,133	203,185
ROBERT HALKO	(i)	223,450	22,850	21,688	56,700	13,100	337,788	237,135
	(ii)	0	0	0	0	0	0	0
SANDRA ROOSA	(i)	188,278	59,143	21,274	14,700	16,204	299,599	169,067
	(ii)	0	0	0	0	0	0	0
CLARK M KEARNEY	(i)	144,447	35,200	21,411	12,632	14,744	228,434	181,871
	(ii)	0	0	0	0	0	0	0
CAROLYN ORRELL	(i)	139,650	0	15,691	9,554	0	164,895	136,687
	(ii)	0	0	0	0	0	0	0
JOSEPH CONNOLLY	(i)	118,031	0	8,130	8,756	19,589	154,506	0
	(ii)	0	0	0	0	0	0	0
Michael Novak	(i)	0	0	0	0	0	0	0
	(ii)	189,758	84,814	15,770	14,700	18,393	323,435	0
Kathleen Smith	(i)	122,809	0	20,964	8,626	451	152,850	128,323
	(ii)	0	0	0	0	0	0	0
James Tucker	(i)	126,554	0	4,330	8,540	20,868	160,292	0
	(ii)	0	0	0	0	0	0	0
Daniel Sullivan	(i)	117,889	0	13,742	7,898	18,089	157,618	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							

Software ID:
Software Version:
EIN: 06-0646844
Name: SAINT MARY'S HOSPITAL INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
CHAD WABLE	(i)	216,793	78,015	15,644	94,700	19,956	425,108	285,444
	(ii)	0	0	0	0	0	0	0
ROBERT J ANTHONY MD	(i)	0	0	0	0	0	0	0
	(ii)	281,687	0	0	0	0	281,687	211,265
GREGORY BULLER MD	(i)	0	0	0	0	0	0	0
	(ii)	212,962	0	20,914	14,033	21,224	269,133	203,185
ROBERT HALKO	(i)	223,450	22,850	21,688	56,700	13,100	337,788	237,135
	(ii)	0	0	0	0	0	0	0
SANDRA ROOSA	(i)	188,278	59,143	21,274	14,700	16,204	299,599	169,067
	(ii)	0	0	0	0	0	0	0
CLARK M KEARNEY	(i)	144,447	35,200	21,411	12,632	14,744	228,434	181,871
	(ii)	0	0	0	0	0	0	0
CAROLYN ORRELL	(i)	139,650	0	15,691	9,554	0	164,895	136,687
	(ii)	0	0	0	0	0	0	0
JOSEPH CONNOLLY	(i)	118,031	0	8,130	8,756	19,589	154,506	0
	(ii)	0	0	0	0	0	0	0
Michael Novak	(i)	0	0	0	0	0	0	0
	(ii)	189,758	84,814	15,770	14,700	18,393	323,435	0
Kathleen Smith	(i)	122,809	0	20,964	8,626	451	152,850	128,323
	(ii)	0	0	0	0	0	0	0
James Tucker	(i)	126,554	0	4,330	8,540	20,868	160,292	0
	(ii)	0	0	0	0	0	0	0
Daniel Sullivan	(i)	117,889	0	13,742	7,898	18,089	157,618	0
	(ii)	0	0	0	0	0	0	0

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2008

Open to Public Inspection

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
SAINT MARY'S HOSPITAL INC

Employer identification number

06-0646844

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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2

Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

► \$

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

► \$

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ► \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Additional Data

Software ID:

Software Version:

