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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

2011

Open to Public Inspection

Α	For th	e 2011 calen	dar year, or tax year beginning , and ending									
В	Check if applicable C Name of organization D Employer identification number											
	Address change											
	Name ch	Inne change KATERI MEDICAL SERVICES, INC. 27-1601433										
	Initial ret	tital return Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number										
	Terminat	ted C/O 11 CHURCH STREET 860-651-0201										
	Amended	ended return City or town, state or country, and ZIP + 4 F Group Exemption										
	Application	on pending	TARIFFVILLE CT 06081				Numb	per ▶				
G	Accou	nting Method	X Cash			H Check	▼ X if the	e organization is not				
1	Website: ▶ WWW.KATERICLINIC.ORG required to attach Schedule B											
J	Tax-exempt status (check only one) — X 501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF)											
ĸ	Check	▶ If the	e organization is not a section 509(a)(3) supporting organization or	a section	1 527 or	ganization an	d its gross r	eceipts are normally				
	not mo	ore than \$50,0	000. A Form 990-EZ or Form 990 return is not required though For	m 990-N	(e-posto	card) may be i	equired (se	e instructions) But if				
			oses to file a return, be sure to file a complete return				, ,	,				
L	Add line	es 5b, 6c, and 7	7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or i	nore, or if	total ass	ets (Part II,						
	line 25,	column (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ				▶ \$	49,698				
F	art I	Reven	ue, Expenses, and Changes in Net Assets or Fun	d Balan	ices (s	ee the instru	ctions for					
			if the organization used Schedule O to respond to any que		•			X				
S	1		gifts, grants, and similar amounts received	-			1	49,655				
2012	2	Program ser	rvice revenue including government fees and contracts				2					
	3	Membership	dues and assessments				3					
™	4	Investment i	income				4	43				
و.ی	5a	Gross amou	int from sale of assets other than inventory	5a								
OE (Ь	Less cost o	r other basis and sales expenses	5b								
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	•			5c					
	6	, ,	fundraising events									
¥	а	Gross incom										
\$ \$	1	\$15,000)		6a								
SCANNED Revenue:0	Ь	Gross incom	ne from fundraising events (not including \$	of co	ntributio	ns						
<u>~</u>			sing events reported on line 1) (attach Schedule G if the									
-0			gross income and contributions exceeds \$15,000)	6b								
	С	Less direct	expenses from gaming and fundraising events	6c								
	d	Net income	or (loss) from gaming and fundraising events (add lines 6a and 6b	and subt	ract	-						
		line 6c)					6d					
	7a	Gross sales	of inventory, less returns and allowances	7a								
	ь	Less cost of	f goods sold RECEIVED	7b								
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)				7c					
	8	Other revenu	ue (describe in Schedule Q) 2012				8					
	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 6				▶ 9	49,698				
	10	Grants and s	sımılar amdunts-paid (list in Schedule 0)=				10	65,553				
	11	Benefits paid	d to or for members DEN . UT				11					
ý	12		ner compensation, and employee benefits				12					
Expenses	13	Professional	l fees and other payments to independent contractors				13					
ē	14	Occupancy,	rent, utilities, and maintenance				14					
ũ	15	Printing, pub	plications, postage, and shipping				15					
	16	Other expen	ses (describe in Schedule O)				16	150				
	17	Total expen	ses. Add lines 10 through 16				▶ 17	65,703				
10	18	Excess or (d	deficit) for the year (Subtract line 17 from line 9)				18	-16,005				
šet	19	Net assets of	or fund balances at beginning of year (from line 27, column (A)) (m	ust agree	with							
Net Assets		end-of-year	figure reported on prior year's return)				19	72,830				
<u>f</u> et	20	Other chang	es in net assets or fund balances (explain in Schedule O)				20					
_	21	Net assets of	or fund balances at end of year Combine lines 18 through 20				▶ 21	56,825				
		ork Reduction	Act Notice, see the separate instructions.					000 E7				
DAA	\					•	' /	Form 990-EZ (2011)				

