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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012		D Employer identification number	
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		06-0646844	
C Name of organization ST MARY'S HOSPITAL INC		E Telephone number	
Doing Business As		(203) 709-6273	
Number and street (or P O box if mail is not delivered to street address) Room/suite 56 FRANKLIN STREET		G Gross receipts \$ 252,229,787	
City or town, state or country, and ZIP + 4 WATERBURY, CT 067061281			
F Name and address of principal officer CHAD WABLE 56 FRANKLIN STREET WATERBURY, CT 067061281		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
J Website: WWW.STMH.ORG		H(c) Group exemption number 0928	
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 1907	M State of legal domicile CT

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

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

Sign Here	***** Signature of officer			2013-08-14 Date	
	Chad Wable President and CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature		Date 2013-08-14	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP One Financial Plaza Hartford, CT 061032608			EIN
					Phone no (860) 522-3200

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

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a	(Code)	(Expenses \$ 97,130,914	including grants of \$)	(Revenue \$ 138,263,967)
INPATIENT SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 12,039 INPATIENTS IN 2012 PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT SAINT MARY'S INPATIENT SERVICES PROGRAM				

4b	(Code)	(Expenses \$ 70,288,155 including grants of \$)	(Revenue \$ 90,218,420)
<p>OUTPATIENT SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT IN 2012, 227,275 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE PLEASE SEE SCHEDULE O FOR ADDITIONAL INFORMATION ABOUT THE OUTPATIENT SERVICES PROGRAM</p>			




















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4d Other program services (Describe in Schedule O)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e	Total program service expenses	\$ 167,419,069
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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)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	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? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</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? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	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? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</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 U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	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 U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i> 	20a	Yes
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements. 	20b	Yes

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		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? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>			
		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	160
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
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.	2a	1,945
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 (see instructions).	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the aggregate amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	17		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	13
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 governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did 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
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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. <input checked="" type="checkbox"/> KYLE JURCZYK 56 FRANKLIN STREET WATERBURY, CT 067061281 (203) 709-6111

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHAD WABLE PRESIDENT AND CEO	40.0	X		X				551,739	0	151,498
(2) JOSEPH CARLSON II TREASURER	4.0	X		X				0	0	0
(3) MOST REV HENRY J MANSELL CHAIRMAN	2.0	X		X				0	0	0
(4) REV MONSIGNOR JAMES COLEMAN VICE CHAIRMAN	1.0	X		X				0	0	0
(5) STEPHEN R GRIFFIN ESQ SECRETARY	4.0	X		X				0	0	0
(6) JEROME SUGAR MD CHIEF OF STAFF (START 1/1/12)	4.0	X						0	0	0
(7) S MARK ALBINI MD DIRECTOR	1.0	X						49,000	0	0
(8) GARRETT CASEY DIRECTOR	4.0	X						0	0	0
(9) SISTER DOLORES LAHR DIRECTOR	2.0	X						0	0	0
(10) JOSEPH MENGACCI ESQ DIRECTOR	4.0	X						0	0	0
(11) WILLIAM MORRIS DIRECTOR	1.0	X						0	0	0
(12) MICHAEL O'BRIEN DIRECTOR	1.0	X						0	0	0
(13) DAVID ROBINSON DIRECTOR	2.0	X						0	0	0
(14) ROBERT ROSCOE DIRECTOR	1.0	X						0	0	0
(15) JAMES C SMITH DIRECTOR	4.0	X						0	0	0
(16) JEROME SUGAR MD DIRECTOR	4.0	X						0	0	0
(17) CHRISTINE SULLIVAN ESQ DIRECTOR	1.0	X						0	0	0

Part VII

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JAMES UBERTI MD DIRECTOR	1 0	X						0	246,493	7,489
(19) THE HONORABLE LINDA WIHBEY DIRECTOR	1 0	X						0	0	0
(20) ROBERT RILEY CFO (START 9/10/12)	40 0			X				0	0	0
(21) SANDRA ROOSA VP PATIENT SERVICE	40 0				X			277,906	0	41,129
(22) MICHAEL NOVAK VP OPERATIONS	40 0				X			275,911	0	38,517
(23) CAROLYN ORRELL CHIEF INFORMATION OFFICER	40 0				X			195,600	0	33,089
(24) M CLARK KEARNEY VP HUMAN RESOURCES	40 0					X		230,664	0	32,508
(25) JOSEPH CONNOLLY CMO	40 0					X		172,625	0	34,055
(26) DANIEL SULLIVAN DIRECTOR PHARMACY	40 0					X		145,123	0	29,814
(27) STEPHEN HOLLAND MD VP AND CMO	40 0					X		418,313	0	45,713
(28) ELIZABETH BOZZUTO VP SURGICAL SERVICES	40 0					X		283,333	0	48,605
(29) ROBERT HALKO VP AND CFO	40 0						X	485,910	0	31,660
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,086,124	246,493	494,077

2

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization▶72

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
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>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
COLLABORATIVE LAB SERVICES 114 WOODLAND STREET HARTFORD, CT 06105	MEDICAL LAB SVCS	2,085,080
SODEXHO INC AND AFFILIATES PO BOX 905374 CHARLOTTE, NC 28290	HOSPITAL MGMT SVCS	2,893,457
BROWN RUDNICK BERLAK ISRAEL LLP ONE FINANCIAL CENTER BOSTON, MA 02111	LEGAL SERVICES	1,135,190
MAYO MEDICAL LABORATORIES PO BOX 4100 ROCHESTER, MN 55903	MEDICAL LAB SERVICES	846,533
O R AND L CONSTRUCTION COMPANY 2 SUMMIT PLACE BRANFORD, CT 06405	CONSTRUCTION	1,648,423
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶48		

Part VIII

Statement of Revenue

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

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	18,091	18,091		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,348,775	1,674,387	1,674,388	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	49,000	49,000		
7	Other salaries and wages	81,259,807	69,226,104	12,033,703	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	10,100,449	8,464,944	1,635,505	
9	Other employee benefits	9,715,919	8,142,679	1,573,240	
10	Payroll taxes	6,299,126	5,279,147	1,019,979	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	1,344,664	358,666	985,998	
c	Accounting	302,691	75,673	227,018	
d	Lobbying	145,906		145,906	
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	679,336	509,502	169,834	
13	Office expenses	8,883,352	6,071,276	2,812,076	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	10,515,383	6,236,530	4,278,853	
17	Travel	184,026	110,416	73,610	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	119,791	71,875	47,916	
20	Interest	1,672,571	418,143	1,254,428	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	8,581,571	2,145,393	6,436,178	
23	Insurance	4,793,254	2,875,952	1,917,302	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CONTRACT AND PHYSICIAN FEES	24,376,915	15,258,556	9,118,359	0
b	BAD DEBT	10,501,359	7,350,951	3,150,408	
c	MEDICAL SUPPLIES	33,150,377	29,835,339	3,315,038	
d	CONSULTING	1,141,301	684,781	456,520	
e					
f	All other expenses	4,261,223	2,561,664	1,699,559	
25	Total functional expenses. Add lines 1 through 24f	221,444,887	167,419,069	54,025,818	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			23,202,053	1	21,808,238
	2	Savings and temporary cash investments			497,349	2	38,154
	3	Pledges and grants receivable, net			27,303	3	-41,030
	4	Accounts receivable, net			25,440,911	4	31,789,432
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			4,523,772	7	1,831,088
	8	Inventories for sale or use			2,559,525	8	2,616,365
	9	Prepaid expenses and deferred charges			1,624,895	9	1,435,598
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	165,577,224			
	b	Less: accumulated depreciation	10b	111,554,465	53,065,910	10c	54,022,759
	11	Investments—publicly traded securities			13,217,405	11	16,043,637
	12	Investments—other securities. See Part IV, line 11			38,775,923	12	40,524,781
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			180,625	15	154,119
16	Total assets. Add lines 1 through 15 (must equal line 34)			163,115,671	16	170,223,141	
Liabilities	17	Accounts payable and accrued expenses			29,285,796	17	29,579,063
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			24,822,960	20	23,053,484
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			613,860	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			94,766,884	25	99,666,095
	26	Total liabilities. Add lines 17 through 25			149,489,500	26	152,298,642
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-2,602,946	27	71,963
	28	Temporarily restricted net assets			2,554,350	28	2,546,738
	29	Permanently restricted net assets			13,674,767	29	15,305,798
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			13,626,171	33	17,924,499
	34	Total liabilities and net assets/fund balances			163,115,671	34	170,223,141

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 06-0646844

Name: ST MARY'S HOSPITAL INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CHAD WABLE PRESIDENT AND CEO	40 0	X		X				551,739	0	151,498
JOSEPH CARLSON II TREASURER	4 0	X		X				0	0	0
MOST REV HENRY J MANSELL CHAIRMAN	2 0	X		X				0	0	0
REV MONSIGNOR JAMES COLEMAN VICE CHAIRMAN	1 0	X		X				0	0	0
STEPHEN R GRIFFIN ESQ SECRETARY	4 0	X		X				0	0	0
JEROME SUGAR MD CHIEF OF STAFF (START 1/1/12)	4 0	X						0	0	0
S MARK ALBINI MD DIRECTOR	1 0	X						49,000	0	0
GARRETT CASEY DIRECTOR	4 0	X						0	0	0
SISTER DOLORES LAHR DIRECTOR	2 0	X						0	0	0
JOSEPH MENGACCI ESQ DIRECTOR	4 0	X						0	0	0
WILLIAM MORRIS DIRECTOR	1 0	X						0	0	0
MICHAEL O'BRIEN DIRECTOR	1 0	X						0	0	0
DAVID ROBINSON DIRECTOR	2 0	X						0	0	0
ROBERT ROSCOE DIRECTOR	1 0	X						0	0	0
JAMES C SMITH DIRECTOR	4 0	X						0	0	0
JEROME SUGAR MD DIRECTOR	4 0	X						0	0	0
CHRISTINE SULLIVAN ESQ DIRECTOR	1 0	X						0	0	0
JAMES UBERTI MD DIRECTOR	1 0	X						0	246,493	7,489
THE HONORABLE LINDA WIHBEY DIRECTOR	1 0	X						0	0	0
ROBERT RILEY CFO (START 9/10/12)	40 0			X				0	0	0
SANDRA ROOSA VP PATIENT SERVICE	40 0				X			277,906	0	41,129
MICHAEL NOVAK VP OPERATIONS	40 0				X			275,911	0	38,517
CAROLYN ORRELL CHIEF INFORMATION OFFICER	40 0				X			195,600	0	33,089
M CLARK KEARNEY VP HUMAN RESOURCES	40 0					X		230,664	0	32,508
JOSEPH CONNOLLY CMO	40 0					X		172,625	0	34,055

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DANIEL SULLIVAN DIRECTOR PHARMACY	400					X		145,123	0	29,814
STEPHEN HOLLAND MD VP AND CMO	400					X		418,313	0	45,713
ELIZABETH BOZZUTO VP SURGICAL SERVICES	400					X		283,333	0	48,605
ROBERT HALKO VP AND CFO	400						X	485,910	0	31,660

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

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

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety Se**section 509(a)(4).**

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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

☐

Provide the following information about the supported organization(s)

	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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b 33 1/3% support test—2010. If the organization did not check 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						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

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

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions		

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

Facts And Circumstances Test

Explanation

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

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

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

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

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

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

Part II-B

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

		(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 1c through 1i)?	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?	Yes		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		160,906
j	Total lines 1c through 1i			160,906
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

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

		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

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

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).	2a	
a	Current year		
b	Carryover from last year		
c	Total		
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 (see instructions)	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	\$38,596 - THE CATHOLIC HEALTH ASSOCIATION - ANNUAL MEMBERSHIP DUES \$90,000 - LEGAL FEES RELATED TO LOBBYING \$17,310 - CONNECTICUT HOSPITAL ASSOCIATION - PORTION OF MEMBERSHIP DUES EXPENDED ON LOBBYING \$15,000 - COMPENSATION OF CHIEF MARKETING OFFICER ATTRIBUTABLE TO LOBBYING (APPROXIMATELY 10% OF OFFICER TIME SPENT ON LOBBYING ACTIVITIES) TOTAL OTHER LOBBYING ACTIVITIES \$160,906

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL INC

Employer identification number
06-0646844

Part I 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</div> <div><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 for any other purpose conferring impermissible private benefit	
	<div><input type="checkbox"/> Yes</div> <div><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 a 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

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, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes

☐ No

6

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

7

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

8

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

▶ \$ _____

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

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

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

1a

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

☐ Yes

☐ No

b

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

	Amount
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	13,783,000	14,500,000	13,893,000	14,132,000
b	Contributions				
c	Investment earnings or losses	2,426,000	-64,000	1,286,000	259,000
d	Grants or scholarships				
e	Other expenditures for facilities and programs	642,000	653,000	679,000	498,000
f	Administrative expenses				
g	End of year balance	15,567,000	13,783,000	14,500,000	13,893,000

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 1 680 %

c

Term endowment ▶ 98 320 %

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)		No
3a(ii)		No
3b		

4

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

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

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

Schedule D (Form 990) 2011

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	Other losses	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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V	THE HOSPITAL ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS. THE HOSPITAL FOLLOWS A POLICY OF SPENDING AN AMOUNT THAT APPROXIMATES THE INVESTMENT INCOME EARNED, IN ADDITION TO SPECIFIC PURCHASES OF CAPITAL EQUIPMENT. ACCORDINGLY, THE HOSPITAL EXPECTS ITS SPENDING POLICY WILL ALLOW ITS ENDOWMENT FUNDS TO BE MAINTAINED IN PERPETUITY BY GROWING AT A RATE AT LEAST EQUAL TO THE PLANNED PAYOUTS. ADDITIONAL REAL ENDOWMENT GROWTH WILL BE PROVIDED THROUGH NEW GIFTS AND ANY EXCESS INVESTMENT RETURN.
FIN 48 (ASC 740) FOOTNOTE	PART X, LINE 2	THE HOSPITAL IS A TAX-EXEMPT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM INCOME TAXES. THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS HAVE BEEN PREPARED ON THE BASIS THAT ITS TAX-EXEMPT STATUS WILL BE MAINTAINED.

SCHEDULE H
(Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL INC

Employer identification number
06-0646844

Part I

Charity Care and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization had 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 <input type="checkbox"/> Generally tailored to individual hospitals</div> <div><input type="checkbox"/> Applied uniformly to most hospitals</div>			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients during the tax year a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care <div><input type="checkbox"/> 100%<input type="checkbox"/> 150%<input type="checkbox"/> 200%<input checked="" type="checkbox"/> Other <u>250. %</u></div> b Did the organization use FPG to determine eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care <div><input type="checkbox"/> 200%<input type="checkbox"/> 250%<input type="checkbox"/> 300%<input type="checkbox"/> 350%<input checked="" type="checkbox"/> 400%<input type="checkbox"/> Other _____%</div> c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care	3a	Yes	
4	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
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		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
6b	If "Yes," did the organization make it available to the public?	6b	Yes	
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 Worksheet 1)			1,476,256		1,476,253	0 700 %
b Medicaid (from Worksheet 3, column a)			53,458,744	46,414,689	7,044,055	3 320 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Charity Care and Means-Tested Government Programs			54,935,000	46,414,689	8,520,308	4 020 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			259,785		259,785	0 130 %
f Health professions education (from Worksheet 5)			18,272,041	14,456,091	3,815,950	1 800 %
g Subsidized health services (from Worksheet 6)			28,699,679	18,831,767	9,867,912	4 650 %
h Research (from Worksheet 7)			4,932		4,932	
i Cash and in-kind contributions for community benefit (from Worksheet 8)			45,843		45,843	0 020 %
j Total Other Benefits			47,282,280	33,287,858	13,994,422	6 600 %
k Total. Add lines 7d and 7j			102,217,280	79,702,547	22,514,730	10 620 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities.

	(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
1Physical improvements and housing			148			
2Economic development						
3Community support						
4Environmental improvements						
5Leadership development and training for community members						
6Coalition building						
7Community health improvement advocacy						
8Workforce development			160,049			
9Other						
10Total			160,197			

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?	1	Yes	
2Enter the amount of the organization's bad debt expense	2	3,717,481	
3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3	2,602,237	
4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.			

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME)	5	80,915,141	
6Enter Medicare allowable costs of care relating to payments on line 5	6	74,831,653	
7Subtract line 6 from line 5. This is the surplus or (shortfall).	7	6,083,488	
8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

Section C. Collection Practices

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

Part IVManagement Companies and Joint Ventures (see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1HL CANCER CTR	OUTPATIENT CANCER TREATMENT	50.000 %	0 %	0 %
2HEART CTR OF GW	CARDIAC SERVICES MSO	50.000 %	0 %	0 %
3SM INDEMNITY GROUP	INSURANCE COMPANY	100.000 %	0 %	0 %
4FRANKLIN MEDICAL	PRIMARY CARE PHYSICIAN PRACT	0 %	0 %	100.000 %
5DIAGNOSTIC IMAGING	OUTPATIENT IMAGING CENTER	60.000 %	0 %	20.000 %
6NAUGATUCK VALLEY MRI	MAGNETIC IMAGING	48.000 %	0 %	52.000 %
7PRIMARY CARE PARTNER	PRIMARY CARE (MERGED 5/10/12)	0 %	0 %	0 %
8SCOVILL MEDICAL	PRIMARY CARE (SOLD 2/29/12)	0 %	0 %	100.000 %
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year? 1

Name and address

Schedule H (Form 990) 2011

Part V

Facility Information (continued)

Section B. Facility Policies and Practices.