EIN: 06-0646844

Name: SAINT MARY'S HOSPITAL INC

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
Dr Henry Borkowski	director	375,000	See schedule O for description		No
Dr James Uberti	director	11,000	See schedule O for description		No
Dr Michael Karnasiewicz	director	344,000	See schedule O for description		No
Dr Mark Albini	director	411,284	See schedule O for description		No
Dr Robert Lehman	director	24,392	See schedule O for description		No
Mr James C Smith	director of parent	83,249	See schedule O for description		No
Mr James C Smith	director of parent	127,059	See schedule O for description		No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization SAINT MARY'S HOSPITAL INC	Employer identification number 06-0646844
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Identifier	Return Reference	Explanation
Inpatient Services	990 Part III - Line 4a	<p>Saint Mary's remains committed to providing the highest quality care for our patients. The hospital provided inpatient treatment for 12,473 inpatients in 2009, with an average length of stay of 4.3 days. Saint Mary's three largest programs are Surgery, Cardiology and Medicine. In 2009, 1,468 patients chose to have surgery at Saint Mary's, staying at the hospital for a total of 9,245 days and generated \$24 million in revenue, 1,379 patients chose Saint Mary's for cardiac care, staying in the hospital for a total of 5,551 days and generating \$18 million in revenue, and 1,729 patients received inpatient medical care, staying in the hospital for a total of 7,616 days, and generating \$14 million in revenue. As the hospital continues to distinguish itself as a leading provider of healthcare services in the region, it has garnered recognition from state and national organizations for providing outstanding patient care. Saint Mary's is the first hospital in Connecticut to receive a Gold Award under the American Heart Association's Get With The Guidelines program for coronary artery disease. It is also the first hospital in the state to receive a Silver Award for its treatment of patients with heart failure. 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. According to the federal Centers for Medicare and Medicaid (CMS), 100 percent of patients who require angioplasty receive it at Saint Mary's within 90 minutes of arrival. This ranks Saint Mary's as the number one performing hospital in Connecticut, and significantly ahead of the national average, which is 79 percent of patients being treated within 90 minutes. Saint Mary's cardiac team achieved outstanding quality results in the past year based on the CMS national quality measures for patients who suffer heart attacks. For three consecutive quarters, Saint Mary's recorded 100 percent compliance - or perfect scores - on the eight Core Measures for Acute Myocardial Infarction. The measures were established by and are shared by the Joint Commission, whose accreditation is considered the "gold standard" in hospital care. Saint Mary's is designated by the Connecticut Department of Public Health as a Primary Stroke Center, which indicates the hospital meets the state's criteria for providing quality stroke care in accordance with guidelines established by the American Stroke Association and the Brain Attack Coalition to ensure rapid diagnostic evaluation and treatment of stroke patients. The New England Organ Bank presented Saint Mary's with a Medal of Honor from the U.S. Department of Health and Human Services in 2009 in recognition of the hospital's consistent support of organ donation. Saint Mary's is one of only a handful of hospitals in Connecticut, and about 400 across the United States, to receive this honor. In the past 5 years, Saint Mary's Hospital has supported the wishes of 18 organ donors resulting in 53 life-saving transplants. Additionally, many other families have chosen tissue donation for their loved ones, resulting in hundreds of tissue transplants. In addition, Saint Mary's is a leading provider of surgical services and is the first in the region to offer robotic-assisted surgery. A full range of minimally invasive surgical options are also provided in multiple sub-specialties.</p>

Identifier	Return Reference	Explanation
Outpatient Services	990 Part III - Line 4b	<p>Outpatient Saint Mary's Health System extends from Waterbury to Wolcott, Naugatuck, Southbury and Prospect. In 2009, 223,346 patients chose Saint Mary's for outpatient care. The health system's two largest programs are its Emergency Department, which provided treatment for 61,980 patients in 2009, generating \$18 million in revenue, and Ambulatory Surgery. In 2009, 8,832 patients chose to have outpatient surgery at Saint Mary's, generating \$18 million in revenue. Outpatient services include but are not limited to medical imaging, blood draw and lab services, cardiac and pulmonary rehabilitation classes and expectant parent classes. Saint Mary's satellite facilities include Health and Wellness Centers providing walk-in health care, blood draw stations and x-ray services in Naugatuck and Wolcott, outpatient Rehabilitation Therapy offices in Waterbury, Wolcott and Naugatuck, outpatient Sleep Disorders Centers in Waterbury and Wolcott, the Breast & Oncology Centers in Southbury and Prospect, and Occupational Therapy in Waterbury. Saint Mary's has been recognized at the state and national levels as a distinguished provider of outpatient services. The Level II Trauma Center at Saint Mary's Hospital has been re-verified by the American College of Surgeons Committee on Trauma, which commended Saint Mary's for providing "superior trauma care." This distinction means that Saint Mary's is continuing to meet national criteria that assure its trauma care capabilities. The trauma center is part of Saint Mary's Emergency Department, which is among the largest and busiest Emergency Departments in the State of Connecticut. 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. It also houses the region's only pediatric emergency care unit and contains a dedicated Behavioral Health area, supported by dedicated psychiatrist. This unit provides a much needed resource for serving our patient population, and has seen continued growth and increase in demand. Saint Mary's Cancer Program was awarded a three-year accreditation from the American College of Surgeons' Commission on Cancer with commendations in seven categories. 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 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, 86 percent of patients who come to the center with chronic wounds that have resisted traditional treatment achieve successful results in 12 to 18 weeks. Specialized wound care also helps patients with diabetic ulcers, pressure ulcers, infections and compromised skin grafts. In addition, the center offers hyperbaric oxygen therapy, which is particularly effective for patients who suffer from radiation damage or face the possibility of amputation.</p>