Form 990-EZ (2011) KATER	I MEDICAL	SERVICES,	INC	27-1601433				Page 2
Part II Balance Sheet	s. (see the instru	ctions for Part II)						
Check if the orga	nization used Sc	hedule O to respo	nd to any question in	his Part II		,		
•				(A) Beginning of year			(B)	End of year
22 Cash, savings, and investments	3			72,8	<u> 330</u>	22	<u> </u>	56,825
23 Land and buildings					0	23	<u> </u>	
24 Other assets (describe in Schei	dule O)				0	24		
25 Total assets				72,8	<u>330</u>	25	ļ	56,825
26 Total liabilities (describe in Sc	hedule O)				0	26	<u> </u>	0
27 Net assets or fund balances (72,8	330	27	<u> </u>	56,825
	_	•	nents (see the instruc		T			kpenses
		<u>hedule O to respo</u>	nd to any question in t	his Part III	X	1 `	•	for section
What is the organization's primary e	exempt purpose?							and 501(c)(4)
SEE SCHEDULE O							-	ions and section
Describe the organization's program) trusts, optional
as measured by expenses. In a clea			rvices provided, the num	per of		fo	r others)
persons benefited, and other releva	nt information for e	ach program title				<u> </u>		
28 SEE SCHEDULE O								
	:E3				i sign			<i>CE</i>
(Grants \$ 65,5	(33) If this amou	int includes foreign o	grants, check here	<u> </u>	X	28a		65,553
29							1	
							1	
(O) 16 th:		randa abaali bara		Гт-7	20-	1	
(Grants \$) if this amou	int includes foreign o	rants, check here	<u> </u>	4-1-	29a		
30							1	
							1	
(Coords f	\ If this amou	est essendos forces a	rente check here		т	20-	1	
(Grants \$		int includes foreign g	grants, check here		ــــــــــــــــــــــــــــــــــــــ	30a		
31 Other program services (describ		int includes foreign a	reate about here	_		24-	ĺ	
(Grants \$ 32 Total program service expens		int includes foreign g	grants, check here			31a 32		65,553
			es. List each one even if	ot compensated (se	e the		ctions f	
Check if the organiz	zation used Schedu	ile O to respond to a	ny question in this Part I'	<u>/</u>				
(a) Name and address		(b) Title and avera hours per week	compensation	bontni	Heath to	enefits, employee	(e) Estimated amount of
,4	y reality date dedicate		devoted to position	(Forms W-2/1099-MISC)	l be	netit plai	ns, and pensation	other compensation
REV. THOMAS J. FURRER	т	ARIFFVILLE	PRESIDENT	,,,,				
11 CHURCH STREET	c	T 06081		00			0	0
JOHN M. HART		ARIFFVILLE	VICE PRESI		1			<u>-</u>
11 CHURCH STREET		T 06081	_	00 0	,		0	
ROBERT E. CHAGNON		ARIFFVILLE	TREASURER					
11 CHURCH STREET		T 06081		00	,		0	0
JAMES M. LAWSON		ARIFFVILLE	SECRETARY					
11 CHRUCH STREET		T 06081	1	00			0	0
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DAA								990-F7 (2014)

Forn	990-EZ (2011) KATERI MEDICAL SERVICES, INC. 27-1601433		F	Page
	Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	ļ		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	1	ľ	
	change on Schedule O (see instructions)	34		X
35a		25-		x
	activities (such as those reported on lines 2, 6a, and 7a, among others)? If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b	-	_^
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	350		
С	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	300		
••	during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b	Ì	x
38a				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a]	x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter	7		ĺ
а	Initiation fees and capital contributions included on line 9	_		
b	Gross receipts, included on line 9, for public use of club facilities			į
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶			į
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			ĺ
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			į
	4955, and 4958			
đ	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
_	reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
е	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed CT	1400		
		0-65	1-0	20:
	11 CHURCH STREET			
	Located at ▶ TARIFFVILLE CT ZIP + 4 ▶ 06	081		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	1.0		v
С	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	L l	X
40	If "Yes," enter the name of the foreign country			▶ [
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year			
	and enter the amount of tax-exempt interest received of accrued during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		163	
444	completed instead of Form 990-EZ	44a	[x
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	110		
	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			 -
_	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a_		X
45b				******
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		X
DAA		Form 99	0-F7	(2011