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

SAINT MARY'S HOSPITAL INCORPORATED

Name of Hospital Facility:

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

	Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8 If "Yes," indicate what the Needs Assessment describes (check all that apply) a <input type="checkbox"/> A definition of the community served by the hospital facility b <input type="checkbox"/> Demographics of the community c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input type="checkbox"/> How data was obtained e <input type="checkbox"/> The health needs of the community f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet those needs h <input type="checkbox"/> The process for consulting with persons representing the community's interests i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Part VI)	1	No
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply) a <input type="checkbox"/> Hospital facility's website b <input type="checkbox"/> Available upon request from the hospital facility c <input type="checkbox"/> Other (describe in Part VI)	5	
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply) a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community b <input type="checkbox"/> Execution of the implementation strategy c <input type="checkbox"/> Development of a community-wide community benefit plan for the facility d <input type="checkbox"/> Participation in community-wide community benefit plan e <input type="checkbox"/> Inclusion of a community benefit section in operational plans f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA g <input type="checkbox"/> Prioritization of health needs in the community h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7	
Financial Assistance Policy		
Did the hospital facility have in place during the tax year a written financial assistance policy that		
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? If "Yes," indicate the FPG family income limit for eligibility for free care 250 % If "No," explain in Part VI the criteria the hospital facility used	9	Yes

Part V

Facility Information (continued)

		Yes	No	
10	Used FPG to determine eligibility for providing discounted care? If "Yes," indicate the FPG family income limit for eligibility for discounted care <u>400</u> % If "No," explain in Part VI the criteria the hospital facility used	10	Yes	
11	Explained the basis for calculating amounts charged to patients? If "Yes," indicate the factors used in determining such amounts (check all that apply) a <input checked="" type="checkbox"/> Income level b <input checked="" type="checkbox"/> Asset level c <input checked="" type="checkbox"/> Medical indigency d <input checked="" type="checkbox"/> Insurance status e <input checked="" type="checkbox"/> Uninsured discount f <input checked="" type="checkbox"/> Medicaid/Medicare g <input checked="" type="checkbox"/> State regulation h <input type="checkbox"/> Other (describe in Part VI)	11	Yes	
12	Explained the method for applying for financial assistance?	12	Yes	
13	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply) a <input checked="" type="checkbox"/> The policy was posted at all times on the hospital facility's web site b <input checked="" type="checkbox"/> The policy was attached to all billing invoices c <input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms d <input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices e <input type="checkbox"/> The policy was provided, in writing, to patients upon admission to the hospital facility f <input checked="" type="checkbox"/> The policy was available upon request g <input type="checkbox"/> Other (describe in Part VI)	13	Yes	

Billing and Collections

14	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	14	Yes	
15	Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments or arrests e <input checked="" type="checkbox"/> Other similar actions (describe in Part VI)			
16	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency b <input type="checkbox"/> Lawsuits c <input type="checkbox"/> Liens on residences d <input type="checkbox"/> Body attachments e <input type="checkbox"/> Other similar actions (describe in Part VI)	16		No
17	Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply) a <input checked="" type="checkbox"/> Notified patients of the financial assistance policy upon admission b <input checked="" type="checkbox"/> Notified patients of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills d <input checked="" type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Part VI)			

Part V

Facility Information (continued)

Policy Relating to Emergency Medical Care

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

Individuals Eligible for Financial Assistance

19	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care		
a	<input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b	<input type="checkbox"/> The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c	<input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d	<input type="checkbox"/> Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Part VI		No
21	Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient? If "Yes," explain in Part VI		No

Part V

Facility Information (continued)

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? 8

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

Part VI

Supplemental Information

Complete this part to provide the following information

- 1
- Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6l, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21
- 2
- Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B
- 3
- Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4
- Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5
- Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6
- Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7
- State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
COMMUNITY BENEFIT REPORT	PART I, LINE 6A	SAINT MARY'S HOSPITAL FILES A COMMUNITY BENEFIT REPORT WITH THE OFFICE OF HEALTHCARE ADVOCATE IN THE STATE OF CONNECTICUT THE COMMUNITY BENEFIT REPORT IS ACCESSIBLE BY CLICKING THE "COMMUNITY BENEFIT REPORT BUTTON" ON THE SAINT MARY'S WEBSITE AT WWW.STMH.ORG

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

Identifier	ReturnReference	Explanation
PART I, LINE 7		FOR PART 1, LINE 7 SECTIONS (A) CHARITY CARE AT COST, (B) UNREIMBURSED MEDICAID, (C) UNREIMBURSED COSTS-OTHER MEANS-TESTED GOVERNMENT PROGRAMS THE COSTING METHODOLOGY USED WAS THE COST-TO-CHARGE RATIO USING THE INCOME STATEMENT METHOD THE COST-TO-CHARGE RATIO WAS DERIVED FROM THE YEAR-END GENERAL LEDGER, CALCULATED BY DIVIDING GROSS EXPENSE (LESS BAD DEBT) MINUS OTHER OPERATING REVENUE BY GROSS PATIENT CHARGES AND APPLIED BY CHARGE LINE APPROPRIATELY SECTIONS (E) COMMUNITY HEALTH IMPROVEMENT, PORTIONS OF (F) HEALTH PROFESSIONS EDUCATION, (G) SUBSIDIZED HEALTH SERVICES, (H) RESEARCH, AND (I) CASH AND IN-KIND CONTRIBUTIONS TO COMMUNITY GROUPS ARE COMPRISED (EXCEPT FOR CASH DONATIONS AND IN-KIND MATERIAL DONATIONS) OF 1) SUPPLY EXPENSES, 2) PURCHASED SERVICES, 3) TUITION WAIVERS, AND 4) THE DIRECT SALARY COSTS FOR STAFF COMPENSATED BY THE HOSPITAL AND SPENT TIME PARTICIPATING IN ACTIVITIES THAT QUALIFY AS COMMUNITY BENEFITS THE INTERN, RESIDENT AND FELLOW PORTION OF SECTION (F) HEALTH PROFESSIONS EDUCATION ALSO INCLUDES THE SALARIES, FRINGE BENEFITS AND OTHER EXPENSES OF THE RESIDENCY PROGRAM DERIVED FROM THE GENERAL LEDGER INDIRECT COSTS WERE ALSO APPLIED THE COST ACCOUNTING METHODOLOGY WAS USED TO DETERMINE NET COMMUNITY BENEFIT EXPENSE FOR (G) SUBSIDIZED HEALTH SERVICES, WHICH INCLUDE IP AND OP PSYCHIATRY SERVICE LINES, EMERGENCY ROOM AND OBSERVATION CASES

Identifier	ReturnReference	Explanation
BAD DEBT EXPENSE	PART III, LINE 4	THE FINANCIAL STATEMENTS DO NOT HAVE A FOOTNOTE FOR BAD DEBT EXPENSE BUT BELOW IS THE FOOTNOTE FOR THE ALLOWANCE FOR BAD DEBTS THE HOSPITAL PROVIDES CARE TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THEIR FINANCIAL ASSISTANCE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN THEIR ESTABLISHED RATES BECAUSE THE HOSPITAL DOES NOT ANTICIPATE COLLECTION OF AMOUNTS DETERMINED TO QUALIFY AS CHARITY CARE, THEY ARE NOT REPORTED AS REVENUE THE HOSPITAL GRANTS CREDIT WITHOUT COLLATERAL TO PATIENTS, MOST OF WHOM ARE LOCAL RESIDENTS AND ARE INSURED UNDER THIRD-PARTY ARRANGEMENTS ADDITIONS TO THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS ARE MADE BY MEANS OF THE FOR BAD DEBTS ACCOUNTS WRITTEN OFF AS UNCOLLECTIBLE ARE DEDUCTED FROM THE ALLOWANCE AND SUBSEQUENT RECOVERIES ARE ADDED THE AMOUNT OF THE PROVISION FOR BAD DEBTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN FEDERAL AND STATE GOVERNMENTAL HEALTH CARE COVERAGE AND OTHER COLLECTION INDICATORS THE HOSPITAL USED A COST TO CHARGE RATIO TO CALCULATE THE AMOUNTS RECORDED IN LINES 2 AND 3 WE REASONABLY ESTIMATED THE AMOUNT OF BAD DEBTS THAT WOULD QUALIFY FOR FINANCIAL ASSISTANCE UNDER THE HOSPITAL'S CHARITY CARE POLICY, IF THE PATIENTS WOULD HAVE APPLIED OR PROVIDED SUFFICIENT INFORMATION WE DID NOT INCLUDE THIS AMOUNT IN THE COMMUNITY BENEFIT

Identifier	ReturnReference	Explanation
EXPLANATION OF SHORTFALL AS COMMUNITY BENEFIT	PART III, LINE 8	THERE IS NO SHORTFALL REPORTED IN LINE 7, THEREFORE, WE DID NOT INCLUDE IN COMMUNITY BENEFIT WE UTILIZED THE COST TO CHARGE RATIO TO ESTIMATE THE MEDICARE ALLOWABLE COSTS OF CARE

Identifier	ReturnReference	Explanation
COLLECTION PRACTICES FOR QUALIFIED PATIENTS	PART III, LINE 9B	A PATIENT MAY REQUEST CHARITY CARE AT ANY TIME IN THE BILLING AND COLLECTION PROCESS IF THE HOSPITAL, ITS COLLECTION AGENT, OR ITS ATTORNEY BECOMES AWARE THAT THE PATIENT OR GUARANTOR REQUESTS CHARITY CARE, THE COLLECTION PROCESS WILL BE PROMPTLY DISCONTINUED WHILE THE ELIGIBILITY STATUS OF THE PATIENT OR GUARANTOR REQUESTING ASSISTANCE IS DETERMINED WHENEVER IT IS DETERMINED THAT THE PATIENT QUALIFIES FOR CHARITY CARE, THE FINANCIAL COUNSELOR WILL ADJUST THE BALANCE BY THE APPROPRIATE AMOUNT, AND ANY RESULTING BALANCE WILL BECOME THE PATIENT'S RESPONSIBILITY

Identifier	ReturnReference	Explanation
NEEDS ASSESSMENT	PART VI, LINE 2	SAINT MARY'S HOSPITAL'S (SMH) INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE LONG-STANDING NEEDS OF INDIVIDUALS LIVING IN OUR SERVICE AREA TO IDENTIFY NEED, SMH HAS RELIED UPON EXISTING LOCAL AND REGIONAL COMMUNITY NEEDS ASSESSMENTS INCLUDING UNITED WAY 2007 NEEDS ASSESSMENT FOR THE GREATER WATERBURY AREA, 2007 COMMUNITY HEALTH DATA SCAN FOR CONNECTICUT, AND CENTER FOR DISEASE CONTROL AND PREVENTION'S (CDC) 2007 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS) DATA FOR NEW HAVEN COUNTY In addition, the hospital uses Connecticut Hospital Association (CHA) online tools which include the CHIME Decision Support Tool and CHIME Maps to understand service area needs The hospital uses the Census Bureau databases as well as demographic reports available through Claritas databases The hospital is in the process of completing the Community Health Needs Assessment with several partners that include the Waterbury Department of Public Health, StayWell Health Center (a Federally Qualified Health Center), United Way of Greater Waterbury, Connecticut Community Foundation, and Waterbury Hospital

Identifier	ReturnReference	Explanation
PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE	PART VI, LINE 3	THERE ARE BROCHURES AND SIGNAGE IN FOUR LANGUAGES INDICATING THAT FINANCIAL ASSISTANCE IS AVAILABLE TO QUALIFIED PATIENTS AND THEIR FAMILIES SIGNAGE IS LOCATED IN REGISTRATION, EMERGENCY DEPARTMENT, ALL SOCIAL SERVICES DEPARTMENTS, CASHIER'S OFFICE, PATIENT FINANCIAL SERVICES AND THE LOBBY THE SIGNAGE EXPLAINS THE POLICY AND HOW TO APPLY IN ADDITION, FINANCIAL COUNSELORS ARE AVAILABLE TO MEET WITH INDIVIDUAL PATIENTS TO ASSIST DURING THE PROCESS

Identifier	ReturnReference	Explanation
COMMUNITY INFORMATION	PART VI, LINE 4	SAINT MARY'S TOTAL SERVICE AREA IS COMPRISED OF 35 ZIP CODES, WHICH INCLUDE THE CITY OF WATERBURY AND 17 SURROUNDING TOWNS THE PRIMARY SERVICE AREA (WHICH INCLUDES WATERBURY, NAUGATUCK, PROSPECT AND WOLCOTT, CT) HAS A POPULATION OF APPROXIMATELY 165,400 THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600 THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED THE MEDIAN HOUSEHOLD INCOME IS \$41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$66,000 THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IS 12.7% APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA) HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH

Identifier	ReturnReference	Explanation
PROMOTION OF COMMUNITY HEALTH	PART II AND PART VI, LINE 5	SMH'S COMMUNITY BUILDING ACTIVITIES INCLUDE THE FOLLOWING DISASTER PREPAREDNESS, CONTRIBUTIONS TO THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM, HEALTH CARE ADVOCACY, A VARIETY OF WORKFORCE DEVELOPMENT INITIATIVES INCLUDING LECTURES TO ADDRESS HEALTHCARE WORKFORCE SHORTAGES, RECRUITING MINORITIES AND DIVERSE LANGUAGES, AND SPEAKING TO YOUTH ABOUT CAREERS IN HEALTHCARE, PARTICIPATION IN THE CONNECTICUT HOSPITAL ASSOCIATION'S DIVERSITY COLLABORATIVE, UNITED WAY DAY OF CARING, AND PUBLIC LANDSCAPE ENHANCEMENT AMONG OTHERS THESE ACTIVITIES PROMOTE HEALTH IN MANY WAYS THE EFFORTS OF OUR DISASTER PREPAREDNESS COMMITTEE ABOVE AND BEYOND WHAT IS REQUIRED OF THEM HELPS TO PREPARE OUR STAFF AND COORDINATE PLANS WITH OTHER LOCAL AGENCIES (FIRE, POLICE, ETC) IN THE EVENT THAT A LOCAL DISASTER WOULD OCCUR THE WATERBURY ELIMINATES LEAD HAZARDS PROGRAM COLLABORATES WITH OTHER LOCAL AGENCIES TO IDENTIFY LEAD HAZARDS IN THE COMMUNITY AND EDUCATE AND TREAT INDIVIDUALS IN AN EFFORT TO PREVENT LEAD HAZARDS THROUGHOUT THE COMMUNITY A VARIETY OF SMH STAFF ADVOCATE FOR HEALTHCARE REFORM BOTH LOCALLY AND AT THE STATE LEVEL IN AN EFFORT TO IMPROVE ACCESS TO HEALTHCARE AND PUBLIC HEALTH THE VARIOUS WORKFORCE DEVELOPMENT INITIATIVES ASSURE ACCESS TO HEALTHCARE SERVICES IN OUR COMMUNITY WHILE MAINTAINING HUMAN RESOURCES BOTH THE UNITED WAY DAY OF CARING AND PUBLIC LANDSCAPE ENHANCEMENT CLEAN UP OUR COMMUNITIES TO PROVIDE A SAFE AND HEALTHY ENVIRONMENT FOR EVERYONE TO WORK, PLAY AND LIVE

Identifier	ReturnReference	Explanation
OTHER INFORMATION	PART VI	IN ADDITION TO THE COMMUNITY BUILDING ACTIVITIES IDENTIFIED IN RESPONSE TO QUESTION 5 AND THE QUANTIFIED FREE OR DISCOUNTED HEALTH SERVICES IDENTIFIED IN THE REPORTED CHARITY CARE FIGURES, SMH PROVIDES THE FOLLOWING COMMUNITY BENEFITS COMMUNITY HEALTH IMPROVEMENT SERVICES SMH PROVIDES MANY FREE OR DISCOUNTED SERVICES AIMED TOWARD IMPROVING THE HEALTH OF THE COMMUNITY EXAMPLES INCLUDE SCREENINGS, LECTURES, HEALTH FAIRS, SUPPORT GROUPS, CONSULTATIONS, REFERRALS TO OUTSIDE AGENCIES AND OTHERS HEALTH PROFESSIONS EDUCATION SMH IS A TEACHING HOSPITAL AND IS COMMITTED TO PREPARING FUTURE HEALTHCARE PROFESSIONALS THIS CATEGORY REPRESENTS THE MAJORITY OF SMH'S COMMUNITY BENEFIT ACTIVITIES AND INCLUDES EFFORTS TO GENERATE INTEREST IN HEALTH PROFESSIONS AS WELL AS PROVIDING A CLINICAL SITE FOR MEDICAL STUDENTS, HIGH SCHOOL STUDENTS AND COLLEGES FOR STUDENTS WHO ARE PURSUING DEGREES AS NURSES, PAS, OCCUPATIONAL, SPEECH AND PHYSICAL THERAPISTS, DENTAL HYGIENISTS, RADIOLOGY TECHNOLOGISTS AND MORE SUBSIDIZED SERVICES SMH PROVIDES HEALTH SERVICES TO PATIENTS WITH NO INSURANCE OR STATE INSURANCE INCLUDING EMERGENCY SERVICES AND BEHAVIORAL HEALTH CLINICS FINANCIAL AND IN-KIND CONTRIBUTIONS SMH FINANCIALLY SUPPORTS OTHER COMMUNITY ORGANIZATIONS THROUGH SPONSORSHIPS AND IN-KIND DONATIONS VIA TIME SPENT BY STAFF IN THE COMMUNITY ON LOCAL BOARDS AND VOLUNTEERING TIME FOR LOCAL ORGANIZATIONS COMMUNITY BENEFIT OPERATIONS THE COSTS ASSOCIATED WITH PLANNING AND OPERATING COMMUNITY BENEFIT PROGRAMS ARE IN ITSELF A BENEFIT TO THE COMMUNITY

Identifier	ReturnReference	Explanation
AFFILIATED HEALTH CARE SYSTEM ROLES	PART VI, LINE 6	SMH AFFILIATED ORGANIZATIONS SHARE THE GOAL OF PROMOTING HEALTHY LIVING AND DISEASE DETECTION AND PREVENTION THROUGHOUT THE WATERBURY COMMUNITY THE HEART CENTER OF GREATER WATERBURY IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL THE HEART CENTER PROMOTES HEALTHY LIVING AND CARDIOVASCULAR DISEASE DETECTION THROUGH SUPPORT GROUPS, SCREENINGS, COMMUNITY HEALTH BOARD INVOLVEMENT, AND COMMUNITY EDUCATION THE HAROLD LEEVER CANCER CENTER IS A PARTNERSHIP ORGANIZATION WITH SOLE MEMBERS SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL THE HAROLD LEEVER CANCER CENTER PROMOTES CANCER AWARENESS AND SUPPORT FOR PATIENTS THROUGH SUPPORT GROUPS, SCREENINGS AND COMMUNITY EDUCATION SAINT MARY'S HOSPITAL FOUNDATION IS A 501(C)(3) WHOLLY OWNED SUBSIDIARY COMPANY OF SAINT MARY'S HEALTH SYSTEM THE FOUNDATION SUPPORTS THE HOSPITAL'S MISSION BY RAISING MONEY TO BENEFIT A VARIETY OF COMMUNITY NEEDS FRANKLIN MEDICAL GROUP IS A CAPTIVE PROFESSIONAL CORPORATION OF MULTI-SPECIALTY PHYSICIANS AFFILIATED WITH SAINT MARY'S HOSPITAL THE MEDICAL GROUP OPERATES SAINT MARY'S EMERGENCY DEPARTMENT, CHILDREN'S AND FAMILY HEALTH CENTER, AND A VARIETY OF CLINICS OFTEN BENEFITING THE UNINSURED POPULATION IN ADDITION TO PATIENT CARE, PATIENTS BENEFIT FROM A VARIETY OF FREE OR DISCOUNTED SERVICES