Identifier	Return Reference	Explanation
Significant changes to any program services	990 Part III - Line 3 - Answer Yes	<p>In 2006, community pediatricians approached Saint Mary's Hospital (SMH) and Waterbury Hospital (WH) and requested that the hospitals consider the consolidation of their two inpatient pediatric units into a single unit. In conjunction with the Connecticut Children's Medical Center (CCMC), the hospital leaders designed a more efficient delivery system for the care of inpatient pediatric patients in the Waterbury area. The plan called for the closure of the inpatient pediatric units at SMH and WH, with operations being transferred to CCMC. The plan was reviewed and received approval from the Office of Health Care Access (OHCA). In January of 2009, SMH and WH hospital closed their inpatient pediatric units. CCMC opened a 12-bed inpatient pediatric unit within the SMH facility. The unit is owned and operated by CCMC. Hospital leaders believe the consolidation of the programs will improve inpatient pediatric services by increasing quality and access to specialized pediatric services in the community, enhancing the ability to recruit and retain pediatric staff, leveraging the CCMC infrastructure for the education and training of pediatric healthcare professionals, and increasing opportunities for staff rotation there by promoting clinical competencies. In addition, by eliminating the duplication of services within the community, SMH and WH eliminated the costly overhead of operating two independent programs. These resources can now be redirected to service other needs within the community.</p>