Vest Note Description Learn	Form	990-E	Z (2011)	KATI	ERI	MEDICAL	SER	/ICES,	INC.	2	7-1601433	.		F	Page 4
to candidates for public office? If "Yes", complete Schedule C, Part I Section S01(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section S01(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section S01(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section S01(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section S01(C)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section S01(C)(3) organization section 30 inches 50 and 51 cm section 1700(b)(1)(A)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)(a)															
Part V. Soction 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must aware questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization lengage in telebying activities or have a section 501(n) election in effect during the tax year? If "tax" complete Schedule C Part II. 48 Is the organization as chool as described in section 170(b)(1)(b)(n)? If "tax", "complete Schedule E B II. 50 If "Tex", "was the related organization in section 527 organization? 50 Complete the table for the organization if his highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100.00 off compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid never than \$100.00 off compensation from the organization if there is none, enter "None" (b) "figured series or the compensation of the series or the compensation of the compensation from the organization if there is none, enter "None" (c) Repense of the organization is fixe highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100.000 officers organization is fixe highest compensation from the organization if there is none, enter "None" (d) Repense of the organization is fixe highest compensated independent contractors who each received more than \$100.000 officers organization is fixe highest compensation (organization is fixe highest compensation of the received provided the patient of the received provided provided the patient of the received provided provided provided provided provided provided provi	46	Did th	e organiza	ition enga	ge, dır	ectly or indirect	tly, in polit	ical campaig	gn activities	on behalf of or	in opposition				
**S01(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for tines 50 and 51. Check if the organization used Schedule 0 to respond to any question in this Part VI 47 Did the organization as the object and the organization as the organization as complete Schedule 0. Part II 48 Is the organization as school as described in section 170(b)(1)(A)(a)? If Yes, complete Schedule E 49 Did the organization as school as 70 organization? 49 Did the organization as school as 70 organization? 50 Complete this table for the organization is the highest compensated employees (other than officers, directors, fursiers and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and assess of each melloyee (b) Time of a more part of the organizations in the part of the properties of the organization from the organization in the organization (There is no new part of the compensation from the organization (There is no new part of the compensation control or organization from the organizat		to car	ndidates for	r public of	ffice? I	f "Yes," comple	ete Schedi	ule C, Part I							X
and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI 47 Dut the organization a school as described in section 170(b)(1)(A)(ii)? If Yes," complete Schedule C, Part II 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If Yes," complete Schedule E 48 X 49 Dut the organization make any transfers to an exempt non-charitable related organization? 50 Complete this table for the organization is well highest compensated employees (other than officers, directors, trustees and key employees) who each neceived more than 1500.000 of compensation from the organization if there is none, enter *None* (a) Name and address of each employee paid over \$100,000 (b) Time of warray and the school of the organization of the paid warray and the school of the organization of the organization of the organization of the paid warray and the school of the organization organization of the organization of th	Pa	rt VI	Sect	ion 501	(c)(3) organizati	ons and	section	4947(a)(1) nonexem	pt charitable t	rusts only. All so	ection		
Check if the organization used Schedule O to respond to any question in this Part VI Vol.			501(0 and 5	:)(3) orga i2 and c	anızatı	ions and sect	ion 4947 for lines	(a)(1) none 50 and 51	exempt cna	aritable trusts	must answer qu	estions 47-49b			
### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other employees paid over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent contractors each receiving over \$100,000 ### Total number of other independent			Chec	k if the o	rganiz	zation used S	chedule	O to respo	nd to any	question in thi	s Part VI				
year? If "Yes," complete Schedule C, Part II ### Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E ### If "Yes," was the related organization as eaction 527 organization? ### If "Yes," was the related organization as eaction 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization? ### If "Yes," was the related organization in a section 527 organization in the organization organi		5						•						Yes	No
the organization as echool as described in section 170(b)(1)(A)(ii)? If "res", complete Schedule E 48 Is the organization make any transfers to an exempt non-haritable related organization? 50 Complete this table for the organizations five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter "None" (b) Name and address of each employee paid over \$100,000 of compensation from the organization of the compensation of the person of control is person. (b) Total number of other employees paid over \$100,000 of compensation from the organization if there is none, enter "None" (c) Name and address of each independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter "None" (c) Name and address of each independent contractors each receiving over \$100,000 of compensation from the organization if there is none, enter "None" (d) Name and address of each independent contractors each receiving over \$100,000 of compensation from the organization if there is none, enter "None" (e) Ompensation NONE 48	47						es or nave	a section 5	ou1(n) electi	on in exect duri	ng the tax		47		v
49a Did the organization make any transfers to an exempt non-chantable related organization? 49b If "Yes," was the related organization is needed to provide this table for the organization of the highest compensation of the provided that table for the organization is no highest compensation of the provided that table for the organization is not highest compensation from the organization. If there is no none, enter "None" (a) Name and address of each analyses paid over \$100,000 of compensation from the organization of the provided possible. (b) Total number of other employees paid over \$100,000 of compensation from the organization of the provided possible provided provided possible provided possible provided possible provided provided possible provided provided possible provided pr									-						
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(a) Name and address of each erroleyce paid once than \$100,000 (b) Title and everage (Forms W-2)(95-MISC) (e) Estimated amount of other conspectation (Forms W-2)(95-MISC) (e) Estimated amount of other conspectation (Forms W-2)(95-MISC) (e) Estimated amount of other conspectation (Forms W-2)(95-MISC) (e) Estimated amount of other employees paid over \$100,000 f Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization if there is none, enter None* (a) Name and address of each independent contractors paid more than \$100,000 (b) Type of service (c) Compensation NONE Value	50														
A Total number of other employees paid over \$100,000 Tomplete this table for the organization from the organization if there is none, enter 'None ' (a) Name and address of each independent contractors each receiving over \$100,000 Total number of other independent contractors paid more than \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over		empic	yees) who	each rec	eivea	more than \$100	0,000 61 66	Imperisation			,		Τ		
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f Total number of other employees paid over \$100,000 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 NONE d Total number of other independent contractor paid more than \$100,000 None Post P					paid mo	ore than \$100,000				devoted to position	(Forms W-2/1099-MIS	compensation compensation	1 00116	Comper	Isalion
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(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) 10 nonexempt charitable trusts must attach a completed Schedule A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is struce, correct, and complete. Declaration of prepagate of their than officer) is based on all information of which preparer has any knowledge Penalter Penalter Penalter Penalter Penalter CHRISTOPHER B. CONLEY MIDDLETOWN, CT 06457-2809 May the IRS discuss this return with the preparer shown above? See instructions X Yes No	f	Total	number of	other em	ployee	s paid over \$10	00,000			▶ _					