Identifier	ReturnReference	Explanation
ALL STATES WHICH ORGANIZATION FILES A COMMUNITY BENEFIT REPORT	PART VI, LINE 7	CT

Identifier	ReturnReference	Explanation
BILLING AND COLLECTIONS	PART V, LINE 15E	THE ORGANIZATION TAKES THE FOLLOWING EFFORT TO ENSURE ELIGIBILITY PRIOR TO INITIATING ANY LAWSUITS OR LEINS ON A BI-WEEKLY BASIS PATIENT FINANCIAL SERVICES DEPARTMENT WILL RUN A REPORT OF ALL OUTSTANDING PATIENT ACCOUNT BALANCES, IN FINANCIAL CLASS P, WHICH WILL BE FORWARDED TO AN OUTSIDE VENDOR (CURRENTLY CENTURY FINANCIAL SERVICES) FOR VERIFICATION OF ASSET PATIENTS THAT ARE CLASSIFIED AS HAVING NO ASSETS WILL BE WRITTEN OFF TO CHARITY CARE THESE MUST BE AUTHORIZED AND APPROVED BY THE VICE PRESIDENT OF FINANCE/CFO OR HIS DESIGNEE

Identifier	ReturnReference	Explanation
INDIVIDUALS ELIGIBLE FOR FINANCIAL ASSISTANCE	PART V, LINE 19D	THE FOLLOWING CRITERIA ARE USED TO DETERMINE THE ELIGIBILITY OF PATIENTS FOR FINANCIAL ASSISTANCE ALL SELF-PAY ACCOUNTS (SFPY) (EXCEPT FOR CARDIAC REHAB PHASE 3) WILL BE ELIGIBLE FOR A 25% DISCOUNT OFF OF THE PUBLISHED CHARGES, REGARDLESS OF THEIR INCOME OR ASSETS ACCOUNTS MUST BE IN A SELF-PAY FINANCIAL CLASS FOR THE DISCOUNT TO BE TAKEN FOR UNINSURED PATIENTS WHOSE INCOME ARE AT OR BELOW 350% OF THE FEDERAL POVERTY INCOME LEVELS, SMH WILL REDUCE THEIR BILL BY SLIDING SCALE DISCOUNT OR TO "COST OF PROVIDING SERVICES", AS ESTABLISHED BY THE OFFICE OF HEALTH CARE ACCESS (OHCA), WHICHEVER IS GREATER UNINSURED PATIENTS, WHOSE INCOME RANGE BETWEEN 351% AND 400% OF THE FEDERAL POVERTY INCOME LEVELS, WILL BE ELIGIBLE FOR AN ADDITIONAL CHARITY CARE REDUCTION OF 20% OFF OF THEIR REMAINING ACCOUNT(S) BALANCE(S) PATIENTS WHO DO NOT QUALIFY FOR REDUCTION TO COST OR CHARITY CARE MAY QUALIFY FOR AN ADDITIONAL 5% - 10% DISCOUNT BY CONTACTING OUR SELF-PAY COLLECTORS REQUESTS FOR THIS DISCOUNT MUST BE MADE BEFORE THE ACCOUNT IS SENT TO A COLLECTION AGENCY AND PAYMENT MUST BE RECEIVED WITHIN 10 DAYS OF THE AGREEMENT

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
ST MARY'S HOSPITAL INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
06-0646844

Part I General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SACRED HEART HIGH SCHOOL142 S ELM STREET WATERBURY,CT 06706	06-0646798	501(C)(3)	7,500				TUITION SUBSIDY

2

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

▶

3

Enter total number of other organizations listed in the line 1 table

▶

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

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

Identifier	Return Reference	Explanation
GENERAL INFORMATION ON GRANTS AND ASSISTANCE	SCHEDULE I, PART I, LINES 1 & 2	THE HOSPITAL DOES NOT MAKE GRANTS TO OTHER ORGANIZATIONS THE HOSPITAL WILL MAKE VARIOUS DONATIONS AND SPONSORSHIPS FOR LOCAL ORGANIZATIONS TO PROMOTE HEALTH AND WELFARE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization ST 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 any of the boxes in line 1a are 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 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 with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	Yes
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		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	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	Yes
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

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

Part IIISupplemental Information

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

Identifier	Return Reference	Explanation
PARTICIPATION IN OR PAYMENT FROM NONQUALIFIED RETIREMENT PLANS	SCHEDULE J - PART I - LINE 4B	CHAD WABLE AND SANDRA ROOSA PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN. CHAD WABLE PARTICIPATES IN A 457(F) DEFERRED COMPENSATION PLAN. NO PAYMENT WAS RECEIVED DURING FISCAL YEAR ENDING 2012. SANDRA ROOSA'S EMPLOYMENT CONTRACT INCLUDES A PROVISION FOR SUPPLEMENTAL RETIREMENT PAYMENTS. THERE WERE PAYMENTS MADE UNDER THIS PROVISION IN THE CURRENT FISCAL YEAR, HOWEVER THE PAYMENTS DO NOT SHOW UP ON CALENDAR YEAR 2011 W-2 WHICH IS USED TO REPORT COMPENSATION IN THE SCHEDULE.
COMPENSATION CONTINGENT ON NET EARNINGS	SCHEDULE J - PART I - QUESTION 6A	EACH SENIOR LEADER IS PROVIDED A BONUS BASED ON NET EARNINGS AND OTHER CORPORATE GOALS. THE BONUS IS CONTINGENT ON CORPORATE GOALS AND OBJECTIVES EACH YEAR. DURING FY2012, THERE WERE 5 OBJECTIVES: PEOPLE, SERVICE, QUALITY, FINANCE, AND GROWTH. THE BONUS IS COMPUTED ON A PERCENTAGE ALLOCATION FOR THE WEIGHT OF EACH OBJECTIVE WHICH IS DIFFERENT FOR EACH SENIOR LEADER BASED ON THEIR JOB FUNCTION.
SEVERANCE AGREEMENT	SCHEDULE J, LINE 4A	SAINT MARY'S HOSPITAL ENTERED INTO A SEVERANCE AGREEMENT WITH ROBERT HALKO.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL INC

Employer identification number

06-0646844

Part I

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

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

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

2

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

\$

3

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

\$

Part II

Loans to and/or From Interested Persons.

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

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

Part III

Grants or Assistance Benefitting Interested Persons.

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

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

Part IVBusiness Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) NAUGATUCK VALLEY WOMEN'S HEALTH PC	DIRECTOR - M ALBINI	281,469	SEE PART V FOR DESCRIPTION		No
(2) WEBSTER FINANCIAL SERVICES	DIRECTOR - J SMITH	412,855	SEE PART V FOR DESCRIPTION		No

Part VSupplemental Information

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

Identifier	Return Reference	Explanation
BUSINESS TRANSACTION WITH INTERESTED PERSON	PART IV	DR MARK ALBINI IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL,INC DURING THE YEAR ENDING SEPTEMBER 30, 2012, THE HOSPITAL PAID DR ALBINI'S PRACTICE, NAUGATUCK VALLEY WOMEN'S HEALTH, PC, \$281,469 IN FEES FOR SERVICE MR JAMES C SMITH IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HEALTH SYSTEM, WHICH IS THE PARENT HOLDING COMPANY OF SAINT MARY'S HOSPITAL, INC MR SMITH IS ALSO THE CHAIRMAN AND CEO OF WEBSTER FINANCIAL CORP , PARENT COMPANY OF WEBSTER BANK THE HOSPITAL HAS A LINE OF CREDIT THROUGH WEBSTER BANK, THE BALANCE OF THE LINE OF CREDIT AT THE END OF THE REPORTING PERIOD WAS \$0 DURING THE YEAR ENDED SEPTEMBER 30, 2012, THE HOSPITAL PAID \$108,461 IN BANKING FEES AND INCURRED \$3,025 IN FEES ON THE LINE OF CREDIT THE HOSPITAL ALSO PAYS WEBSTER FINANCIAL SERVICES, A COMPANY RELATED TO THE WEBSTER BANK, TO ADMINISTER ITS PENSION PLAN AND OTHER INVESTMENT MANAGEMENT SERVICES DURING THE YEAR ENDED SEPTEMBER 30, 2012, SAINT MARY'S HOSPITAL, INC AND ITS AFFILIATES PAID \$122,434 FOR INVESTMENT MANAGEMENT SERVICES FOR ASSETS IN RESTRICTED FUNDS AND \$178,935 FOR AMINISTRATION OF THE HOSPITAL'S RETIREMENT PLAN ASSETS THE HOSPITAL CHOSE WEBSTER BANK IN OCTOBER 2000 AFTER A CAREFUL SEARCH WAS UNDERTAKEN TO FIND A BANK THAT COULD OFFER THE SERVICES NEEDED THE CFO MADE THE FINAL DECISION AND IT WAS APPROVED BY THE FULL BOARD OF DIRECTORS SAINT MARY'S HOSPITAL, INC BELIEVES THAT THE AMOUNTS CHARGED FOR SERVICES PROVIDED BY WEBSTER ARE AT LEAST AS BENEFICIAL TO THE HOSPITAL AS TO OTHER COMMERCIAL CUSTOMERS OF THE WEBSTER BANK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
ST MARY'S HOSPITAL INC

Employer identification number

06-0646844

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	990 PART III - LINE 4A	<p>INPATIENT SERVICES SAINT MARY'S REMAINS COMMITTED TO PROVIDING THE HIGHEST QUALITY CARE FOR OUR PATIENTS THE HOSPITAL PROVIDED INPATIENT TREATMENT FOR 12,039 INPATIENTS IN 2012, WITH AN AVERAGE LENGTH OF STAY OF 4 26 DAYS SAINT MARY'S THREE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE IN 2012, 1,282 PATIENTS CHOSE TO HAVE SURGERY AT SAINT MARY'S, STAYING AT THE HOSPITAL FOR A TOTAL OF 7,486 DAYS AND GENERATED \$22 MILLION IN REVENUE, 1,446 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 5,677 DAYS AND GENERATING \$19 MILLION IN REVENUE, AND 1,849 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYING IN THE HOSPITAL FOR A TOTAL OF 8,383 DAYS, AND GENERATING \$17 MILLION IN REVENUE AS THE HOSPITAL CONTINUES TO DISTINGUISH ITSELF AS A LEADING PROVIDER OF HEALTHCARE SERVICES IN THE REGION, IT HAS GARNERED RECOGNITION FROM STATE AND NATIONAL ORGANIZATIONS FOR PROVIDING OUTSTANDING PATIENT CARE SAINT MARY'S HOSPITAL IS RANKED AS THE TOP-PERFORMING HOSPITAL IN CONNECTICUT FOR DELIVERING PERCUTANEOUS CORONARY INTERVENTION (PCI), A LIFE-SAVING PROCEDURE THAT OPENS THE BLOCKED ARTERIES OF HEART ATTACK PATIENTS THE NATIONAL STANDARD STATES THAT PATIENTS SHOULD RECEIVE THIS PROCEDURE WITHIN 90 MINUTES OF ARRIVAL AT THE HOSPITAL ACCORDING TO THE FEDERAL CENTERS FOR MEDICARE AND MEDICAID (CMS), 100 PERCENT OF PATIENTS WHO REQUIRE ANGIOPLASTY RECEIVE IT AT SAINT MARY'S WITHIN 90 MINUTES OF ARRIVAL THIS RANKS SAINT MARY'S AS THE NUMBER ONE PERFORMING HOSPITAL IN CONNECTICUT, AND SIGNIFICANTLY AHEAD OF THE NATIONAL AVERAGE, WHICH IS 79 PERCENT OF PATIENTS BEING TREATED WITHIN 90 MINUTES IN ADDITION, SAINT MARY'S IS THE FIRST HOSPITAL IN CONNECTICUT TO RECEIVE A GOLD AWARD UNDER THE AMERICAN HEART ASSOCIATION'S GET WITH THE GUIDELINES PROGRAM FOR ITS TREATMENT OF PATIENTS WITH CORONARY ARTERY DISEASE IT IS ALSO THE FIRST HOSPITAL IN THE STATE TO RECEIVE A GOLD AWARD FOR ITS TREATMENT OF PATIENTS WITH HEART FAILURE AS OF FISCAL YEAR 2012, SAINT MARY'S HAS RECEIVED FOUR GOLD AWARDS FOR CARDIAC CARE FOR THIS PROGRAM THESE ACCOMPLISHMENTS ARE INDICATIVE OF THE EXTRAORDINARY CROSS-DISCIPLINE COLLABORATION AND OVERALL COMMITMENT TO CLINICAL EXCELLENCE SHARED BY THE SAINT MARY'S TEAM IN ADDITION, SAINT MARY'S IS A LEADER IN SURGICAL SERVICES OUR PHYSICIANS PROVIDE BOTH IN-PATIENT AND OUT-PATIENT SURGERY IN THE AREAS OF GI, ONCOLOGY, THORACIC, VASCULAR, LAPAROSCOPY, TRAUMA, GYNECOLOGY, UROLOGY, NEUROSURGERY, ORTHOPEDICS, CARDIOTHORACIC, PLASTIC, BARIATRIC AND ENDOCRINE SURGERY AT SAINT MARY'S HOSPITAL SAINT MARY'S HEALTH SYSTEM IS PLEASED TO INTRODUCE A NEW ERA OF SURGERY TO THE GREATER WATERBURY COMMUNITY OUR EXPERIENCED SURGEONS ARE NOW PERFORMING ADVANCED ROBOTIC-ASSISTED PROCEDURES UTILIZING THE DAVINCI ROBOTIC SURGICAL SYSTEM THIS INNOVATIVE TECHNOLOGY IS QUICKLY BECOMING THE STANDARD OF CARE FOR MANY COMPLEX SURGICAL PROCEDURES WITH APPLICATIONS FOR GYNECOLOGIC, UROLOGIC, THORACIC, CARDIAC AND GENERAL SURGERY AS THE LEADING PROVIDER OF SURGICAL SERVICES IN THE REGION, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY AND SUPERIOR SERVICE FOR OUR PATIENTS DURING FISCAL YEAR 2012, SAINT MARY'S PERFORMED 433 SURGERIES USING THE DAVINCI ROBOTIC SURGICAL SYSTEM IN ADDITION, THE HOSPITAL OFFERS A COMPREHENSIVE SIX- YEAR TRAINING PROGRAM IN GENERAL SURGERY SAINT MARY'S HOSPITAL IS COMMUNITY BASED AND BOASTS A CLOSE AFFILIATION TO YALE UNIVERSITY IN NEARBY NEW HAVEN, CONNECTICUT, AND THE UNIVERSITY OF CONNECTICUT IN FARMINGTON, CONNECTICUT HISTORICALLY, NEARLY ONE HALF OF THE RESIDENTS COMPLETING THIS PROGRAM HAVE PURSUED FURTHER TRAINING IN CARDIOTHORACIC, COLON AND RECTAL, PLASTIC AND RECONSTRUCTIVE, SURGICAL ONCOLOGY, OR VASCULAR SURGERY</p>