Identifier	Return Reference	Explanation
Community Benefit		<p>Saint Mary's Hospital plays an indispensable role in the healthcare delivery system for the Greater Waterbury community and the towns of the Central Naugatuck Valley. Founded in 1907 by the Sisters of Saint Joseph of Chambery, Saint Mary's has been the Catholic beacon of healing and hope in the community for 100 years. Built in the heart of the city and within close distance of its once-thriving brass mills so that it could respond readily to injured workers, the hospital has evolved into a diverse health system that today provides a variety of healthcare, educational, financial and other benefits to the people it serves. Saint Mary's exists to serve the people of Waterbury and its surrounding communities. Providing high quality healthcare to all who need it, regardless of ability to pay, has been central to its mission throughout its existence. Adapting to meet the changing needs of the community, the hospital is more focused than ever on preserving access to appropriate healthcare and providing exceptional quality and service to patients and their families. Saint Mary's Hospital is licensed for 347 beds (32 bassinets) and staffs approximately 175 beds with an average daily census of nearly 140. During 2009, Saint Mary's had 12,461 discharges. Its emergency department, which is among the busiest in Connecticut, saw more than 70,000 visits, while Saint Mary's clinics (including psychiatry, pediatrics, adult and dentistry) had more than 50,000 visits during the same period. Saint Mary's and its affiliates serviced more than 200,000 outpatient visits in 2009. Saint Mary's Hospital employs approximately 1,850 full-time equivalent employees. Saint Mary's Hospital - Operates one of Connecticut's busiest emergency departments, which is available to all persons regardless of ability to pay and provides services often to those who have the greatest need - Provides primary and specialty care through its Children's and Family Health Center - Participates in Medicaid, Medicare, SAGA, Husky A & B, Charter Oak and/or other government-sponsored healthcare programs - Serves one of Connecticut's most challenging urban populations, in a designated Medically Underserved Area (MUA) - Sponsors medical, surgical, and dental residency programs to provide professional education for physicians in training and encourage the retention of providers who will choose to remain in its primary service area. The challenges faced by Saint Mary's Hospital are significant, yet it remains fully dedicated to fulfilling its core mission. As has been the case throughout the hospital's history, its mission is brought to life by its talented and hard-working employees, whose ingenuity and perseverance ensures that the individual and collective needs of the community are being met. --- Building Upon a Legacy of Caring The Mission of Saint Mary's Hospital is to provide excellent healthcare services in a spiritually enriched environment. It is the hospital's Vision to be the healthcare provider of choice in the regional service area. The hospital's staff, medical staff, board, Foundation, Auxiliary and volunteers are also united by these values: - Integrity - Commitment to doing what is right - Caring - Compassionate approach to addressing the healthcare needs of all people - Accountability - Personal responsibility for the performance of Saint Mary's Health System - Respect - Respect for the dignity, worth, and rights of others - Excellence - Working together in pursuit of superior clinical quality and service to others --- Taking Quality to Heart Saint Mary's is committed to providing the highest quality patient care. Recognizing that clinical quality correlates significantly to patient safety and patient satisfaction, its staff is dedicated to meeting the 2009 National Patient Safety Goals as well as the quality measures established by the Joint Commission. The results of these efforts can be clearly measured by recent achievements, including a Silver Award from the American Heart Association's Get With the Guidelines quality improvement program for the treatment of patients with coronary artery disease. Saint Mary's is also among several hospitals in Connecticut, and a growing number in the nation, to establish the goal of becoming a "minimal lift" hospital to promote the safe movement of patients in the healthcare setting. A Quality Committee of the Board of Directors continually evaluates clinical performance and a multidisciplinary Clinical Quality Rounds team meets weekly with the goal of improving the quality of patient care in real time. This team, which is comprised of physicians, clinical nurse managers, and representatives from discharge planning, nutrition, pharmacy and quality management, is combining patient safety with Core Measures and using evidence from both to ensure that patients are receiving the highest quality care based on those guidelines. --- Identifying the Needs of the Community Saint Mary's individual community benefit programs have been designed to meet the needs of individuals living in the hospital's service area, which includes Waterbury and 17 surrounding towns. The primary service area has a population of approximately 170,000 residents and the secondary service area has a population of approximately 150,000. Approximately 27 percent of Saint Mary's Hospital patients have an average household income of \$39,115, compared to \$50,007 nationally. The unemployment rate in the city of Waterbury is the second highest in the state. More than 26 percent of Waterbury residents speak a language other than English at home, compared to an average of 19 percent nationwide, and 29 percent are minorities. Saint Mary's has an annual strategic planning process that identifies unmet community needs while deploying strategies to address these unmet community needs and improve our overall community benefit. Saint Mary's also works closely with many local charitable community service organizations to both identify and address community needs. --- Community Benefit Programs and Services Saint Mary's Hospital offers a variety of free programs and services that are subsidized by the hospital. From medical and surgical services for the uninsured and underinsured to health education, support groups and community outreach programs, Saint Mary's plays an integral role in the community while responding to the unique healthcare needs of the residents of Greater Waterbury. Examples of Saint Mary's many community benefit programs and services include the Connecticut Breast and Cervical Cancer Early Detection Program, which provides free mammograms for women who are age 40 or older and have little or no health insurance. Saint Mary's is the only hospital in Waterbury offering this program, which has assisted more than 2,000 women since 1995. The program is offered through Saint Mary's Children's and Family Health Center and supported in part by grants from the Susan G. Komen Foundation. Other examples of Saint Mary's community benefit programs and services include support groups that are hosted and supported by the hospital for patients suffering from chronic lung disorders and our "Beyond Grief" group provides bereavement support for adults. One of the most impactful programs is called "Teen Grief," which provides confidential bereavement support to students of local middle and high schools. Established by a pediatric social worker from Saint Mary's Children's and Family Health Center in the wake of the terrorist attacks of September 2001, this program is supported in part by a grant from the J. Walton Bissell Foundation. Conducted in six-week sessions that are held in the schools, the program allows teens to cope with their grief in a positive way and provides them with a safe place to express their feelings and learn from the experiences of their peers. In addition to these programs, Saint Mary's also has successful partnerships with other community organizations such as the Greater Waterbury United Way, Wellpath Behavioral Health for Children and Families, and the Morris Foundation, which offers treatment, prevention, education, and recovery support for individuals with substance abuse and behavioral health issues. The hospital has also forged collaborations to bring world-class healthcare services to the community through: - The Harold Leever Regional Cancer Center, a freestanding 40,000-square-foot facility dedicated to outpatient cancer care, which is a joint venture partnership between Saint Mary's Hospital and Waterbury Hospital, - The Heart Center of Greater Waterbury, which provides advanced cardiac services, including angioplasty and open heart surgery, through a partnership between Saint Mary's Hospital, Waterbury Hospital and the University of Connecticut Health Center/John Dempsey Hospital.</p>