(a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 52 Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of penjur, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepagar Pother than officer) is based on all information of which preparer has any knowledge. Sign Pendid Christopher B. Conley Proparer's signature CHRISTOPHER B. CONLEY Firm's address > 50.5 MAIN ST MIDDLETOWN, CT 06457-2809 May the IRS discuss this return with the preparer shown above? See instructions	51	Comp	lete this ta	ble for the	e organ	nization's five h	ighest cor	npensated i	ndependent	contractors wh	o each received n	nore than			
d Total number of other independent contractors each receiving over \$100.000 52 Did the organization complete Schedule A? Note All section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of propagal other than officer) is based on all information of which preparer has any knowledge Sign Here PrintType preparer's name Preparer's signature CHRISTOPHER B. CONLEY Prim's name CHRISTOPHER B. CONLEY Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC Firm's elin > 06-0971998 May the IRS discuss this return with the preparer shown above? See instructions		\$100,							ter None	1	•	1			
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Did the organization complete Schedule A? Note All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager fother than officer) is based on all information of which preparer has any knowledge Sign Here Print/Type or print name and title Preparer's name Preparer's signature CHRISTOPHER B. CONLEY Preparer Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC Firm's elin 06-0971998 May the IRS discuss this return with the preparer shown above? See instructions	NON	Æ													
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Sign Here Print/Type or print name and title Preparer's name CHRISTOPHER B. CONLEY Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC Firm's address Signature of officer Firm's address Signature of officer Firm's address Signature of officer Check If PTIN Check If PTIN Check If PTIN CHRISTOPHER B. CONLEY Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC Firm's EIN MIDDLETOWN, CT 06457-2809 May the IRS discuss this return with the preparer shown above? See instructions X Yes No															NO
Sign Here Signature of officer Date Date TRASSURES Type or print name and title	true. c	penaiti orrect.	es of perjury and complet	y, i declare teDeclara	tnat i r itidn of	preparer fother th	han officer)	is based on a	all information	of which prepare	er has any knowledg	est of my knowledge an	ia belle	1, 11.15	
Here To Bit Charles Type or print name and title				1/2	19	Mills	<u></u>			· · · ·	1/1/	14/12			
Here To Bit Charles Type or print name and title	Sign		Signa	ture of office	<u>, </u>	()=	21/0				Date	1//-	-		—
Type or print name and title Print/Type preparer's name	_			X	OB	ENT E	1176	VON	_	TREASU	er_				
Preparer Use Only MIDDLETOWN, CT 06457-2809 May the IRS discuss this return with the preparer shown above? See instructions CHRISTOPHER B. CONLEY 11/13/12 self-employed P00936552			Туре	or print name	e and title	9	-								
Preparer Use Only MIDDLETOWN, CT 06457-2809 May the IRS discuss this return with the preparer shown above? See instructions CHRISTOPHER B. CONLEY 11/13/12 self-employed P00936552			Print/Type p	reparer's nar	ne			Preparer's sign	nature _		Date	Charle .	PTIN		
Preparer Firm's name GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC Firm's EIN 06-0971998	Paid		CURTOMO	- GARO	CONT	EV		СИВТЕФОРЧ	ER R CO	NT.EY	PUCPA 111		POOC	32655	2
Use Only Firm's address ▶ 505 MAIN ST MIDDLETOWN, CT 06457-2809 Phone no 860-347-5689 May the IRS discuss this return with the preparer shown above? See instructions ▶ X Yes No		arer		-											
MIDDLETOWN, CT 06457-2809 Phone no 860-347-5689 May the IRS discuss this return with the preparer shown above? See instructions \blacktriangleright X Yes \lnot No	•		——											<u> </u>	 -
May the IRS discuss this return with the preparer shown above? See instructions ► X Yes No		,	, inn s addre	, g g F				0645	7-2809			Phone no 860-	347	-56	89
	May	he IRS	S discuss t	hıs return											
						, , ,									