Identifier	Return Reference	Explanation
OUTPATIENT SERVICES	990 PART III - LINE 4B	<p>SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT. IN 2012, 227,275 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HEALTH SYSTEM'S TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT 62,812 PATIENTS IN 2012, GENERATING \$21 MILLION IN REVENUE, AND AMBULATORY SURGERY. IN 2012, 8,741 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING \$27.5 MILLION IN REVENUE. OUTPATIENT SERVICES INCLUDE BUT ARE NOT LIMITED TO: MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY REHABILITATION CLASSES, NUTRITIONAL COUNSELING AND EXPECTANT PARENT CLASSES. SAINT MARY'S SATELLITE FACILITIES INCLUDE HEALTH AND WELLNESS CENTERS PROVIDING WALK-IN HEALTH CARE, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK AND WOLCOTT, OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT AND NAUGATUCK, OUTPATIENT SLEEP DISORDERS CENTERS IN WATERBURY AND WOLCOTT, THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY. SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES. SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT. IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE. THE SAINT MARY'S EMERGENCY DEPARTMENT IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHYSICIANS ARE BOARD CERTIFIED IN EMERGENCY MEDICINE. THE EMERGENCY DEPARTMENT PLAYS A CRITICAL ROLE IN HELPING SAINT MARY'S ACHIEVE ITS EXTRAORDINARY PERFORMANCE WITH DOOR-TO-BALLOON TIME, A MEASURE OF THE TIME IT TAKES A HEART ATTACK VICTIM TO HAVE HIS OR HER BLOCKED ARTERIES OPENED. SAINT MARY'S MEDIAN DOOR-TO-BALLOON TIME IS 60 MINUTES. SAINT MARY'S DOOR-TO-BALLOON TIME IS 30 MINUTES FASTER THAN NATIONAL GUIDELINES SET BY THE AMERICAN COLLEGE OF CARDIOLOGY FOR OPENING BLOCKED ARTERIES. THE DEPARTMENT ALSO PROVIDES AMBULATORY CARE SERVICES, WHICH ARE DESIGNED TO ACCOMMODATE NON-EMERGENT, LOWER ACUITY NEEDS. THIS UNIT CONTAINS A PEDIATRIC CENTER, WHICH IS STAFFED BY PEDIATRICIANS EACH AFTERNOON. FINALLY, THE EMERGENCY DEPARTMENT CONTAINS A DEDICATED BEHAVIORAL HEALTH AREA, SUPPORTED BY A PSYCHIATRIST. THIS UNIT PROVIDES A MUCH NEEDED RESOURCE FOR SERVING OUR PATIENT POPULATION, AND HAS SEEN CONTINUED GROWTH AND INCREASE IN DEMAND. SAINT MARY'S CANCER PROGRAM WAS AWARDED A THREE-YEAR ACCREDITATION FROM THE AMERICAN COLLEGE OF SURGEONS' COMMISSION ON CANCER WITH COMMENDATIONS IN SIX CATEGORIES. ONLY 49 PERCENT OF ALL U.S. HOSPITALS SURVEYED BY THE COMMISSION ACHIEVE THIS LEVEL OF RECOGNITION. ACS ACCREDITATION ENSURES THAT PATIENTS WHO CHOOSE SAINT MARY'S FOR CANCER CARE HAVE ACCESS TO A COMPLETE RANGE OF STATE-OF-THE-ART SERVICES AND EQUIPMENT, A TEAM THAT COORDINATES THE BEST AVAILABLE TREATMENT OPTIONS, AND ACCESS TO CLINICAL TRIALS AND NEW TREATMENT OPTIONS, AS WELL AS EARLY DETECTION PROGRAMS, EDUCATION AND SUPPORT SERVICES. SAINT MARY'S WOUND HEALING CENTER IS STAFFED BY A SPECIALIZED TEAM OF PHYSICIANS, SURGEONS, NURSES AND TECHNICIANS, WHO COLLABORATE TO PRODUCE THE BEST POSSIBLE OUTCOMES. ON AVERAGE, 90 PERCENT OF PATIENTS WHO COME TO THE CENTER WITH CHRONIC WOUNDS THAT HAVE RESISTED TRADITIONAL TREATMENT ACHIEVE SUCCESSFUL RESULTS WITHIN 16 WEEKS. SPECIALIZED WOUND CARE ALSO HELPS PATIENTS WITH DIABETIC ULCERS, PRESSURE ULCERS, INFECTIONS AND COMPROMISED SKIN GRAFTS. IN ADDITION, THE CENTER OFFERS HYPERBARIC OXYGEN THERAPY, WHICH IS PARTICULARLY EFFECTIVE FOR PATIENTS WHO SUFFER FROM RADIATION DAMAGE OR FACE THE POSSIBILITY OF AMPUTATION.</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 168 BEDS WITH AN AVERAGE DAILY CENSUS OF 141. DURING 2012, SAINT MARY'S HAD 12,078 DISCHARGES. ITS EMERGENCY DEPARTMENT, WHICH IS AMONG THE BUSIEST IN CONNECTICUT, SAW APPROXIMATELY 70,000 VISITS, WHILE SAINT MARY'S CLINICS (INCLUDING PSYCHIATRY, PEDIATRICS, ADULT AND DENTISTRY) HAD MORE THAN 50,000 VISITS DURING THE SAME PERIOD. SAINT MARY'S AND ITS AFFILIATES SERVICED MORE THAN 200,000 OUTPATIENT VISITS IN 2012. SAINT MARY'S HOSPITAL EMPLOYS APPROXIMATELY 1,200 FULL-TIME EQUIVALENT EMPLOYEES. SAINT MARY'S HOSPITAL - OPERATES THE 9TH BUSIEST EMERGENCY DEPARTMENTS IN CONNECTICUT, WHICH IS AVAILABLE TO ALL PERSONS REGARDLESS OF ABILITY TO PAY AND PROVIDES SERVICES OFTEN TO THOSE WHO HAVE THE GREATEST NEED - PROVIDES PRIMARY AND SPECIALTY CARE THROUGH ITS CHILDREN'S AND FAMILY HEALTH CENTER - PARTICIPATES IN MEDICAID, MEDICARE, SAGA, HUSKY A & B, CHARTER OAK AND/OR OTHER GOVERNMENT-SPONSORED HEALTHCARE PROGRAMS - SERVES ONE OF CONNECTICUT'S MOST CHALLENGING URBAN POPULATIONS, IN A DESIGNATED MEDICALLY UNDERSERVED AREA (MUA) - SPONSORS MEDICAL, SURGICAL, AND DENTAL RESIDENCY PROGRAMS TO PROVIDE PROFESSIONAL EDUCATION FOR PHYSICIANS IN TRAINING AND ENCOURAGE THE RETENTION OF PROVIDERS WHO WILL CHOOSE TO REMAIN IN ITS PRIMARY SERVICE AREA. THE CHALLENGES FACED BY SAINT MARY'S HOSPITAL ARE SIGNIFICANT, YET IT REMAINS FULLY DEDICATED TO FULFILLING ITS CORE MISSION. AS HAS BEEN THE CASE THROUGHOUT THE HOSPITAL'S HISTORY, ITS MISSION IS BROUGHT TO LIFE BY ITS TALENTED AND HARD WORKING EMPLOYEES, WHOSE INGENUITY AND PERSEVERANCE ENSURES THAT THE INDIVIDUAL AND COLLECTIVE NEEDS OF THE COMMUNITY ARE BEING MET. BUILDING UPON A LEGACY OF CARING, THE MISSION OF SAINT MARY'S HOSPITAL IS TO PROVIDE EXCELLENT HEALTHCARE SERVICES IN A SPIRITUALLY ENRICHED ENVIRONMENT TO IMPROVE THE HEALTH OF OUR COMMUNITY. IT IS THE HOSPITAL'S VISION TO BE THE LEADING REGIONAL HEALTHCARE PROVIDER. THE HOSPITAL'S STAFF, MEDICAL STAFF, BOARD, FOUNDATION, AUXILIARY AND VOLUNTEERS ARE ALSO UNITED BY THESE VALUES - INTEGRITY - COMMITMENT TO DOING WHAT IS RIGHT - CARING - COMPASSIONATE APPROACH TO ADDRESSING THE HEALTHCARE NEEDS OF ALL PEOPLE - ACCOUNTABILITY - PERSONAL RESPONSIBILITY FOR THE PERFORMANCE OF SAINT MARY'S HEALTH SYSTEM - RESPECT - RESPECT FOR THE DIGNITY, WORTH, AND RIGHTS OF OTHERS - EXCELLENCE - WORKING TOGETHER IN PURSUIT OF SUPERIOR CLINICAL QUALITY AND SERVICE TO OTHERS. TAKING QUALITY TO HEART, SAINT MARY'S IS COMMITTED TO PROVIDING THE HIGHEST QUALITY PATIENT CARE. RECOGNIZING THAT CLINICAL QUALITY CORRELATES SIGNIFICANTLY TO PATIENT SAFETY AND PATIENT SATISFACTION, ITS STAFF IS DEDICATED TO MEETING THE 2012 NATIONAL PATIENT SAFETY GOALS AS WELL AS THE QUALITY MEASURES ESTABLISHED BY THE JOINT COMMISSION. THE RESULTS OF THESE EFFORTS CAN BE CLEARLY MEASURED BY RECENT ACHIEVEMENTS. SAINT MARY'S HAS BEEN HONORED BY THE AMERICAN HEART ASSOCIATION FOR FOUR YEARS IN A ROW WITH GOLD PERFORMANCE ACHIEVEMENT AWARDS FOR OUTSTANDING CARDIAC CARE FROM THE AMERICAN HEART ASSOCIATION. SAINT MARY'S HAS BEEN RECOGNIZED BY THE NATIONAL BLUECROSS BLUESHIELD ASSOCIATION AS A BLUE DISTINCTION CENTER FOR CARDIAC CARE BASED ON SUPERIOR PATIENT OUTCOMES AND DEMONSTRATED EXPERTISE IN DELIVERING QUALITY HEALTHCARE. SAINT MARY'S IS ONE OF ONLY SIX HOSPITALS IN CONNECTICUT TO HAVE ACHIEVED THIS RECOGNITION FOR ITS CARDIAC PROGRAM. SAINT MARY'S HAS BEEN NAMED TO THE NATIONAL COMMUNITY VALUE 100 LIST BY CLEVERLEY + ASSOCIATES, A LEADING HEALTHCARE FINANCIAL CONSULTING FIRM BASED IN COLUMBUS, OHIO. SAINT MARY'S IS ONE OF JUST FIVE HOSPITALS IN CONNECTICUT TO RECEIVE THIS RECOGNITION, HIGHLIGHTING A COMMITMENT TO QUALITY CARE AND VALUE TO THE COMMUNITY. SAINT MARY'S HAS ALSO BEEN RECOGNIZED AS ONE OF THE TOP 100 HOSPITALS IN THE COUNTRY BASED ON A COMMUNITY VALUE INDEX (CVI) THAT RANKS HOSPITALS BASED ON FINANCIAL VI</p>

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT		<p>ABILITY, COST STRUCTURE, CHARGE STRUCTURE AND QUALITY PERFORMANCE. SAINT MARY'S ALSO DEMONSTRATES COMMITMENT TO QUALITY THROUGH ACCREDITATION BY THE AMERICAN COLLEGE OF RADIOLOGY (ACR), THE LARGEST AND OLDEST IMAGING ACCREDITING BODY IN THE U.S. SAINT MARY'S IS ACCREDITED BY THE ACR FOR THE FOLLOWING IMAGING SERVICES: MAMMOGRAPHY, STEREOTACTIC MAMMOGRAPHY, NUCLEAR MEDICINE, ULTRASOUND, AND, CAT SCAN (64-SLICE AND 16-SLICE). SAINT MARY'S IS ALSO AMONG SEVERAL HOSPITALS IN CONNECTICUT, AND A GROWING NUMBER IN THE NATION, TO ESTABLISH THE GOAL OF BECOMING A "MINIMAL LIFT" HOSPITAL TO PROMOTE THE SAFE MOVEMENT OF PATIENTS IN THE HEALTHCARE SETTING. A QUALITY COMMITTEE OF THE BOARD OF DIRECTORS CONTINUALLY EVALUATES CLINICAL PERFORMANCE AND A MULTIDISCIPLINARY CLINICAL QUALITY ROUNDS TEAM MEETS WEEKLY WITH THE GOAL OF IMPROVING THE QUALITY OF PATIENT CARE IN REAL TIME. THIS TEAM, WHICH IS COMPRISED OF PHYSICIANS, CLINICAL NURSE MANAGERS, AND REPRESENTATIVES FROM DISCHARGE PLANNING, NUTRITION, PHARMACY AND QUALITY MANAGEMENT, IS COMBINING PATIENT SAFETY WITH CORE MEASURES AND USING EVIDENCE FROM BOTH TO ENSURE THAT PATIENTS ARE RECEIVING THE HIGHEST QUALITY CARE BASED ON THOSE GUIDELINES. IDENTIFYING THE NEEDS OF THE COMMUNITY. SAINT MARY'S INDIVIDUAL COMMUNITY BENEFIT PROGRAMS HAVE BEEN DESIGNED TO MEET THE NEEDS OF INDIVIDUALS LIVING IN THE HOSPITAL'S SERVICE AREA, WHICH INCLUDES WATERBURY AND 17 SURROUNDING TOWNS. THE PRIMARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 165,400 RESIDENTS AND THE SECONDARY SERVICE AREA HAS A POPULATION OF APPROXIMATELY 144,600. THE MAJORITY OF SAINT MARY'S HOSPITAL PATIENTS LIVE IN THE CITY OF WATERBURY WHICH IS PARTICULARLY ECONOMICALLY DISTRESSED. THE MEDIAN HOUSEHOLD INCOME IS \$41,499, WHICH IS SIGNIFICANTLY LESS THAN THE OVERALL SERVICE AREA, WHICH IS APPROXIMATELY \$66,000. THE UNEMPLOYMENT RATE IN THE CITY OF WATERBURY IS 12.7% APPROXIMATELY 31.6% OF THE POPULATION IN WATERBURY SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. THIS IS HIGHER THAN THE STATE OF CONNECTICUT WHERE 20.8% OF THE POPULATION SPEAKS A LANGUAGE OTHER THAN ENGLISH IN THE HOME. IN ADDITION, 17.1% OF FAMILIES IN WATERBURY HAVE POVERTY STATUS COMPARED TO 6.7% IN CONNECTICUT. CENTRAL WATERBURY HAS BEEN DESIGNATED A MEDICALLY UNDERSERVED AREA (MUA) AND MEDICALLY UNDERSERVED POPULATION (MUP) BY THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA). HRSA HAS ALSO DESIGNATED CENTRAL WATERBURY AS A HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY MEDICAL CARE, DENTAL CARE AND MENTAL HEALTH. SAINT MARY'S HAS AN ANNUAL STRATEGIC PLANNING PROCESS THAT IDENTIFIES UNMET COMMUNITY NEEDS WHILE DEPLOYING STRATEGIES TO ADDRESS THESE UNMET COMMUNITY NEEDS AND IMPROVE OUR OVERALL COMMUNITY BENEFIT. SAINT MARY'S ALSO WORKS CLOSELY WITH MANY LOCAL CHARITABLE COMMUNITY SERVICE ORGANIZATIONS TO BOTH IDENTIFY AND ADDRESS COMMUNITY NEEDS. SAINT MARY'S IS IN THE PROCESS OF COMPLETING THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) WITH SEVERAL PARTNERS THAT INCLUDE THE WATERBURY DEPARTMENT OF PUBLIC HEALTH, STAYWELL HEALTH CENTER (A FEDERALLY QUALIFIED HEALTH CENTER), UNITED WAY OF GREATER WATERBURY, CONNECTICUT COMMUNITY FOUNDATION, AND WATERBURY HOSPITAL. THE CHNA PARTNERS WILL DEVELOP A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) BASED ON COMMUNITY HEALTH NEEDS IDENTIFIED THROUGH PRIMARY AND SECONDARY RESEARCH. COMMUNITY BENEFIT PROGRAMS AND SERVICES. SAINT MARY'S HOSPITAL OFFERS A VARIETY OF FREE PROGRAMS AND SERVICES THAT ARE SUBSIDIZED BY THE HOSPITAL. FROM MEDICAL AND SURGICAL SERVICES FOR THE UNINSURED AND UNDERINSURED TO HEALTH EDUCATION, SUPPORT GROUPS AND COMMUNITY OUTREACH PROGRAMS, SAINT MARY'S PLAYS AN INTEGRAL ROLE IN THE COMMUNITY WHILE RESPONDING TO THE UNIQUE HEALTHCARE NEEDS OF THE RESIDENTS OF GREATER WATERBURY.</p>

Identifier	Return Reference	Explanation
EXAMPLES OF SAINT MARY'S MANY COMMUNITY BENEFIT PROGRAMS AND SERVICES	INCLUDE THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION	<p>PROGRAM, WHICH PROVIDES FREE MAMMOGRAMS FOR WOMEN WHO ARE AGE 40 OR OLDER AND HAVE LITTLE OR NO HEALTH INSURANCE. SAINT MARY'S IS THE ONLY HOSPITAL IN WATERBURY OFFERING THIS PROGRAM, WHICH HAS ASSISTED MORE THAN 2,500 WOMEN SINCE 1995. THE PROGRAM IS OFFERED THROUGH SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER. OTHER EXAMPLES OF SAINT MARY'S COMMUNITY BENEFIT PROGRAMS AND SERVICES INCLUDE SUPPORT GROUPS THAT ARE HOSTED AND SUPPORTED BY THE HOSPITAL FOR PATIENTS SUFFERING FROM ASTHMA AND OUR "BEYOND GRIEF" GROUP PROVIDES BEREAVEMENT SUPPORT FOR ADULTS. ONE OF THE PROGRAMS THAT HAS HAD AN IMPACT IS CALLED "TEEN GRIEF," WHICH PROVIDES CONFIDENTIAL BEREAVEMENT SUPPORT TO STUDENTS OF LOCAL MIDDLE AND HIGH SCHOOLS. ESTABLISHED BY A PEDIATRIC SOCIAL WORKER FROM SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER IN THE WAKE OF THE TERRORIST ATTACKS OF SEPTEMBER 2001, THIS PROGRAM IS SUPPORTED IN PART BY A GRANT FROM THE J. WALTON BISSELL FOUNDATION. THIS IN-SCHOOL PROGRAM ALLOWS TEENS TO COPE WITH THEIR GRIEF IN A POSITIVE WAY AND PROVIDES THEM WITH A SAFE PLACE TO EXPRESS THEIR FEELINGS AND LEARN FROM THE EXPERIENCES OF THEIR PEERS. IN ADDITION TO THESE PROGRAMS, SAINT MARY'S ALSO HAS SUCCESSFUL PARTNERSHIPS WITH OTHER COMMUNITY ORGANIZATIONS SUCH AS THE GREATER WATERBURY UNITED WAY, WELLPATH BEHAVIORAL HEALTH FOR CHILDREN AND FAMILIES, AND THE MORRIS FOUNDATION, WHICH OFFERS TREATMENT, PREVENTION, EDUCATION, AND RECOVERY SUPPORT FOR INDIVIDUALS WITH SUBSTANCE ABUSE AND BEHAVIORAL HEALTH ISSUES. THE HOSPITAL HAS ALSO FORGED COLLABORATIONS TO BRING WORLD-CLASS HEALTHCARE SERVICES TO THE COMMUNITY THROUGH - THE HAROLD LEEVER REGIONAL CANCER CENTER, A FREESTANDING 40,000-SQUARE-FOOT FACILITY DEDICATED TO OUTPATIENT CANCER CARE, WHICH IS A JOINT VENTURE PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL AND WATERBURY HOSPITAL, - THE HEART CENTER OF GREATER WATERBURY, WHICH PROVIDES ADVANCED CARDIAC SERVICES, INCLUDING ANGIOPLASTY AND OPEN HEART SURGERY, THROUGH A PARTNERSHIP BETWEEN SAINT MARY'S HOSPITAL, WATERBURY HOSPITAL AND THE UNIVERSITY OF CONNECTICUT HEALTH CENTER/JOHN DEMPSEY HOSPITAL. EXTENDING ITS REACH, SAINT MARY'S CHILDREN'S AND FAMILY HEALTH CENTER HAS BEEN RECOGNIZED BY THE CONNECTICUT LEGISLATURE, STATE CHILD ADVOCACY GROUPS AND THE NATIONAL INITIATIVE FOR CHILD HEALTHCARE QUALITY AS A LEADER AND MODEL PRACTICE IN THE CARE OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS BASED ON ITS "MEDICAL HOME" MODEL OF CARE. FORMALLY KNOWN AS THE NORTHWEST REGIONAL MEDICAL HOME SUPPORT CENTER, THIS HOSPITAL-BASED PROGRAM PROVIDES ASSISTANCE TO CAREGIVERS OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS AND HAS EXPANDED TO FIVE LOCATIONS: SAINT MARY'S CHILDREN'S HEALTH CENTER, LITCHFIELD COUNTY PEDIATRICS IN TORRINGTON, PEDIATRIC ASSOCIATES OF WESTERN, CT, PEDIATRIC ASSOCIATES OF CT AND THE MEDICAL/PEDIATRICS RESIDENCY TRAINING PROGRAM OPERATED JOINTLY BY SAINT MARY'S HOSPITAL AND YALE-NEW HAVEN HOSPITAL. THE PROGRAM PROVIDES: CARE COORDINATION, FAMILY SUPPORT, ADVOCACY, TITLE V FUNDS, BENEFITS COORDINATION. WORKING WITH CAREGIVERS, THE "MEDICAL HOME" PROGRAM HELPS CREATE CUSTOMIZED CARE PLANS AND BRINGS TOGETHER RESOURCES THAT FAMILIES WITH CHILDREN OF SPECIAL NEEDS DEPEND UPON. THE PROGRAM PARTNERS WITH PEDIATRIC CARE PROVIDERS TO MEET THE DIVERSE NEEDS OF CAREGIVERS AND FAMILIES OF CHILDREN WITH SPECIAL HEALTHCARE NEEDS. WORKING THROUGH REHABILITATION AND SCHOOL SERVICES, COMMUNITY AGENCIES AND DEPARTMENT OF SOCIAL SERVICES, THE PROGRAM ESTABLISHES TRANSITION PLANS FOR CHILDREN LEAVING THE PROGRAM AT AGE 21. THE UNITED STATES MATERNAL AND CHILD HEALTH BUREAU DEFINES CHILDREN WITH SPECIAL HEALTHCARE NEEDS (CSHCN) AS THOSE WHO HAVE OR ARE AT INCREASED RISK FOR CHRONIC PHYSICAL, DEVELOPMENTAL, BEHAVIORAL OR EMOTION CONDITIONS (EXPECTED TO LAST AT LEAST A YEAR), AND THOSE WHO REQUIRE HEALTH AND RELATED SERVICES OF A TYPE OR AMOUNT BEYOND THAT REQUIRED BY CHILDREN GENERALLY. EIGHTEEN PERCENT OF CHILDREN IN THE UNITED STATES ARE INCLUDED IN THAT DEFINITION. ALL FAMILIES OF ELIGIBLE CHILDREN, REGARDLESS OF INCOME, RECEIVE CARE COORDINATION SERVICES IN PARTNERSHIP WITH THEIR CHILD'S MEDICAL HOME 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</p>