Identifier	Return Reference	Explanation
Process to elect members of the governing body	990 Part VI Section A Line 7a	Saint Mary's Health System, Inc is the sole member of Saint Mary's Hospital, Inc and appoints the Board of Directors

Identifier	Return Reference	Explanation
Are the decisions of the governing body subject to approval	990 Part VI Section A Line 7b	Pursuant to the provisions of Section 33-1080(b) of the Connecticut Revised Non-Stock Corporation Act and the Amended and Restated Certificate of Incorporation of the Corporation, there shall be reserved to the Archbishop of the Hartford Roman Catholic Archdiocese of Hartford (unless specifically delegated by him) the follow ing rights and pow ers (a)To approve the mssion 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 Bylaw s of the Corporation

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION A, LINE 10	The Form 990 w as review ed by the organization's governing body before it was filed The organization has a Form 990 Task Force comprised of two independent board members, four members of the executive management team, and six employees from the finance, planning, and marketing departments The task force oversees the preparation of the Form 990 When complete, the task force presents the Form 990 to the organization's governance, compensation, and finance committees which review the document for accuracy and completeness Once committee review s are complete, the Form 990 is distributed to board members for their review

Identifier	Return Reference	Explanation
CONFLICT OF INTEREST POLICY	990 PART VI - SECTION B - LINE 12C	Annually, each director, officer, and board committee member of SMHS and any of its affiliates, as appropriate, will sign a statement w hich 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 w ith the policy The statements w ill be distributed annually by the Compliance Officer and returned to the CEO or delegated person, w here they w ill be recorded, review ed, summarized and presented to the chairperson of the board, as well as to the Audit and governance Committees, w here they exists Conflict of interest statements w ill be maintained for a minimum of seven years by the Compliance Officer Conflict of interest forms provided by officers, directors and board committee members w ill be forw arded to the Compliance Officer, along w ith 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 w ill be maintained by the Compliance Officer for a minimum of seven years

Identifier	Return Reference	Explanation
COMPENSATION POLICY	990 PART VI - SECTION B - LINES 15A & 15B	The process for determining the compensation of the Hospital's top management officials, including the CEO, all officers, and key employees, is the responsibility of the organization's Executive Compensation Committee The Committee is appointed by the Board of Directors for the purpose of assisting the Board in fulfilling its responsibility to the Hospital and the community to ensure the compensation is in accordance w ith the Hospital's policies The Committee is comprised of six directors w ho are independent of management and the Hospital and free of any conflicts of interest that w ould interfere w ith their exercise of independent judgment The Committee contracts an independent compensation consultant and utilizes local and national compensation surveys to set compensation levels

Identifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, QUESTION 19	Copies of the governing documents, conflicts of interest policy and financial statements are available to the public upon request

Identifier	Return Reference	Explanation
Organizations Financial Statements	990 PART XI - LINES 2a 2b	There are no separately prepared audited financials statements for the operating results and financial position of Saint Mary's Hospital as a stand alone entity Saint Mary's Hospital is audited as part of the consolidated financial statements of Saint Mary's Hospital, Inc To obtain a copy of the audited financial statements, please call 203-709-6273