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Open to Public

Employer identification number

27-1601433

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

KATERI MEDICAL SERVICES, INC.

Inspection

Pi	art l	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) Se	e inst	ructio	ns.			
The	he organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)													
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).												
2			school described in section 170(b)(1)(A)(ii). (Attach Schedule E)											
3			or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical re	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II)												
6	\Box			overnmental unit described in s	ection 17	70(b)(1)(A	()(v).							
7	X		· · · · · · · · · · · · · · · · · · ·	substantial part of its support from				from the	aenera	al public	3			
		•	section 170(b)(1)(A)(vi). (C						•					
8				I70(b)(1)(A)(vi). (Complete Part	: 11)									
9		-		I) more than 33 1/3% of its sup	-	contributi	ons, me	mbershi	p fees.	and gro	oss			
		-		npt functions—subject to certain						-				
				nd unrelated business taxable in										
		acquired by t	he organization after June 3	0, 1975 See section 509(a)(2)	. (Comple	te Part II	l.)							
10		An organizati	ion organized and operated (exclusively to test for public safe	ety See s	ection 5	09(a)(4).							
11	П	An organizati	ion organized and operated e	exclusively for the benefit of, to	perform t	he functio	ns of, o	to carry	out the	е				
		purposes of	one or more publicly support	ed organizations described in s	ection 509	9(a)(1) or	section	509(a)(2) See	section	1			
		509(a)(3). Ch	eck the box that describes t	he type of supporting organizati	on and co	omplete li	nes 11e	through	11h					
	a Type I b Type II c Type III-Functionally integrated d Type III-Other													
е	But a large the best to a the the comment of a set and all advantage of the comment of the comme													
		other than for	undation managers and othe	r than one or more publicly sup	ported or	ganızatıoı	ns descr	ibed in s	ection	509(a)(1)			
		or section 50	9(a)(2)											
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	ill suppo	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organizat	tion accepted any gift or contrib	ution from	any of the	ne							
		following per	rsons?									_		
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ibed in (ıı) and			_		Yes	No
		, .	w, the governing body of the	- · · · -								1g(i)		
			member of a person describ								F	1g(ii)		
			controlled entity of a person of	** **							[1	1g(iii)		
h				he supported organization(s)	1									
0		e of supported	(ii) EIN	(iti) Type of organization (described on lines 1–9	1	organization sted in your	(v) Did y	ou notify ization in	(vi) l organızat	s the	(vi	ı) Amou suppo		
	org	anzanon		above or IRC section		document?	col (i)	of your	(I) organı	zed in the		Suppo		
				(see instructions))	-	1		ort?		S ?				
-					Yes	No	Yes	No	Yes	NO				
A)														
B)	-				 			-						
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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			-			
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				148,767	49,655	198,422
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3				148,767	49,655	198,422
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4	! !	***************************************				198,422
	tion B. Total Support	<u>L</u>	<u> </u>	.1	<u> </u>		
	idar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4				148,767	49,655	198,422
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						198,422
12	Gross receipts from related activities, etc	(see instructions)				12	43
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax ye	ar as a section 501	(c)(3)	
	organization, check this box and stop her						▶ X
Sec	tion C. Computation of Public Su	ipport Percen	tage				
14	Public support percentage for 2011 (line 6	, column (f) divided	d by line 11, colun	nn (f))		14	%%
15	Public support percentage from 2010 School					15	%
16a	33 1/3% support test—2011. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, c	heck this	. —
	box and stop here. The organization qual	•					▶ [_]
b	33 1/3% support test—2010. If the organ				15 is 33 1/3% or mo	ore,	
	check this box and stop here. The organiz						▶ 📋
17a	10%-facts-and-circumstances test—201	•					
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa organization	cts-and-circumsta	nces" test. The or	ganızatıon qualifies	s as a publicly supp	orted	▶ []
b	10%-facts-and-circumstances test—201	0. If the organizati	on did not check	a box on line 13, 16	6a, 16b, or 17a, and	d line	
	15 is 10% or more, and if the organization				-		
	Explain in Part IV how the organization me	ets the "facts-and	-cırcumstances" tı	est. The organization	on qualifies as a pu	blicly	. —
18	supported organization Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	е	▶ []
	instructions						▶ [_]

27-1601433

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

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

500	tion A. Public Support	944411					
	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(a) 2011	(f) Total
1	Gifts, grants, contributions, and membership	(a) 2007	(b) 2008	(6) 2009	(a) 2010	(e) 2011	(t) Total
	fees received (Do not include any *unusual grants *)						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	***************************************					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)		<u> </u>	L		<u> </u>	···
	tion B. Total Support	(-) 0007	(h) 2000	(-) 2000	(-1) 2040	(2) 2014	46 Takal
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	urth, or fifth tax yes	ar as a section 50	1(c)(3)	
	organization, check this box and stop her	-		·			<u> </u>
Sec	tion C. Computation of Public Su	upport Percen	tage				
15	Public support percentage for 2011 (line 8		-	nn (f))		15	%_
16	Public support percentage from 2010 Sch		•			16	%_
_	tion D. Computation of Investme						
17	Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) 17 %						
18	Investment income percentage from 2010					<u> 18 </u>	
19a	33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						
L		•	=	•			
b	33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and						
20	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						
<u> </u>							لاخسسس

Schedule A (Form 990 or 990-EZ) 2011 KATERI MEDICAL SERVICES, INC.