Identifier	Return Reference	Explanation
EXAMPLES OF SAINT MARY'S MANY COMMUNITY BENEFIT PROGRAMS AND SERVICES	INCLUDE THE CONNECTICUT BREAST AND CERVICAL CANCER EARLY DETECTION	<p>SHE MAY QUALIFY FOR THE HOSPITAL BED FUND. IN ORDER TO QUALIFY, A PATIENT MUST MEET CERTAIN CRITERIA, INCLUDING HAVING A HOUSEHOLD INCOME AT OR BELOW 400% OF THE FEDERAL POVERTY LIMITS. IF A PATIENT QUALIFIES FOR THE "BED FUND," OR ANY OTHER FINANCIAL ASSISTANCE PROGRAMS, THE PATIENT WILL BE NOTIFIED WITHIN THIRTY (30) DAYS OF RECEIPT OF APPLICATION. IF A PATIENT'S APPLICATION IS DENIED, AN EXPLANATION WILL BE PROVIDED. THE PATIENT MAY REAPPLY AT ANY TIME AND THE APPLICATION WILL BE REASSESSED BASED ON THE AVAILABILITY OF ADDITIONAL FUNDS OR A CHANGE IN THE PATIENT'S FINANCIAL STATUS. AS PART OF FULFILLING ITS MISSION, THE HOSPITAL PROVIDES CARE TO PATIENTS IN NEED, REGARDLESS OF THEIR ABILITY TO PAY. THE HOSPITAL HAS A FORMALIZED CHARITY CARE POLICY, WHICH IDENTIFIES PATIENTS WHO ARE ELIGIBLE FOR "CHARITY CARE." SAINT MARY'S HOSPITAL DEFINES CHARITY CARE AS THOSE HEALTHCARE SERVICES PROVIDED BY SAINT MARY'S HOSPITAL TO UNINSURED OR SELF-PAY PATIENTS AT REDUCED OR DISCOUNTED RATES. THE TERM CHARITY CARE MAY ALSO BE REFERRED TO AS FREE OR DISCOUNTED CARE. AN UNINSURED PATIENT IS ONE WHOSE INCOME IS AT OR BELOW 400% OF THE FEDERAL POVERTY INCOME LEVELS, WHO HAS APPLIED AND BEEN DENIED ELIGIBILITY FOR ANY MEDICAL OR HEALTH CARE COVERAGE PROVIDED UNDER ANY MEDICAID PROGRAM, WHO IS NOT ELIGIBLE FOR COVERAGE UNDER MEDICARE, TRICARE, OR ANY OTHER FEDERAL PROGRAMS, OR PRIVATELY SPONSORED HEALTH OR ACCIDENT INSURANCE, INCLUDING, BUT NOT LIMITED TO, WORKERS' COMPENSATION, SETTLEMENTS OR JUDGMENTS ARISING FROM SUITS, CLAIMS OR PROCEEDINGS INVOLVING MOTOR VEHICLE ACCIDENTS OR ALLEGED NEGLIGENCE, WHO IS LIABLE FOR ONE OR MORE HOSPITAL CHARGES. CHARITY CARE IS ALSO PROVIDED THROUGH MANY REDUCED PRICE SERVICES AND FREE PROGRAMS OFFERED THROUGHOUT THE YEAR BASED UPON ACTIVITIES AND SERVICES WHICH SAINT MARY'S BELIEVES WILL SERVE A BONA FIDE COMMUNITY HEALTH NEED. DURING 2012, THE HOSPITAL RECORDED \$10,501,000 OF BAD DEBT EXPENSE. THIS EXPENSE IS PRIMARILY RELATED TO UNINSURED PATIENTS WHO DID NOT QUALIFY FOR GOVERNMENT ASSISTANCE OR THE PATIENT FINANCIAL AID PROGRAMS DESCRIBED ABOVE. WHILE THE AMERICAN HOSPITAL ASSOCIATION RECOMMENDS INCLUDING THIS AMOUNT IN THE HOSPITAL'S COMMUNITY BENEFIT CALCULATION, THE INTERNAL REVENUE SERVICES DOES NOT SUPPORT THIS POSITION. ACCORDINGLY, THE \$10,501,000 OF BAD DEBT EXPENSES HAS NOT BEEN INCLUDED IN THE \$22,514,733 OF COMMUNITY BENEFIT.</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 ARE THE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL 990 PART VI SECTION A LINE 7B PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS (A)TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES (B)TO APPROVE THE ACQUISITION, ALIENATION OR CONVEYANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS (C)TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION (D)TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION

Identifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, LINE 11A	THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS AND THE ORGANIZATION'S FINANCE COMMITTEE FOR THEIR REVIEW PRIOR TO FILING TO ENSURE ACCURACY AND COMPLETENESS. A COMPLETE COPY OF THE ORGANIZATION'S FINAL FORM 990, INCLUDING ALL REQUIRED SCHEDULES, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH MEMBER OF THE BOARD BEFORE ITS FILING WITH THE IRS.

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 WHICH AFFIRMS THAT THE PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY , 2) HAS READ AND UNDERSTANDS THE POLICY , AND 3) HAS AGREED TO COMPLY WITH THE POLICY THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS

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, MEET THE THREE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE COMPENSATION ARRANGEMENT IS APPROVED IN ADVANCE BY THE ORGANIZATION'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD TO FULFILL ITS RESPONSIBILITY TO THE HOSPITAL AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE HOSPITAL'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENT AND THE HOSPITAL AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGEMENT. PRIOR TO MAKING ANY COMPENSATION DECISIONS, THE EXECUTIVE COMPENSATION COMMITTEE OBTAINED AND RELIED UPON APPROPRIATE DATA AS TO COMPARABILITY. THE COMMITTEE CONTRACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVEY'S TO SET COMPENSATION LEVELS. FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION.

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 2B 2C	THERE ARE NO SEPARATELY PREPARED AUDITED FINANCIALS STATEMENTS FOR THE OPERATING RESULTS AND FINANCIAL POSITION OF SAINT MARY'S HOSPITAL AS A STAND ALONE ENTITY SAINT MARY'S HOSPITAL IS AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MARY'S HOSPITAL, INC TO OBTAIN A COPY OF THE AUDITED FINANCIAL STATEMENTS, PLEASE CALL 203-709-6111

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI, LINE 5	CHANGE IN NET ASSETS OF FOUNDATION (7,000) UNREALIZED LOSS ON MARKETABLE SECURITIES 2,450,000 NET ADDITIONS TO ASSETS HELD IN TRUST BY OTHERS 1,631,000 TRANSFERS TO AFFILIATES (10,606,075) CHANGE IN MINIMUM PENSION LIABILITY (4,748,000) _____ TOTAL (11,280,075)

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHAD WABLE TITLE PRESIDENT AND CEO HOURS 10

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH CARLSON, II TITLE TREASURER HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.MOST REV HENRY J MANSELL TITLE.CHAIRMAN HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME REV MONSIGNOR JAMES COLEMAN TITLE VICE CHAIRMAN HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN R GRIFFIN, ESQ TITLE SECRETARY HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAMES MARK ALBINI, M D TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.GARRETT CASEY TITLE.DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SISTER DOLORES LAHR TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.JOSEPH MENGACCI, ESQ TITLE DIRECTOR HOURS 2

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM MORRIS TITLE DIRECTOR HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL O'BRIEN TITLE DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.DAVID ROBINSON TITLE.DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.ROBERT ROSCOE TITLE.DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME.JAMES C SMITH TITLE.DIRECTOR HOURS 1

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JEROME SUGAR, MD TITLE DIRECTOR HOURS 3

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHRISTINE SULLIVAN, ESQ TITLE DIRECTOR HOURS 4

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES UBERTI, M D TITLE DIRECTOR HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THE HONORABLE LINDA WHBEY TITLE.DIRECTOR HOURS 4

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL INC

Employer identification number
06-0646844

Part I

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

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

Part II

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

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

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) DIAGNOSTIC IMAGING OF SOUTHBURY LLC 385 MAIN STREET SOUTH WATERBURY, CT 06706 06-1487582	IMAGING CENTER	CT	NA	RELATED	853,541	1,772,102		No	0	Yes		60 000 %

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) SAINT MARY'S PHO 56 FRANKLIN STREET WATERBURY, CT 06703 06-1461285	MANAGEMENT	CT	NA	C CORP	0	0	50 000 %
(2) FRANKLIN MEDICAL GROUP PC 56 FRANKLIN STREET WATERBURY, CT 06703 06-1470493	PHYSICIAN OFFICE	CT	NA	C Corp	-8,452,000	3,484,000	100 000 %
(3) SCOVILL MEDICAL GROUP PC (SOLD 22912) 56 FRANKLIN STREET WATERBURY, CT 06703 06-1470495	PHYSICIAN OFFICE	CT	NA	C Corp	-198,936	0	100 000 %
(4) PRIMARY CARE PARTNERS PC (MERGE 51012) 56 FRANKLIN STREET WATERBURY, CT 06703 26-3677154	PHYSICIAN OFFICE	CT	NA	C Corp	-105,000	0	100 000 %

Part V

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

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

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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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

1p Yes

1q

1r

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

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

Schedule R (Form 990) 2011

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]

Part VII

Supplemental Information

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

Identifier	Return Reference	Explanation	
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Software ID:

Software Version:

EIN: 06-0646844

Name: ST MARY'S HOSPITAL INC

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

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



SAINT MARY'S HOSPITAL, INC.

Consolidated Financial Statements and
Consolidating Information

September 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

SAINT MARY'S HOSPITAL, INC.
Consolidated Financial Statements and
Consolidating Information
September 30, 2012 and 2011

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KPMG LLP
One Financial Plaza
755 Main Street
Hartford, CT 06103

Independent Auditors' Report

The Board of Directors
Saint Mary's Hospital, Inc

We have audited the accompanying consolidated balance sheets of Saint Mary's Hospital, Inc (the Hospital) as of September 30, 2012 and 2011, and the related consolidated statements of operations, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Saint Mary's Hospital, Inc. as of September 30, 2012 and 2011, and the results of their operations and their cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The supplementary information included in Exhibits 1 and 2 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audits of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated



financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

KPMG LLP

January 22, 2013

SAINT MARY'S HOSPITAL, INC.

Consolidated Balance Sheets

September 30, 2012 and 2011

(In thousands)

Assets	2012	2011
Current assets		
Cash and cash equivalents	\$ 22,524	24,417
Short-term investments	38	497
Current portion of assets whose use is limited	6,779	6,428
Accounts receivable, net of estimated uncollectibles of \$11,209 in 2012 and \$7,247 in 2011	34,017	28,676
Other current assets	4,482	5,682
Total current assets	67,840	65,700
Marketable securities	16,044	13,217
Assets whose use is limited		
Bv donor and held in trust bv others	14,299	12,673
For estimated self-insurance liability	30,069	27,114
Bv bond indenture	4,100	5,143
Net interest in Foundation	4,495	4,209
Other	6	5
Total assets whose use is limited	52,969	49,144
Less current portion of assets whose use is limited	6,779	6,428
Noncurrent assets whose use is limited	46,190	42,716
Property and equipment, net	57,197	56,571
Other assets		
Investments in joint venture arrangements	10,396	9,867
Deferred financing costs, net	154	181
Other noncurrent assets	—	132
Total other assets	10,550	10,180
Total assets	\$ 197,821	188,384
Liabilities and Net Assets		
Current liabilities		
Current portion of long-term obligations	\$ 2,238	2,655
Accounts payable	17,747	17,920
Salaries, wages, and payroll withholdings	5,819	5,260
Due to third-party payors, net	7,007	7,100
Accrued expenses and other current liabilities	15,626	14,177
Total current liabilities	48,437	47,112
Long-term liabilities		
Long-term obligations, net of current portion	22,302	24,165
Estimated self-insurance liability	19,062	20,064
Pension and deferred compensation	79,738	75,051
Other long-term liabilities	9,550	9,260
Total long-term liabilities	130,652	128,540
Net assets (deficit)		
Unrestricted Hospital	528	(3,975)
Noncontrolling interest in subsidiaries	352	478
Total unrestricted	880	(3,497)
Temporarily restricted	2,546	2,554
Permanently restricted	15,306	13,675
Total net assets	18,732	12,732
Total liabilities and net assets	\$ 197,821	188,384

See accompanying notes to consolidated financial statements

SAINT MARY'S HOSPITAL, INC.
Consolidated Statements of Operations
Years ended September 30, 2012 and 2011
(In thousands)

	<u>2012</u>	<u>2011</u>
Revenues		
Net revenue from patient services	\$ 259,820	248,136
Other operating revenues	6,172	6,692
Total revenues	<u>265,992</u>	<u>254,828</u>
Expenses		
Salaries and wages	115,595	108,995
Employee benefits	31,623	28,700
Supplies and other expenses	90,003	99,312
Provision for uncollectible accounts, net of recoveries	12,750	9,585
Depreciation and amortization	9,472	8,840
Interest	1,744	1,345
Total expenses	<u>261,187</u>	<u>256,777</u>
Operating income (loss)	<u>4,805</u>	<u>(1,949)</u>
Nonoperating gains (losses)		
Investment income, net	2,112	979
Equity in earnings of joint ventures	1,537	1,573
Change in net assets of Foundation	(149)	(164)
Net loss on disposal of assets	(46)	(502)
Other	(983)	(1,497)
Total nonoperating gains, net	<u>2,471</u>	<u>389</u>
Excess revenues over expenses from continuing operations	7,276	(1,560)
Discontinued operations (note 1)	<u>(508)</u>	<u>(61)</u>
Excess (deficiency) revenues over expenses	6,768	(1,621)
Reclassification of beginning of year minority interest (note 10)	—	1,663
Net assets released from restriction for capital expenditures	338	293
Transfers to affiliates	(431)	(660)
Change in unrealized gains (losses) on marketable securities and other assets whose use is limited	2,450	(660)
Purchase of NVSC from noncontrolling partners	—	(720)
Change in accumulated pension charges to unrestricted net assets	<u>(4,748)</u>	<u>(7,639)</u>
Increase (decrease) in unrestricted net assets	<u>\$ 4,377</u>	<u>(9,344)</u>

See accompanying notes to consolidated financial statements

SAINT MARY'S HOSPITAL, INC.
Consolidated Statements of Changes in Net Assets
Years ended September 30, 2012 and 2011
(In thousands)

	<u>2012</u>	<u>2011</u>
Unrestricted net assets		
Reclassification of beginning of year minority interest (note 10)	\$ —	1.663
Excess (deficiency) of revenues over expenses	6.768	(1.621)
Net assets released from restriction for capital expenditures	338	293
Transfers to affiliates	(431)	(660)
Change in unrealized gains (losses) on marketable securities and other assets whose use is limited	2.450	(660)
Purchase of NVSC from noncontrolling partners	—	(720)
Change in accumulated pension charges to unrestricted net assets	(4.748)	(7.639)
Increase (decrease) in unrestricted net assets	<u>4.377</u>	<u>(9.344)</u>
Temporarily restricted net assets		
Change in net assets of Foundation	142	117
Change in net assets of Cancer Center, including releases for capital expenditures	(150)	(145)
Decrease in temporarily restricted net assets	<u>(8)</u>	<u>(28)</u>
Permanently restricted net assets		
Increase (decrease) to assets held in trust by others	1.631	(703)
Increase (decrease) in permanently restricted net assets	<u>1.631</u>	<u>(703)</u>
Increase (decrease) in net assets	6.000	(10.075)
Net assets – beginning of year	<u>12.732</u>	<u>22.807</u>
Net assets – end of year	<u>\$ 18.732</u>	<u>12.732</u>

See accompanying notes to consolidated financial statements

SAINT MARY'S HOSPITAL, INC.