Identifier	Return Reference	Explanation
Community Benefit Continued		<p>Continuation of Community Benefit Statement --- Extending Its Reach Saint Mary's Children's and Family Health Center has been recognized by the Connecticut Legislature, state child advocacy groups and the National Initiative for Child Healthcare Quality as a leader and model practice in the care of children with special healthcare needs based on its "Medical Home" model of care Formally known as the Northwest Regional Medical Home Support Center, this hospital-based program provides assistance to caregivers of children with special healthcare needs through three locations Saint Mary's Children's Health Center, Litchfield County Pediatrics in Torrington and the Medical/Pediatrics Residency Training Program operated jointly by Saint Mary's Hospital and Yale-New Haven Hospital The program provides o Care Coordination o Family Support o Advocacy o Title V Funds o Benefits Coordination Working with caregivers, the "Medical Home" program helps create customized care plans and brings together resources that families with children of special needs depend upon The program partners with pediatric care providers to meet the diverse needs of caregivers and families of children with special healthcare needs The United States Maternal and Child Health Bureau defines children with special healthcare needs (CSHCN) as those who have or are at increased risk for chronic physical, developmental, behavioral or emotion conditions (expected to last at least a year), and those who require health and related services of a type or amount beyond that required by children generally Eighteen percent of children in the United States are included in that definition All families of eligible children, regardless of income, receive care coordination services in partnership with their child's medical home under the Saint Mary's program Family and community referrals, direct services, advocacy and links to parent support services are also provided A limited number of families receive respite and camp funds Uninsured or underinsured families who fall within the Title V Extended Service Funds Eligibility Guidelines can also benefit from payment for extended services (i.e durable medical equipment, prescriptions, specialty visits, therapies and special nutritional formulas) This program is just one example of how Saint Mary's has extended its reach beyond the bounds of the walls of the hospital --- Patient Financial Aid Saint Mary's Hospital provides financial assistance to patients who qualify for the hospital's "Bed Fund" or other financial assistance programs If a patient is uninsured or otherwise unable to pay his or her medical bills, he or she may qualify for the hospital bed fund In order to qualify, a patient must meet certain criteria, including having a household income at or below 400% of the Federal Poverty Limits If a patient qualifies for the "Free Bed Fund," or any other financial assistance programs, the patient will be notified within thirty (30) days of receipt of application If a patient's application is denied, an explanation will be provided The patient may reapply at any time and the application will be reassessed based on the availability of additional funds or a change in the patient's financial status As part of fulfilling its mission, the hospital provides care to patients in need, regardless of their ability to pay The hospital has a formalized charity care policy, which identifies patients who are eligible for "charity care " Saint Mary's Hospital defines charity care as those healthcare services provided by Saint Mary's Hospital to uninsured or self-pay patients at reduced or discounted rates The term Charity Care may also be referred to as free or discounted care An uninsured patient is one whose income is at or below 400% of the Federal Poverty Income Levels, who has applied and been denied eligibility for any medical or health care coverage provided under any Medicaid or general assistance program, who is not eligible for coverage under Medicare, Tricare, or any other Federal programs, or privately sponsored health or accident insurance, including, but not limited to, workers' compensation, settlements or judgments arising from suits, claims or proceedings involving motor vehicle accidents or alleged negligence, who is liable for one or more hospital charges Charity care is also provided through many reduced price services and free programs offered throughout the year based upon activities and services which Saint Mary's believes will serve a bona fide community health need During 2009, the hospital recorded \$11,724,000 of bad debt expense This expense is primarily related to uninsured patients who did not qualify for government assistance or the patient financial aid programs described above While the American Hospital Association recommends including this amount in the hospital's community benefit calculation, the Internal Revenue Services does not support this position Accordingly, the \$11,724,000 of bad debt expenses has not been included in the \$20,881,734 of community benefit reported below --- Quantifiable Community Benefit Although the Saint Mary's Health System including all affiliate organizations provides significantly more community benefit, Saint Mary's Hospital alone provided the following quantifiable community benefits in 2009 Saint Mary's Hospital Total FY08 Community Benefit Unreimbursed Medicaid & SAGA \$7,560,155 Charity Care \$493,033 Subsidized Health Services \$1,081,087 Community Health Improvement Services \$476,075 Health Professions Education \$7,060,302 Financial and In-Kind Contributions \$3,898,214 Community Benefit Operations \$312,868 TOTAL Community Benefit \$20,881,734</p>