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

49,655 49,655 Amount Amount Schedule A, Part II, Line 1(e) Schedule A, Part II, Line 12 **Federal Statements** Description Description KATERI KATERI MEDICAL SERVICES, INC. PUBLIC DONATIONS FYE: 12/31/2011 27-1601433 TOTAL TOTAL INTEREST

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Name of the organization

KATERI MEDICAL SERVICES, INC.

Employer Identification number 27-1601433

FORM 990-EZ, PART I, LINE 10 - GRAN	TS/SIMILAR AMTS PAID TO ORGANIZATIONS
NAME AND ADDRESS	CLASS OF ACTIVITY DATE OF GIFT
	DESC. OF PROPERTY
	CASH CONTRIB. NONCASH CONTRIB.
	BOOK VALUE BV EXPL. FMV EXPL.
ANGLICAN DIOCES OF KADUNA	
NO. 4 KANTA ROAD	
PO BOX 72	\$ 53,553 \$ 0
KADUNA, NI	\$ 0
FAITH CARE	
4 FOREST PARK DRIVE	
FARMINGTON, CT 06032	\$ 12,000 \$ 0
	\$ 0

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION

AMOUNT

EXPENSES

BANK FEES \$ 150

TOTAL \$ 150

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

TO PROVIDE SIMPLE, DECENT MEDICAL CARE FOR POOR, DISTRESSED, AND

UNDERPRIVILEGED NIGERIANS OF ALL FAITHS, WHO OTHERWISE HAVE NO ACCESS TO

BASIC MEDICAL CARE.

Name of the organization

KATERI MEDICAL SERVICES, INC.

Employer Identification number 27-1601433

FORM, 990-EZ, PART III, LINE 28 - FIRST ACCOMPLISHMENT THE ORGANIZATION SUPPORTS A CLINIC IN KATERI, NIGERIA WHICH IS A SMALL TOWN WHERE THE MAJORITY OF THE POPULATION LIVES IN SMALL VILLAGES. HOSPITAL IS MORE THAN 50 MILES AWAY. THE CLINIC IS STAFFED WITH TWO FULL TIME DOCTORS, THREE NURSE PRACTITIONERS AND A LAB TECHNICIAN. THE CLINIC IS OPEN 24 HOURS A DAY AND OPERATES A MOBILE VAN WHICH PROVIDES MEDICAL SERVICES TO REMOTE AREAS TWO DAYS A WEEK. THE CLINIC ITSELF IS OWNED AND OPERATED BY THE ANGLICAN DIOCESE OF KADUNA IN NIGERIA. KATERI MEDICAL SERVICES, INC. PROVIDES FINANCIAL SUPPORT TO THE DIOCESE TO PAY FOR PAYROLL EXPENSES, MEDICAL SUPPLIES AND EQUIPMENT PURCHASES OF THE CLINIC. KATERI MEDICAL SERVICES, INC. ALSO PROVIDES FINANCIAL ASSISTANCE TO FAITHCARE, INC., A MEDICAL RELIEF ORGANIZATION THAT SENDS MEDICAL PROFESSIONALS TO THE CLINIC FOR TWO WEEKS EACH YEAR TO CONDUCT MORE ADVANCED MEDICAL PROCEDURES THAT THE CLINIC'S REGULAR STAFF ARE NOT TRAINED TO PERFORM. KATERI MEDICAL SERVICES, INC. PROVIDES THIS FINANCIAL ASSISTANCE TO FAITHCARE TO OFFSET SOME OF THE COSTS INCURRED DURING THIS TWO WEEK MEDICAL RELIEF TRIP. THE CLINIC SERVES CLOSE TO 10,000 PATIENTS PER YEAR.