Consolidated Statements of Cash Flows

Years ended September 30, 2012 and 2011

(In thousands)

	<u>2012</u>	<u>2011</u>
Cash flows from operating activities		
Increase (decrease) in net assets	\$ 6.000	(10.075)
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities		
Purchase of NVSC from noncontrolling partners	—	720
Depreciation and amortization	9.472	8.840
Net loss on disposal of assets	46	502
Change in unrealized (gains) losses on investments	(2.450)	660
Change in net interest in Foundation	(286)	300
Change in net assets of Cancer Center	150	145
Change in accumulated pension charges to unrestricted net assets	4.748	7.639
Investment gains, net	(2.112)	(979)
Equity in earnings of joint ventures and partnerships	(1.537)	(1.573)
(Increase) decrease in operating assets		
Accounts receivable, net	(5.341)	(2.264)
Other current assets	1.200	(1.534)
Other non current assets	159	161
Increase (decrease) in operating liabilities		
Due to third-party payors, net	(93)	1.165
Accounts payable and other current liabilities	(157)	7.116
Estimated self-insurance liability	(1.002)	730
Minority interest in subsidiaries	—	(1.663)
Pension, accrued compensation, and other long term liabilities	229	875
Net cash provided by operating activities	<u>9.026</u>	<u>10.765</u>
Cash flows from investing activities		
Purchases of property and equipment	(8.153)	(10.206)
Distributions from joint ventures and partnerships	858	933
Change in other assets whose use is limited	(2.469)	2.115
Purchase of NVSC from noncontrolling partners	—	(720)
Net increase (decrease) in investments	<u>82</u>	<u>(401)</u>
Net cash used in investing activities	<u>(9.682)</u>	<u>(8.279)</u>
Cash flows from financing activities		
Change in assets whose use is limited by bond indenture	1.043	(65)
Payments on long-term obligations	<u>(2.280)</u>	<u>(3.093)</u>
Net cash used in financing activities	<u>(1.237)</u>	<u>(3.158)</u>
Net decrease in cash and cash equivalents	(1.893)	(672)
Cash and cash equivalents – beginning of year	<u>24.417</u>	<u>25.089</u>
Cash and cash equivalents – end of year	\$ <u><u>22.524</u></u>	\$ <u><u>24.417</u></u>
Supplemental disclosure of cash flow information		
Cash paid during the year for interest	\$ 2.080	1.681
Supplemental disclosure of noncash item		
Assets acquired under capital lease	\$ 345	—

See accompanying notes to consolidated financial statements

SAINT MARY'S HOSPITAL, INC.

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(1) Organization

Saint Mary's Hospital, Inc. (the Hospital) is an acute care hospital located in Waterbury, Connecticut. The Hospital was founded in 1907 and is licensed for 347 beds and 32 newborn bassinets. The Hospital currently staffs 168 beds and 20 newborn bassinets. The Hospital provides a broad range of inpatient and outpatient services including a number of medical and surgical specialties, obstetrics, pediatrics, mental health, alcohol and substance abuse rehabilitation (outpatient) and off-site ambulatory services.

The Hospital's parent holding company is Saint Mary's Health System, Inc. (SMHS). Saint Mary's Hospital Foundation, Inc. (the Foundation) was organized to raise funds to support the Hospital. SMHS is the sole member of the Hospital and the Foundation.

The Hospital has four consolidated subsidiaries: Franklin Medical Group, P.C. (Franklin), a for-profit Connecticut corporation; Primary Care Partners, P.C. (Partners), a for-profit Connecticut corporation; Saint Mary's Indemnity Company, LLC (the Indemnity Company), a Vermont limited liability company; and Diagnostic Imaging of Southbury, LLC (the Diagnostic Center), a for-profit Connecticut corporation.

Franklin, consisting of certain Hospital-based physicians, provides mainly outpatient services. On May 10, 2012, Partners merged with Franklin Medical Group and Franklin became the surviving corporation. Each share of Partners stock was converted to Franklin stock on a one-to-one ratio.

The Indemnity Company was formed during June 2009 to provide professional and general liability insurance to the Hospital, Franklin, and community physicians.

The Hospital has a 60% equity interest in the Diagnostic Center, which provides diagnostic imaging services. The remaining interest is accounted for as minority interest in the accompanying consolidated financial statements.

The Hospital sold Scovill Medical Group, P.C. (Scovill) to a group of community physicians as of February 29, 2012. The fiscal year 2012 and 2011 results are recorded in discontinued operations in the consolidated statements of operations.

The Hospital purchased the remaining interest in the Naugatuck Valley Surgical Center, LP as of July 31, 2011 for \$720,000, and established the Surgical Center as an outpatient department of the Hospital on August 1, 2011.

The assets, liabilities and operations of the Hospital's Auxiliary have not been reflected in the accompanying consolidated financial statements. Such amounts are not considered significant to the Hospital's consolidated financial position or results of its operations.

Saint Mary's and LHP Hospital Group, Inc. (LHP) mutually agreed in August 2012 to terminate its letter of intent to form a joint venture. The Hospital is currently in the process of pursuing other opportunities to form a joint venture.

SAINT MARY'S HOSPITAL, INC.

Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(2) Community Benefit (Unaudited)

The Hospital is a community teaching hospital that serves the healthcare needs of the Central Naugatuck Valley area. Like other healthcare providers across the nation, the Hospital is faced with the challenge of serving those in need with fewer resources. Although the Hospital cannot meet community needs alone, it is committed to seek out unmet community needs and to be a catalyst in efforts to ensure an adequate community-wide response from government and public organizations in fulfilling community needs.

(a) Charity and Uncompensated Care

As part of fulfilling its mission, the Hospital provides care to all patients in need, regardless of their ability to pay. The Hospital has a formalized charity care policy that identifies which patients are deemed "charity care." During 2012 and 2011, the costs associated with the charges foregone, measured using a ratio of cost to charge, related to charity care were approximately \$136,000 and \$236,000, respectively.

Many patients without insurance do not complete the application for charity care. The Hospital reviews the information they have on these patients and makes a determination that the patient would have qualified for the charity care policy if an application was submitted. During 2012 and 2011, the costs associated with the charges foregone related to these patients were approximately \$1,340,000 and \$915,000, respectively.

In addition, the Hospital provides care to patients covered by governmental healthcare programs. During 2012 and 2011, the Hospital estimates that the cost of providing this care exceeded compensation by \$7,044,000 and \$9,849,000, respectively.

(b) Education, Research and Training

As a community teaching hospital affiliated with Yale School of Medicine, the Hospital has residency programs for general surgery, internal medicine and dental. These programs educate in excess of 50 residents and medical students per year. In addition to its residency programs, the Hospital furthers its educational mission by offering allied health programs affiliated with area educational facilities.

(c) Wellness and Health Promotional Activities

The Hospital provides many activities to promote the concept of healthy lifestyles, including the publishing and free distribution of *Discover*, which reaches more than 70,000 community households, health risk screenings, health fairs, support groups, speakers bureau and free telephone physician referral services through the Physician Referral program.

(d) Leadership, Advocacy and Voluntarism

The Hospital's employees are responsive to the community in the areas of planning, governance and service by annually providing thousands of hours of volunteer services, participating on boards of directors and advisory councils, testifying before public policy bodies and working with other healthcare organizations to develop healthcare policies for all persons. The Hospital also provides volunteer opportunities for community residents. The Hospital recognizes donated goods and services at their appraised or estimated value if they create or enhance nonfinancial assets or require

SAINT MARY'S HOSPITAL, INC.

Notes to Consolidated Financial Statements

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specialized skills and would typically be purchased if not provided by donation. The volunteer services the Hospital received do not meet this criteria for recognition in the accompanying consolidated financial statements, but the volunteers donate a significant amount of time to the Hospital. In fiscal years 2012 and 2011, approximately 140 and 150 volunteers spent more than 19,000 hours and 18,800 hours, respectively, of service in Hospital departments.

(e) *Dollar, Time and In-kind Donations*

The Hospital also provides services to neighborhood schools and organizations at no cost. Contributions are made to programs, organizations and foundations for efforts on behalf of the poor, the disadvantaged and the general population. The Hospital also provides a variety of in-kind services including education on parenting and child abuse prevention and use of Hospital space for community meetings.

(f) *Other Support Services*

The Hospital provides outreach and social support services to patients. Programs such as the Sleep Disorders Support Group and the Chronic Lung Disorders/Pulmonary Support Group are integral to the healing of patients, and represent the Hospital's overall commitment to the continuum of care.

(3) Summary of Significant Accounting Policies

(a) *Basis of Presentation*

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in conformity with U.S. generally accepted accounting principles. All intercompany transactions have been eliminated in consolidation.

(b) *Net Patient Service Revenue*

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, discounted charges, and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods as final settlements are determined.

(c) *Charity Care and Provision for Uncollectible Accounts*

The Hospital provides care to patients who meet certain criteria under its financial assistance policy without charge or at amounts less than its established rates. Because the Hospital does not anticipate collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Hospital grants credit without collateral to patients, most of whom are local residents and are insured under third-party arrangements. Additions to the allowance for uncollectible accounts are made by means of the provision for uncollectible accounts. Accounts written off as uncollectible are deducted from the allowance and subsequent recoveries are added. The amount of the provision for

SAINT MARY'S HOSPITAL, INC.

Notes to Consolidated Financial Statements

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uncollectible accounts is based upon management's assessment of historical and expected net collections, business and economic conditions, trends in federal and state governmental health care coverage and other collection indicators

(d) *Cash and Cash Equivalents*

Cash and cash equivalents include certain investments in highly liquid debt instruments with original maturities of three months or less

The Hospital invests its surplus operating funds in overnight repurchase agreement investments. These investments are collateralized with securities issued by the United States Government or its agencies and are not covered by FDIC insurance

(e) *Assets Whose Use is Limited*

Assets whose use is limited primarily include assets held by others pursuant to donor restrictions, by trustees under indenture agreements, and by a wholly owned captive insurance company for professional and general liability insurance

(f) *Marketable Securities*

Investments in equity securities, mutual funds and all investments in debt securities are reported at fair value based on readily determinable fair market values or estimated fair value in the accompanying consolidated balance sheets. Investment income or loss (including realized gains and losses on investments, interest and dividends) is included in the excess (deficiency) of revenues over expenses unless the income or loss is restricted by donor or law. Unrealized gains and losses on investments are excluded from the excess (deficiency) of revenues over expenses unless the investments are trading securities or are considered to be other than temporarily impaired.

In light of the market conditions over the past several years, the Hospital has reviewed its investments in order to determine if any decrease from cost to fair value is other than temporary. The Hospital has followed a policy of reviewing all investments that have been below cost by at least 25% for three quarters. Unless specific evidence exists to the contrary, the adjustments of these investments to fair value (i.e. new cost basis) is reflected as an other than temporary impairment. The Hospital recorded \$0 and \$1,020,000 of other than temporary impairments on investments in 2012 and 2011, respectively, which is included in investment income, net in the accompanying consolidated statements of operations.

Investment securities, in general, are exposed to various risks. Recent market conditions have resulted in an unusually high degree of volatility and increased the risks and short term liquidity of certain investments held by the Hospital which could impact the value of investments after the date of these consolidated financial statements.

(g) *Property and Equipment*

Property and equipment acquisitions are recorded at cost. Depreciation is provided over the estimated useful life of each class of depreciable asset and is computed using the straight-line method. Equipment under capital lease obligations is amortized on the straight-line method over the

SAINT MARY'S HOSPITAL, INC.
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shorter period of the lease term or the estimated useful life of the equipment. Costs for repairs and maintenance are expensed as incurred.

Gifts of long-lived assets are reported as unrestricted support, and are excluded from the excess (deficiency) of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restriction that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, expirations of donor restrictions are reported when the donated or acquired long-lived assets are placed in service.

The Hospital reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset exceeds its fair value and may not be recoverable.

(h) *Investments in Joint Venture Arrangements*

Investments in joint venture arrangements, generally in the form of partnership interests, are accounted for using the equity method of accounting.

(i) *Fair Value of Financial Instruments*

FASB ASC 820 establishes a framework for measuring fair value which provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

- *Level 1* – Inputs into the valuation methodology are the unadjusted quoted prices for identical assets or liabilities in active markets that the Hospital has the ability to access.
- *Level 2* – Inputs into the valuation methodology include quoted prices for similar assets or liabilities in active and inactive markets, other than quoted prices that are observable for specific assets or liabilities, and values that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified contractual term, the value must be observable for substantially the full term of the asset or liability.
- *Level 3* – Inputs into the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Assets held in trust by others represents a donor established perpetual trust held and administered by an outside trustee. The Hospital owns an interest in the trust rather than in the securities underlying the trust, and therefore it is generally required to consider such investments as Level 3 for the purposes of applying ASC 820. Such classification is based on the inability to redeem the

SAINT MARY'S HOSPITAL, INC.
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investment, even though the underlying securities may not be difficult to value or may be readily marketable. Accordingly, the inputs or methodology used for valuing or classifying investments for financial reporting purposes are not necessarily an indication of the risk associated with investing in those investments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The carrying amount of patient accounts receivable, accounts payable, and accrued expenses approximate fair value because of the short maturity of these accounts.

(j) *Net Interest in Foundation*

The Hospital recognizes an asset for its interest in the net assets of the Foundation, which is a financially interrelated recipient organization, as defined. The change in the Foundation's net assets during 2012 and 2011 is shown separately in the accompanying consolidated statements of operations and changes in net assets. The Hospital's interest is classified as net interest in Foundation on the accompanying consolidated balance sheets.

(k) *Net Asset Categories*

To ensure observance of limitations and restrictions placed on the use of resources available to the Hospital, the accounts of the Hospital are maintained in the following net asset categories:

Unrestricted – Unrestricted net assets represent available resources other than donor restricted contributions. Included in unrestricted net assets are assets set aside by the board of directors for future capital improvements or for other purposes, as deemed appropriate.

Temporarily Restricted – Temporarily restricted net assets represent contributions that are restricted by the donor either as to purpose or as to time of expenditure.

Permanently Restricted – Permanently restricted net assets represent contributions received with the donor restriction that the principal be invested in perpetuity and that only the income earned that the trustee does not reinvest be available for operations. The net appreciation of the value of investments held in trust by others remains in permanently restricted net assets until cash is transferred to the Hospital.

(l) *Excess (Deficiency) of Revenues over Expenses*

Excess (deficiency) of revenues over expenses included in the consolidated statements of operations reflects the Hospital's performance measure. Changes in unrestricted net assets which are excluded from excess (deficiency) of revenues over expenses, consistent with industry practice, include unrealized gains and losses on investments, except for losses that are deemed to be other than temporary, and contributions of long-lived assets (including assets acquired using contributions

SAINT MARY'S HOSPITAL, INC.
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which by donor restriction were to be used for the purposes of acquiring such assets) Nonoperating gains and losses and equity in earnings of joint ventures are considered in the performance measure

(m) *Income Taxes*

The Hospital is a tax-exempt organization as described in Section 501(c)(3) of the Internal Revenue Code and is generally exempt from income taxes. The accompanying consolidated financial statements have been prepared on the basis that this tax-exempt status will be maintained.

Franklin, including its predecessor Partners, are for-profit organizations subject to income taxes. Each organization has experienced operating losses. After the merger, only the accumulated net operating loss carryforwards of Franklin remain available to offset future taxable income. A valuation allowance has been recorded as management believes realization of such carryforwards is doubtful.

The Diagnostic Center is a pass-through entity. The Indemnity Company is a disregarded entity. The tax consequences of their operating results are assessed at the member level.

The Hospital recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. Recognized income tax positions are measured at the largest amount of benefit that is greater than fifty percent likely to be realized upon settlement. Changes in recognition in measurement are reflected in the period in which the change in judgment occurs. The Hospital did not recognize the effect of any income tax positions in either 2012 or 2011.

(n) *Use of Estimates*

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates. Financial statement areas where management applies the use of assumptions and estimates consist primarily of the allowance for uncollectible accounts, contractual allowances and related third-party accounts, the pension liability, and the estimated self-insurance liability.

(o) *Professional and General Liability*

The liability for unpaid losses and loss adjustment expenses includes estimates for reported losses, plus supplemental amounts calculated based upon loss projections utilizing the Indemnity Company's and insureds' historical data. In establishing this reserve, the Indemnity Company utilizes the findings of an independent consulting actuary. Management believes that its aggregate liability for unpaid losses and loss adjustment expenses at year-end represents its best estimate, based upon available data, of the amount necessary to cover the ultimate cost of losses.

The ultimate liability and receivable could be significantly in excess of or less than the amount indicated in the consolidated financial statements. As adjustments to these estimates become necessary, such adjustments will be reflected in current operations.

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Notes to Consolidated Financial Statements

September 30, 2012 and 2011

(p) Recently Issued Accounting Pronouncements

In July 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No 2011-07, Health Care Entities (Topic 954) *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07), which requires certain health care entities to change the presentation of their statement of operations by reclassifying the provision for bad debts associated with patient service revenue from an operating expense to a deduction from patient service revenue (net of contractual allowances and discounts). Additionally, those health care entities are required to provide enhanced disclosure about their policies for recognizing revenue and assessing bad debts. The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts) as well as qualitative and quantitative information about changes in the allowance for doubtful accounts. ASU 2011-07 is effective for the Hospital's fiscal year beginning October 1, 2012, and the change in presentation is not expected to significantly impact the Hospital's financial position, results of operations or cash flows.

(q) Prior Year Reclassifications

Certain prior year balances have been reclassified in order to be consistent with the current year presentation.

(4) Net Revenue from Patient Services

A substantial portion of net revenue from patient services is derived from funds provided on behalf of patients under federal and state medical assistance programs. Revenue from some of these sources is determined by the application of reimbursement principles and is subject to audit by the applicable agencies. In the opinion of management, such principles have been properly applied in the determination of net patient service revenue. Settlement notices have been received from the Medicare program and the Medicaid program through 2007 and 2000, respectively. Retrospective adjustments for items under appeal by the Hospital or under review by the intermediary, if any, are not expected to have a material adverse effect on the Hospital's consolidated financial position or results of operations.