Identifier	Return Reference	Explanation
BUSINESS TRANSACTION WITH INTERESTED PERSON	SCHEDULE L, PART IV	<p>DR HENRY BORKOWSKI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC AND THE PRESIDENT OF CARDIOLOGY ASSOCIATES, PC DURING THE YEAR ENDED SEPTEMBER 30, 2009, THE HOSPITAL INCURRED \$375,000 FOR CARDIOLOGY SERVICES TO CARDIOLOGY ASSOCIATES, PC RELATED TO THE HEART CENTER OF GREATER WATERBURY --- DR MICHAEL KARNASIEWICZ IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC , A NEUROSURGEON AND PARTNER IN NEUROSURGERY ASSOCIATES OF NW CT THE HOSPITAL INCURRED A TOTAL OF \$344,000 IN PHYSICIAN FEES TO THIS MEDICAL GROUP IN THE FISCAL YEAR ENDED SEPTEMBER 30, 2009 --- DR MARK ALBINI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC DURING THE YEAR ENDING SEPTEMBER 30, 2009, THE HOSPITAL PAID DR ALBINI \$49,000 IN PHYSICIAN FEES AND \$50,000 FOR HIS ROLE AS CHIEF OF STAFF, AS REPORTED IN FORM 990, PART VII IN ADDITION, THE HOSPITAL PAID DR ALBINI'S PRACTICE, NAUGATUCK VALLEY OBGYN ASSOCIATES, PC, \$411,284 IN FEES FOR SERVICE --- DR ROBERT LEHMAN WAS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL, INC HE IS AN EMPLOYEE OF NAUGATUCK VALLEY RADIOLOGY ASSOCIATES, PC FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2009, THE HOSPITAL INCURRED A TOTAL OF \$24,392 IN PHYSICIAN FEES, CONTRACT FEES AND OTHER PROFESSIONAL FEES TO THIS MEDICAL GROUP --- MR JAMES C SMITH IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HEALTH SYSTEM, WHICH IS THE PARENT HOLDING COMPANY OF SAINT MARY'S HOSPITAL, INC MR SMITH IS ALSO THE CHAIRMAN AND CEO OF WEBSTER FINANCIAL CORP , PARENT COMPANY OF WEBSTER BANK THE HOSPITAL HAS A LINE OF CREDIT THROUGH WEBSTER BANK, THE BALANCE OF THE LINE OF CREDIT AT THE END OF THE REPORTING PERIOD WAS \$0 DURING THE YEAR ENDED SEPTEMBER 30, 2009, THE HOSPITAL PAID \$78,292 IN BANKING FEES AND INCURRED \$4,957 IN FEES ON THE LINE OF CREDIT THE HOSPITAL ALSO PAYS WEBSTER FINANCIAL SERVICES, A COMPANY RELATED TO THE WEBSTER BANK, TO ADMINISTER ITS PENSION PLAN AND OTHER INVESTMENT MANAGEMENT SERVICES DURING THE YEAR ENDED SEPTEMBER 30, 2009, SAINT MARY'S HOSPITAL, INC AND ITS AFFILIATES PAID \$91,189 FOR INVESTMENT MANAGEMENT SERVICES FOR ASSETS IN RESTRICTED FUNDS AND \$35,870 FOR ADMINISTRATION OF THE HOSPITAL'S RETIREMENT PLAN ASSETS THE HOSPITAL CHOSE WEBSTER BANK IN OCTOBER 2000 AFTER A CAREFUL SEARCH WAS UNDERTAKEN TO FIND A BANK THAT COULD OFFER THE SERVICES NEEDED THE CFO MADE THE FINAL DECISION AND IT WAS APPROVED BY THE FULL BOARD OF DIRECTORS SAINT MARY'S HOSPITAL, INC BELIEVES THAT THE AMOUNTS CHARGED FOR SERVICES PROVIDED BY WEBSTER ARE AT LEAST AS BENEFICIAL TO THE HOSPITAL AS TO OTHER COMMERCIAL CUSTOMERS OF THE WEBSTER BANK</p>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
SAINT MARY'S HOSPITAL INC

Employer identification number

06-0646844

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Saint Mary's Idemnity Company LLC 126 College Street Burlington, VT 05401 06-0646844	Insurance	VT		1,263,792	Na