Net patient service revenues consist of inpatient revenues, principally from routine patient care and ancillary services and outpatient revenues from ancillary services, after considering allowances under agreements with various third-party payors. A reconciliation of gross revenues to net revenues from patient services after allowance for the years ended September 30, 2012 and 2011, is as follows (in thousands):

	<u>2012</u>	<u>2011</u>
Gross revenue from patient services	\$ 650,487	614,167
Contractual and other allowances	(390,531)	(365,795)
Charity care	<u>(136)</u>	<u>(236)</u>
Net revenue from patient services	<u>\$ 259,820</u>	<u>248,136</u>

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The Hospital grants credit without collateral to its patients, most of who are local residents and are insured under third-party payor agreements. The mix of gross receivables from private pay patients and third-party payors at September 30, 2012 and 2011 was as follows:

	<u>2012</u>	<u>2011</u>
Medicare (including Medicare managed care)	29.5%	30.0%
Medicaid	11.5	13.0
Other third-party payors	31.8	28.8
Private pay patients	27.2	28.2
	<u>100.0%</u>	<u>100.0%</u>

The Hospital's exposure to risk of nonpayment from private pay patients is more significant than other payors. However, the Hospital has recorded an estimate for uncollectible accounts, which, in management's opinion, is sufficient to provide for such risk. This estimate is based on a variety of factors including historical experience, the current economic environment and recent payment patterns.

(5) Regulatory and Legislative Matters

(a) State of Connecticut Regulatory Environment

Connecticut's acute care hospital regulatory system is currently administered by the State of Connecticut Office of Health Care Access (OHCA). The Hospital is subject to a regulatory system that includes the administration of a pool resulting in distribution of monies by the State to the Hospital. Under a prior uncompensated care and disproportionate share program that was terminated as of June 30, 2011, the Hospital received \$4,786,000 in fiscal year 2011.

The Hospital is subject to legislation enacted in 2011 imposing a new tax on certain net patient service revenues of hospitals and changes to the disproportionate share hospital payments (DSH) pursuant to 2011 Conn. Pub. Acts 6 (145-149), as amended by 2011 Conn. Pub. Acts 44 (102-103) and Conn. Pub. Acts 61 (79). The tax was effective beginning July 1, 2011 and is paid on a quarterly basis. The Hospital recorded a tax of \$8,789,072 which has been offset with \$11,096,942 of DSH payments and is recorded in net revenue from patients for the year ended September 30, 2012. The Hospital recorded a tax of \$2,197,268 for the year ended September 30, 2011.

(b) Federal Regulatory Environment

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments. These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse and security and privacy of health information. Government activity has increased with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers. Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed. Management believes that the Hospital is in compliance with fraud and abuse regulations as well as other applicable government laws and

SAINT MARY'S HOSPITAL, INC.

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regulations While no material regulatory inquiries have been made, compliance with such laws and regulations can be subject to future government review and interpretation as well as regulatory actions unknown or unasserted at this time

(6) Marketable Securities and Assets Whose Use is Limited

A comparison of cost and fair values of short-term investments, marketable securities, and assets whose use is limited, including the fair value of investments with unrealized losses that are not deemed other-than-temporarily impaired and the length of time the individual securities have been in a continuous unrealized loss position, at September 30, 2012 and 2011, is as follows (in thousands)

		2012					
		Total		Less than 12 months		12 months or more	
		Fair value	Cost	Fair value	Unrealized losses	Fair value	Unrealized losses
Cash and cash equivalents	\$	4.758	4.758	—	—	—	—
Corporate bonds		14.796	13.974	1.422	(13)	201	(4)
U S government and agency obligations		13.759	13.632	2.221	(6)	253	(1)
Mutual funds		15.390	13.236	—	—	—	—
Equities		12.023	9.842	—	—	—	—
	\$	60.726	55.442	3.643	(19)	454	(5)

		2011					
		Total		Less than 12 months		12 months or more	
		Fair value	Cost	Fair value	Unrealized losses	Fair value	Unrealized losses
Cash and cash equivalents	\$	4.569	4.569	—	—	—	—
Corporate bonds		12.109	11.768	2.064	(76)	—	—
U S government and agency obligations		16.482	16.124	1.178	(7)	—	—
Mutual funds		13.370	12.702	4.093	(496)	192	(20)
Equities		8.140	8.069	—	—	—	—
	\$	54.670	53.232	7.335	(579)	192	(20)

The above tables include permanently restricted assets held by others whose fair value exceeded cost by \$1,943,000 at September 30, 2012 and \$292,000 at September 30, 2011 Excluded from the tables are unrestricted assets, held at the Foundation, whose fair value exceeded cost by \$431,000 at September 30, 2012 and \$176,000 at September 30, 2011

Assets whose use is limited for estimated self-insurance includes approximately \$3,825,000 and \$3,974,000 of other assets, substantially receivables, as of September 30, 2012 and 2011, respectively

SAINT MARY'S HOSPITAL, INC.

Notes to Consolidated Financial Statements

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The following table sets forth by level, within the fair value hierarchy, the Hospital's financial instruments at fair value as of September 30, 2012 (in thousands)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 4,250	—	—	4,250
Domestic corporate bonds	—	10,716	—	10,716
U S government and agency obligations	—	12,724	—	12,724
Equity mutual funds	12,234	—	—	12,234
Fixed income mutual funds	2,615	—	—	2,615
Equity funds	3,651	—	—	3,651
Preferred equity securities	—	237	—	237
Total	22,750	23,677	—	46,427
Assets held in trust by others				
Perpetual trust	—	—	14,299	14,299
Total	\$ 22,750	23,677	14,299	60,726

The following table sets forth by level, within the fair value hierarchy, the Hospital's financial instruments at fair value as of September 30, 2011 (in thousands)

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ 4,320	—	—	4,320
Domestic corporate bonds	—	8,181	—	8,181
Foreign corporate bonds	—	1,275	—	1,275
U S government and agency obligations	—	15,349	—	15,349
Equity mutual funds	8,362	—	—	8,362
Fixed income mutual funds	2,318	—	—	2,318
Equity funds	1,887	—	—	1,887
Preferred equity securities	—	305	—	305
Total	16,887	25,110	—	41,997
Assets held in trust by others				
Perpetual trust	—	—	12,673	12,673
Total	\$ 16,887	25,110	12,673	54,670

Mutual funds and equities are traded actively on exchanges and price quotes for these shares are readily available

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For domestic and foreign bonds and U S government obligations multiple prices and price types are obtained from pricing vendors whenever possible, which enables cross-provider validations. A primary price source is identified based on asset type, class or issue for each security. The fair values of fixed-income securities are based on evaluated prices that reflect observable market information, such as actual trade information of similar securities, adjusted for observable differences.

The redemption period for the Hospital's financial instruments ranges from daily to monthly and require notification of one to five days, except for assets held in perpetual trust by others.

The following table presents additional information about investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) for the year ended September 30 (in thousands)

	<u>2012</u>	<u>2011</u>
Perpetual trust		
Fair value at beginning of the year	\$ 12.673	13.375
Net realized and change in unrealized gains	2.268	(50)
Appropriation of endowment assets for expenditure	(642)	(652)
Fair value at end of the year	<u>\$ 14.299</u>	<u>12.673</u>

Assets held in trust by others represents a donor established perpetual trust held and administered by an outside trustee. The Hospital receives a specific portion of the return on the underlying assets of the perpetual trust. The investment income is recorded as unrestricted investment income in nonoperating gains (losses).

(7) Property and Equipment

A summary of property and equipment at September 30, 2012 and 2011 is as follows (in thousands)

	<u>2012</u>	<u>2011</u>
Land and land improvements	\$ 1,647	1,630
Buildings and building improvements	67,067	67,221
Equipment	104,693	105,662
Projects in process	692	1,177
	<u>174,099</u>	<u>175,690</u>
Less accumulated depreciation and amortization	(116,902)	(119,119)
Property and equipment, net	<u>\$ 57,197</u>	<u>56,571</u>

Property under capital leases had a net book value of \$1,354,000 and \$1,429,000 at September 30, 2012 and 2011, respectively.

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(8) Long-Term Obligations

In May 1997 the Hospital issued \$36,150,000 of CHEFA Bonds, Series E, dated May 1, 1997, 5.00% – 6.00% Serial and Term Bonds payable annually in amounts ranging from \$985,000 to \$3,000,000 through July 1, 2022.

The Hospital is required to maintain a Debt Service Reserve fund for the Bonds issued through CHEFA, of the lesser of 10% of the principal amount of the Bonds, the amount required to fund the current portion of the principal and interest payable in any year, or 125% of the average annual debt service on the Bonds. The Hospital is also required to comply with certain financial covenants for the Bonds issued through CHEFA, including a Debt Service Coverage Ratio requirement of at least 1.25, a Debt Ratio requirement of no greater than .75 and a Current Ratio requirement of at least 1.40. The Bond agreements indicate that if the Current Ratio is below 1.40 but above 1.0 and the Debt Service Coverage Ratio is below 1.25 but above 1.0, a consultant is required.

Other long-term obligations consist of capital equipment financing notes and capital leases. HP Financial Services, with interest of 3.7%, beginning December 2004 and maturing November 2011 and Wells Fargo Equipment Finance, with interest of 5.75%, beginning August 2010 and maturing July 2015.

Long-term obligations at September 30, 2012 and 2011 are as follows (in thousands):

	<u>2012</u>	<u>2011</u>
CHEFA Series E Bonds, principal payable annually and interest payable in semi-annual installments	\$ 23,225	24,875
Capital equipment financing notes	—	614
Capital leases	<u>1,486</u>	<u>1,532</u>
	24,711	27,021
Less unamortized portion of bond discount	(171)	(201)
Less current portion	<u>(2,238)</u>	<u>(2,655)</u>
	<u>\$ 22,302</u>	<u>24,165</u>

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Principal payments on the Hospital's long-term obligations and capital lease payments are as follows (in thousands)

	<u>Long-term obligations</u>	<u>Capital leases</u>
Year ending September 30		
2013	\$ 1,750	518
2014	1,850	492
2015	1,960	402
2016	2,090	68
2017	2,215	6
Thereafter	13,360	—
	<u>\$ 23,225</u>	<u>1,486</u>
Interest payments		80
		<u>\$ 1,566</u>

The CHEFA Series E bonds and capital equipment financing notes are collateralized by substantially all of the Hospital's land, buildings and equipment

Long-term debt is carried at cost. Fair values are estimated based on quoted market prices for the same or similar issues. The estimated fair value of the CHEFA Series E bonds approximates \$23,249,000 as of September 30, 2012.

(9) Line of Credit

The Hospital maintains a financing agreement with Webster Bank for a \$5,000,000 line of credit which has an August 13, 2014 maturity date. Interest on the line of credit was at the Hospital's choice of either the lending institution's prime rate or at the LIBOR rate plus 110 basis points. At September 30, 2012 and 2011, there was no outstanding balance under this line of credit agreement. Additionally, \$450,000 of the unused line of credit secures a stand-by letter of credit.

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(10) Unrestricted, Temporarily, and Permanently Restricted Net Assets

The changes in consolidated unrestricted net assets attributable to the Hospital and noncontrolling interest for the year ended September 30, 2012 were as follows (in thousands)

	<u>Total</u>	<u>Controlling interest</u>	<u>Noncontrolling interest</u>
Unrestricted net assets, beginning of year	\$ (3,497)	(3,975)	478
Excess (deficiency) of revenues over expenses	6,768	6,280	488
Net assets released from restriction for capital expenditures	338	338	—
Transfers to affiliates	(431)	183	(614)
Change in unrealized gains on marketable securities and other assets whose use is limited	2,450	2,450	—
Change in accumulated pension charges to unrestricted net assets	(4,748)	(4,748)	—
Unrestricted net assets, end of year	<u>\$ 880</u>	<u>528</u>	<u>352</u>

The changes in consolidated unrestricted net assets attributable to the Hospital and noncontrolling interest for the year ended September 30, 2011 were as follows (in thousands)

	<u>Total</u>	<u>Controlling interest</u>	<u>Noncontrolling interest</u>
Unrestricted net assets, beginning of year	\$ 5,847	5,847	—
Reclassification of minority interest in accordance with adoption of FAS 164	1,663	—	1,663
	7,510	5,847	1,663
Excess (deficiency) of revenues over expenses	(1,621)	(2,241)	620
Net assets released from restriction for capital expenditures	293	293	—
Transfers to affiliates	(660)	110	(770)
Change in unrealized gains on marketable securities and other assets whose use is limited	(660)	(652)	(8)
Purchase of NVSC from noncontrolling interest	(720)	307	(1,027)
Change in accumulated pension charges to unrestricted net assets	(7,639)	(7,639)	—
Unrestricted net assets, end of year	<u>\$ (3,497)</u>	<u>(3,975)</u>	<u>478</u>

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Temporarily restricted net assets are available for the following purposes at September 30, 2012 and 2011 (in thousands)

	<u>2012</u>	<u>2011</u>
Cancer	\$ 374	519
Building and equipment	566	667
Community services	600	386
Education	160	216
Other	846	766
	<u>\$ 2,546</u>	<u>2,554</u>

Permanently restricted net assets at September 30, 2012 and 2011 are restricted to (in thousands)

	<u>2012</u>	<u>2011</u>
Investments held by trustee in perpetuity, the income from which is expendable to support Hospital operations	\$ 14,338	12,707
Investments held by Hospital Foundation in perpetuity, the income from which is expendable to support		
Hospital operations	818	818
Medical education	150	150
	<u>\$ 15,306</u>	<u>13,675</u>

(11) Endowment

The Uniform Prudent Management of Institutional Funds Act (UPMIFA) adopted by the State of Connecticut (Act) provides standards to guide investing in a prudent manner and eliminated the restriction that endowment funds could not be spent below historical dollar value

The Hospital's endowment consists of funds established for a variety of purposes including donor-restricted endowment funds. Net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions. At September 30, 2012 and 2011, the Hospital has no funds designated by the Board of Directors as endowment.

The Hospital has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. The Hospital classifies as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by the Act.

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The Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds, the duration and preservation of the fund, the purposes of the Hospital and the donor-restricted endowment funds, general economic conditions, the possible effect of inflation and deflation, the expected total return from income and the appreciation of investments, other resources of the Hospital, and the investment policies of the Hospital

Endowment funds consist of the following at September 30, 2012 and 2011 (in thousands)

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Donor-restricted endowment funds at September 30, 2012	\$ 261	15,306	15,567
Donor-restricted endowment funds at September 30, 2011	\$ 108	13,675	13,783

Changes in endowment funds for the year ended September 30, 2012 are as follows (in thousands)

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, October 1, 2011	\$ 108	13,675	13,783
Investment return			
Investment income	35	645	680
Net appreciation	118	1,628	1,746
Total investment return	153	2,273	2,426
Appropriation of endowment assets for expenditure	—	(642)	(642)
Endowment net assets, September 30, 2012	\$ <u>261</u>	<u>15,306</u>	<u>15,567</u>

Changes in endowment funds for the year ended September 30, 2011 are as follows (in thousands)

	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Endowment net assets, October 1, 2010	\$ 122	14,378	14,500
Investment return			
Investment income	74	1,016	1,090
Net depreciation	(88)	(1,066)	(1,154)
Total investment return	\$ <u>(14)</u>	<u>(50)</u>	<u>(64)</u>

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	<u>Temporarily restricted</u>	<u>Permanently restricted</u>	<u>Total</u>
Appropriation of endowment assets for expenditure	\$ —	(653)	(653)
Endowment net assets, September 30, 2011	\$ 108	13,675	13,783

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the Hospital must hold in perpetuity or for a donor-specified period. Funds held in trust by others represents a donor established perpetual trust held and administered by an outside trustee and are not within the Hospital's control as to spending and investment policies.

To satisfy its long term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation that places emphasis on investments in equities and fixed income investments to achieve its long-term return objectives with prudent risk constraints.

The Hospital follows a policy of spending an amount that approximates the investment income earned, in addition to specific purchases of capital equipment. Accordingly, the Hospital expects its spending policy will allow its endowment funds to be maintained in perpetuity by growing at a rate at least equal to the planned payouts. Additional real endowment growth will be provided through new gifts and any excess investment return.

(12) Professional and General Liability

Prior to July 1, 2009, the Hospital purchased limits of professional and general liability from Partners Interinsurance Exchange (PIE) to cover risks up to specified limits. Within PIE the Hospital maintained retentions net to its own account by type of coverage. A claims made reinsurance contract was purchased each fiscal year that provided coverage above these retentions. Beginning January 1, 2002, the professional liability coverage provided for total limits, with respect to professional liability, of \$18 million per claim and \$27 million in the aggregate, with a retention inside that limit of \$3,000,000 per incident applying as net to the Hospital's account within PIE. The general liability coverage provided limits of \$16 million per claim and \$19 million in the aggregate with a retention of \$1,000,000 per incident and \$4,000,000 in the annual aggregate retained as net to the Hospital's account within PIE. The Hospital paid an actuarially determined premium to PIE for the purpose of setting aside assets to cover the reasonable value of ultimate expected loss retained as net within PIE.

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During June 2009, the Hospital established the Indemnity Company as a successor to the Hospital's financial interest in PIE. On July 1, 2009 the Hospital's account in PIE was transferred to the Indemnity Company. The Hospital and certain affiliates continue to purchase limits of professional and general liability from the Indemnity Company at levels previously purchased from PIE. Actuarially determined premiums are paid in order to set aside assets to cover the reasonable value of ultimate expected losses. Hospital management, along with its consulting actuaries, accrued its best estimate of professional and general liabilities.

Malpractice claims that fall within the Hospital's adopted policy of self-insurance have been asserted against the Hospital by various claimants. The claims are in various stages of assessment and resolution. There are also known and unknown incidents that have occurred through September 30, 2012 that may result in the assertion of additional claims. Hospital management believes that the ultimate settlement of these claims will not have a material impact on the Hospital's consolidated financial position or results of their operations, as adequate self-insurance reserves, Indemnity Company assets and reinsurance are in place.

The Indemnity Company entered into a loss portfolio transfer (LPT) on July 1, 2009 with PIE. The losses associated with this transaction did not transfer insurance risk to the Indemnity Company. As such, this LPT is accounted for using deposit accounting, which requires offsetting assets and liabilities.