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Saint Mary's Health System Inc 56 Franklin Street Waterbury, CT06703 22-2528399	Holding Co	CT	501(c)(3)		NA
Saint Mary's Foundation 56 Franklin Street Waterbury, CT06703 22-2528400	fundraising	CT	501(c)(3)		NA
Heart Center of Greater Waterbury Inc P O Box 2153 Waterbury, CT06722 83-0416893	management	CT	501(c)(3)		NA
Harold Leever Regional Cancer Center 1075 Chase Parkway Waterbury, CT06708 06-1548409	treatment ctr	CT	501(c)(3)		NA

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispropportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
Naugatuck Valley Surgical Center LP 160 Robbins Street Waterbury, CT06708 06-1152998	surgery	CT	NA	685000	582,250	8,103,050		No	0	Yes	
Diagnostic Imaging of Southbury LLC 385 Main St South Southbury, CT06488 06-1487582	imaging center	CT	NA	2356000	1,413,600	1,555,200		No	0	Yes	

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Saint Mary's PHO 56 Franklin Street Waterbury, CT06703 06-1461285	management	CT	NA	C corp	0	0	50 %
Franklin Medical Group PC 56 Franklin Street Waterbury, CT06703 06-1470493	physician office	CT	NA	C corp	-4,159,000	2,999,000	100 %
Scovill Medical Group PC 56 Franklin Street Waterbury, CT06703 06-1470495	physician office	CT	NA	C corp	-17,000	1,327,000	100 %
Primary Care Partners PC 56 Franklin Street Waterbury, CT06703 26-3677154	physicians office	CT	NA	C corp	-330,000	725,000	100 %
Partner's Internnsurance Exchange 76 St Paul Street Burlington, VT05401 03-0358925	insurance	CT	N/A	C Corp			25 %

Part V

Transactions with Related Organizations

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

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

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a Yes

1b Yes

1c Yes

1d Yes

1e

1f

1g

1h

1i

1j

1k

1l Yes

1m Yes

1n Yes

1o Yes

1p Yes

1q

1r

No

No

No

No

No

No

No

Yes

Yes

Yes

Yes

No

No

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

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.

[illegible]

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Franklin Medical Group PC	Cap	3,823,000
(2)	Franklin Medical Group PC	srvc	6,171,648
(3)	Saint Mary's Indemnity Company LLC	Cap	5,965,000
(4)	Naugatuck Valley Surgical Center LP	Cap	255,000
(5)	Naugatuck Valley Surgical Center LP	Loan	1,817,860
(6)	Diagnostic Imaging of Southbury LLC	Cap	1,656,000
(7)	Primary Care Partners PC	Loan	326,197
(8)	Heart Center of Greater Waterbury Inc	Mgmt	438,062
(9)	Harold Leever Regional Cancer Center	Fees	201,848
(10)	Harold Leever Regional Cancer Center	Int	22,350
(11)	Harold Leever Regional Cancer Center	Prncp	801,777
(12)	SAINT MARY'S HEALTH SYSTEM INC	Labor	49,152
(13)	SAINT MARY'S HEALTH SYSTEM INC	Renta	102,420
(14)	Saint Mary's Hopsital Foundation Inc	Contr	286,725

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment
Sequence No **67**

Name(s) shown on return SAINT MARY'S HOSPITAL INC	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 06-0646844
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	216
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions)			
21 Listed property Enter amount from line 28	21		
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22		216
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23		

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
31 Total commuting miles driven during the year						
32 Total other personal(noncommuting) miles driven						
33 Total miles driven during the year Add lines 30 through 32						
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
35 Was the vehicle used primarily by a more than 5% owner or related person?						
36 Is another vehicle available for personal use?						

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2008 tax year (see instructions)					
43 A mortization of costs that began before your 2008 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 06-0646844
Name: SAINT MARY'S HOSPITAL INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
MEDICAL SUPPLIES	25,497,042	22,947,338	2,549,704	
OTHER PROFESSIONAL FEES	17,274,396	10,364,638	6,909,758	
BAD DEBT	11,724,327	8,207,029	3,517,298	
CONTRACT AND PHYSICIAN FEES	9,273,435	6,027,733	3,245,702	
BUILDING MAINTENANCE	4,121,862	2,473,117	1,648,745	