Activity in the reserves for premiums held on deposit included in self-insurance liability is summarized as follows (in thousands):

		<u>2012</u>	<u>2011</u>
Reserves for premiums held on deposit at beginning of year	\$	10,041	12,833
Current period payments from loss escrow		(1,330)	(930)
Change in reserve for premiums held on deposit for loss portfolio transfer		(844)	816
Current period payments from reserves for premiums held on deposit		1,210	2,678
Reserves for premium held on deposit at end of year	\$	<u>6,657</u>	<u>10,041</u>

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Activity in the self-insurance liability for unpaid losses and loss adjustment expenses for prospective losses is summarized as follows (in thousands)

	<u>2012</u>	<u>2011</u>
Balance at beginning of period	\$ 11,222	6,486
Less reinsurance recoverable	<u>(1,545)</u>	<u>(900)</u>
Net balance at beginning of period	<u>9,677</u>	<u>5,586</u>
Incurred related to		
Current year	4,717	3,739
Prior years	<u>173</u>	<u>3,000</u>
Total incurred	<u>4,890</u>	<u>6,739</u>
Paid related to		
Current year	104	32
Prior years	<u>2,013</u>	<u>2,616</u>
Total paid	<u>2,117</u>	<u>2,648</u>
Net balance at end of period	12,450	9,677
Add reinsurance recoverable	<u>2,300</u>	<u>1,545</u>
Balance at end of period	<u>\$ 14,750</u>	<u>11,222</u>

The provision for incurred losses related to prior years totaled \$173,000 and \$3,000,000 for 2012 and 2011, respectively, the result of negative development on outstanding claims

(13) Retirement Plans

Defined Benefit Plan

The Hospital has a noncontributory, defined benefit pension plan (the Plan) for most employees, which is funded with available cash flow. The Plan is qualified as a "Church Plan" and is therefore exempt from a majority of ERISA regulations. Plan benefits are not guaranteed by the Pension Benefit Guaranty Corporation. The Plan was frozen to new entrants in 1997. In 2004, the Plan's benefits were curtailed to eliminate participants' earnings of additional benefits for future services.

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The following table sets forth the Plan's funded status at September 30, 2012 and 2011, the Plan measurement date. (in thousands)

	<u>2012</u>	<u>2011</u>
Change in benefit obligation		
Benefit obligation, beginning of year	\$ 124,780	119,779
Interest cost	6,080	6,129
Actuarial loss	13,456	4,737
Benefits paid	<u>(5,834)</u>	<u>(5,865)</u>
Benefit obligation, end of year	<u>138,482</u>	<u>124,780</u>
Change in plan assets		
Fair value of plan assets, beginning of year	50,602	53,218
Actual return on plan assets	8,819	(1,194)
Contributions	6,096	4,443
Benefits paid	<u>(5,834)</u>	<u>(5,865)</u>
Fair value of plan assets, end of year	<u>59,683</u>	<u>50,602</u>
Funded status at year end	<u>\$ (78,799)</u>	<u>(74,178)</u>
Amounts recognized in consolidated balance sheets consist of		
Noncurrent liabilities	\$ (78,799)	(74,178)
Accumulated charges to unrestricted net assets	<u>63,780</u>	<u>59,032</u>
Net amount recognized	<u>\$ (15,019)</u>	<u>(15,146)</u>

Amounts recognized as accumulated charges to unrestricted net assets consists of (in thousands)

	<u>Pension benefits</u>	
	<u>2012</u>	<u>2011</u>
Net actuarial loss	\$ (63,780)	(59,032)
	<u>\$ (63,780)</u>	<u>(59,032)</u>

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The prior service cost that will be amortized from accumulated charges to unrestricted net assets into net periodic benefit cost over the next fiscal year is \$4,477,000

The accumulated benefit obligation for the pension plan was \$138,482,000 and \$124,780,000 at September 30, 2012 and 2011, respectively. Net periodic benefit cost recognized in 2012 and 2011 was (in thousands)

	<u>2012</u>	<u>2011</u>
Components of net periodic benefit cost		
Interest cost	\$ 6,080	6,129
Expected return on plan assets	(4,050)	(4,748)
Net amortization and deferral	<u>3,940</u>	<u>3,039</u>
Net periodic benefit cost	<u>5,970</u>	<u>4,420</u>
Other changes in plan assets and benefit obligation recognized as charges to unrestricted net assets in 2012 and 2011 are as follows (in thousands)		
Net loss	(808)	(4,600)
Net amortization and deferral	<u>(3,940)</u>	<u>(3,039)</u>
Reduction recognized in changes to unrestricted net assets	<u>(4,748)</u>	<u>(7,639)</u>
Decrease to unrestricted net assets associated with recognized net periodic benefit cost and charge to accumulated pension charge	<u>\$ 10,718</u>	<u>12,059</u>

Weighted average assumptions used to determine benefit obligations and net periodic benefit cost as of and for the years end September 30, 2012 and 2011 were as follows

	<u>2012</u>	<u>2011</u>
Weighted average assumptions at September 30		
Discount rate for benefit obligations	4.15%	5.00%
Discount rate for net periodic benefit cost	5.00	5.25
Expected return on plan assets	8.00	8.00

The Hospital revised its approach to selecting the discount rate assumption in 2011. The discount rate is based on high-grade bond yield curve under which benefits were projected and discounted at spot rates along the curve. The discount rate was then determined as a single rate yielding the same present values.

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The following table sets forth by level, within the fair value hierarchy, the pension plan's financial instruments at fair value as of September 30, 2012 (in thousands)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 3,134	—	—	3,134
Domestic corporate bonds	—	9,667	—	9,667
U S government and agency obligations	—	1,378	—	1,378
Equity mutual funds	35,648	—	—	35,648
Fixed income mutual funds	8,569	—	—	8,569
Preferred equity securities	—	1,287	—	1,287
Total	<u>\$ 47,351</u>	<u>12,332</u>	<u>—</u>	<u>59,683</u>

The following table sets forth by level, within the fair value hierarchy, the pension plan's financial instruments at fair value as of September 30, 2011 (in thousands)

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market funds	\$ 1,466	—	—	1,466
Domestic corporate bonds	—	10,251	—	10,251
Foreign corporate bonds	—	935	—	935
U S government and agency obligations	—	2,753	—	2,753
Equity mutual funds	28,416	—	—	28,416
Fixed income mutual funds	5,423	—	—	5,423
Preferred equity securities	—	1,358	—	1,358
Total	<u>\$ 35,305</u>	<u>15,297</u>	<u>—</u>	<u>50,602</u>

The redemption period for the Plan's financial instruments ranges from daily to monthly and require notification of one to five days

The expected long-term rate of return for the plan's total assets is based on the expected return of each of the above categories, weighted based on the target allocation of each class. Equity securities are expected to return 9% to 10% over the long-term, while debt securities are expected to return between 4% and 7%. Money market funds are held to pursue market opportunities.

The investment policy, as established by the Investment Committee, is to earn a total return in any five-year period that will have exceeded the interest assumption in the actuarial plan valuation for that five-year period. For performance evaluation purposes, all rates of return will be examined on a net-of-fee basis. The pension assets are to be broadly diversified so as to limit the impact of large losses in individual investments on the total portfolio. The asset allocation is reviewed on a quarterly basis.

In the aggregate, contributions to the pension plan are expected to be \$6,581,000 in 2013.

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The following benefit payments are expected to be paid (in thousands)

2013	\$	6,450
2014		6,794
2015		6,901
2016		7,099
2017		7,438
2018 through 2022		41,436
	\$	<u>76,118</u>

Defined Contribution Plan

The Hospital established a defined contribution plan when it reduced the benefits of the Plan via amendment in 1997. The defined contribution plan provides for a Hospital match up to a certain percentage of employee contributions. Expenses related to the defined contribution plan amounted to \$3,950,000 and \$3,677,000 in 2012 and 2011, respectively, and are included in employee benefits in the accompanying consolidated statements of operations.

Supplemental Pension Plan

In addition, the Hospital has an unfunded supplemental pension plan for a small group of long term employees, who are now retired. The Hospital's recorded liability was \$1,019,000 and \$873,000 at September 30, 2012 and 2011, respectively.

(14) Leases and Rental Expenses

Rental expense aggregated approximately \$6,311,000 and \$6,204,000 for the years ended September 30, 2012 and 2011, respectively. Minimum future rental commitments on all noncancelable operating leases with initial or remaining terms of more than one year are as follows (in thousands):

Fiscal year		
2013	\$	3,304
2014		2,553
2015		2,255
2016		1,709
2017		1,133
2018 and thereafter		7,649
	\$	<u>18,603</u>

The Hospital rents space from SMHS in a medical office building for approximately \$13,000 per month.

(15) Cancer Center

During 1997, the Hospital entered into an agreement with Waterbury Hospital to develop a joint Cancer Care Center, known as the Harold Leever Regional Cancer Center (HLRCC) that provides treatment services to cancer patients in the greater Waterbury area. The Hospital is entitled to distributions at the

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discretion of HLRCC's Board of Directors, which is selected by Waterbury Hospital and the Hospital on a 50/50 basis. The Hospital's investment in HLRCC is carried on the equity basis, and the carrying value is approximately \$9,783,000 and \$9,192,000 at September 30, 2012 and 2011, respectively. Equity in earnings was approximately \$623,000 and \$830,000 in 2012 and 2011, respectively.

(16) Heart Center of Greater Waterbury

The Hospital and Waterbury Hospital operate an advanced cardiac care program known as the Heart Center of Greater Waterbury, Inc. (HCGW). Patients at the Hospital and Waterbury Hospital are provided access to services such as angioplasty and open heart surgery. Procedures are performed at both hospitals, each recording related revenues and expenses. The HCGW, a MSO that provides administrative support and management functions to the program, has a Board of Directors selected by Waterbury Hospital and the Hospital on a 50/50 basis. HCGW incurs costs, which are funded by the hospitals, to market the program and derives no net assets from its activities. The Hospital expensed \$129,000 and \$257,000 of funding, in 2012 and 2011, respectively.

(17) Investments in Joint Venture Arrangements

Naugatuck Valley MRI Limited Partnership

The Hospital is a 1% general partner and a 47% limited partner in the Naugatuck Valley MRI Limited Partnership, which provides diagnostic imaging services in Waterbury. The investment is carried on the equity basis, and the carrying value is approximately \$273,000 and \$330,000 at September 30, 2012 and 2011, respectively. Equity in earnings was approximately \$532,000 and \$731,000 in 2012 and 2011, respectively.

(18) Other Operating Revenues

Components of other operating revenues for the years ended September 30, 2012 and 2011 are as follows (in thousands)

	<u>2012</u>	<u>2011</u>
Investment income related to short-term investments and investments for self-insurance	\$ 296	626
Cafeteria	1,174	1,147
Outside services	330	796
State grants	469	450
Parking fees	439	509
Day care	654	681
Rentals	1,381	1,707
Other	1,429	776
Total	<u>\$ 6,172</u>	<u>6,692</u>

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(19) Functional Expenses

The Hospital provides general health care services to residents within its geographic location. Expenses related to providing these services for the years ended September 30, 2012 and 2011 are as follows (in thousands)

	<u>2012</u>	<u>2011</u>
Health care services	\$ 223,587	221,277
General and administrative	37,600	35,500
	<u>\$ 261,187</u>	<u>256,777</u>

(20) Activities Between Affiliates

During 2012 and 2011, the Foundation distributed \$319,000 and \$478,000, respectively, to the Hospital to support programs and services.

In addition to the lease activity with affiliates described in note 14, all employees of SMHS and the Foundation are paid through the Hospital's payroll system, and the amounts paid are charged directly to the related affiliate. In addition, time spent by certain Hospital employees on affiliate activities is charged to the related affiliate.

(21) Commitments and Contingencies

In August 2012, the Hospital entered into a commitment to purchase the former Holiday Inn property from LHP for approximately \$4.9 million. The transaction is expected to occur in January 2013.

(22) Subsequent Events

The Hospital has evaluated events through January 22, 2013, which represents the date the consolidated financial statements were available to be issued and noted no subsequent events that would have impacted the Hospital's consolidated financial statements except as disclosed below.

The Hospital is subject to changes in reimbursements from its payors. Due to the State of Connecticut's recent announcement regarding budget revisions, the Hospital expects overall Medicaid reimbursements to be reduced by approximately \$2 million to \$2.5 million for fiscal year 2013. The Hospital also participates in the disproportionate share hospital (DSH) payments which are expected to be reduced by approximately \$1.5 million in fiscal year 2013.

SAINT MARY'S HOSPITAL, INC

Consolidating Balance Sheet

September 30, 2012

(In thousands)

	Saint Mary's Hospital	Franklin Medical Group, P.C.	Primary Care Partners, P.C.	Saint Mary's Indemnity Company, LLC	Southbury Diagnostic Imaging Center, Inc.	Eliminations	2012 Consolidated
Current assets							
Cash and cash equivalents	\$ 21,808	403	—	—	313	—	22,524
Short-term investments	38	—	—	—	—	—	38
Current portion of assets whose use is limited	924	—	—	5,855	—	—	6,779
Accounts receivable, net	31,789	1,743	—	(65)	485	65	34,017
Other current assets	5,843	47	—	52	72	(1,532)	4,482
Total current assets	60,402	2,193	—	5,842	870	(1,467)	67,840
Marketable securities	16,044	—	—	—	—	—	16,044
Assets whose use is limited							
By donor and held in trust by others	14,299	—	—	—	—	—	14,299
For estimated self-insurance liability	—	—	—	30,069	—	—	30,069
By bond indenture	4,100	—	—	—	—	—	4,100
Net interest in Foundation	4,495	—	—	—	—	—	4,495
Other	6	—	—	—	—	—	6
Total assets whose use is limited	22,900	—	—	30,069	—	—	52,969
Less current portion of assets whose use is limited	924	—	—	5,855	—	—	6,779
Noncurrent assets whose use is limited	21,976	—	—	24,214	—	—	46,190
Property and equipment, net	54,022	1,291	—	—	1,884	—	57,197
Other assets							
Investments in joint venture arrangements	17,625	—	—	—	—	(7,229)	10,396
Deferred financing costs, net	154	—	—	—	—	—	154
Other noncurrent assets	—	—	—	—	—	—	—
Total other assets	17,779	—	—	—	—	(7,229)	10,550
Total assets	\$ 170,223	3,484	—	30,056	2,754	(8,696)	197,821

SAINT MARY'S HOSPITAL, INC

Consolidating Balance Sheet

September 30, 2012

(In thousands)

	Saint Mary's Hospital	Franklin Medical Group, P.C.	Primary Care Partners, P.C.	Saint Mary's Indemnity Company, LLC	Southbury Diagnostic Imaging Center, Inc.	Eliminations	2012 Consolidated
Current liabilities							
Current portion of long-term obligations	\$ 1,806	—	—	—	432	—	2,238
Accounts payable	16,956	732	—	—	59	—	17,747
Salaries, wages, and payroll withholdings	3,881	1,741	—	—	197	—	5,819
Due to third-party payors, net	7,007	—	—	—	—	—	7,007
Accrued expenses and other current liabilities	8,577	488	—	7,802	226	(1,467)	15,626
Total current liabilities	38,227	2,961	—	7,802	914	(1,467)	48,437
Long-term liabilities							
Long-term obligations, net of current portion	21,341	—	—	—	961	—	22,302
Estimated self-insurance liability	3,510	—	—	15,552	—	—	19,062
Pension and deferred compensation	79,738	—	—	—	—	—	79,738
Other long-term liabilities	9,483	67	—	—	—	—	9,550
Total long-term liabilities	114,072	67	—	15,552	961	—	130,652
Net assets							
Unrestricted	72	456	—	6,702	879	(7,581)	528
Noncontrolling interest in subsidiaries	—	—	—	—	—	352	352
Total unrestricted	72	456	—	6,702	879	(7,229)	880
Temporarily restricted	2,546	—	—	—	—	—	2,546
Permanently restricted	15,306	—	—	—	—	—	15,306
Total net assets	17,924	456	—	6,702	879	(7,229)	18,732
Total liabilities and net assets	\$ 170,223	3,484	—	30,056	2,754	(8,696)	197,821

See accompanying independent auditors' report

SAINT MARY'S HOSPITAL, INC

Consolidating Statement of Operations

Year ended September 30, 2012

(In thousands)

	Saint Mary's Hospital	Franklin Medical Group, P C	Primary Care Partners, P C (1)	Saint Mary's Indemnity Company, LLC	Southbury Diagnostic Diagnostic Imaging Center, Inc	Eliminations	2012 Consolidated
Revenues							
Net revenue from patient services	\$ 225 743	26 730	583	—	6 764	—	259 820
Other operating revenues	5 264	12 852	28	5 431	44	(17 447)	6 172
Total revenues	231 007	39 582	611	5 431	6 808	(17 447)	265 992
Expenses							
Salaries and wages	84 599	29 434	442	—	1 199	(79)	115 595
Employee benefits	26 572	4 725	49	—	277	—	31 623
Supplies and other expenses	86 458	11 240	198	5 399	3 509	(16 801)	90 003
Provision for uncollectible accounts	10 501	2 249	—	—	—	—	12 750
Depreciation and amortization	8 582	329	27	—	534	—	9 472
Interest	1 673	—	—	—	71	—	1 744
Total expenses	218 385	47 977	716	5 399	5 590	(16 880)	261 187
Operating income (loss)	12 622	(8 395)	(105)	32	1 218	(567)	4 805
Nonoperating gains (losses)							
Investment income, net	1 225	—	—	887	—	—	2 112
Equity in earnings of joint ventures	3 187	—	—	—	—	(1 650)	1 537
Change in net assets of Foundation	(149)	—	—	—	—	—	(149)
Net loss on disposal of assets	(46)	—	—	—	—	—	(46)
Other	(1 493)	(57)	—	—	—	567	(983)
Total nonoperating gains (losses), net	2 724	(57)	—	887	—	(1 083)	2 471
Excess (deficiency) revenues over expenses from continuing operations	15 346	(8 452)	(105)	919	1 218	(1 650)	7 276
Discontinued operations	(310)	—	—	—	—	(198)	(508)
Excess (deficiency) of revenues over expenses	15 036	(8 452)	(105)	919	1 218	(1 848)	6 768
Net assets released from restriction	338	—	—	—	—	—	338
Capital transactions, net	(10 402)	7 549	2 132	—	(1 535)	1 825	(431)
Change in unrealized gains on marketable securities and other assets whose use is limited	2 450	—	—	622	—	(622)	2 450
Change in accumulated pension charges to unrestricted net assets	(4 748)	—	—	—	—	—	(4 748)
Increase (decrease) in unrestricted net assets	\$ 2 674	(903)	2 027	1 541	(317)	(645)	4 377

(1) Operating results through May 9, 2012

See accompanying independent auditors' report