



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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

|  |  |  |
|--|--|--|
| <b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>  |  |  |
| <b>B</b> Check if applicable<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>Saint Mary's Hospital Foundation Inc<br><br>Doing Business As<br><br>Number and street (or P O box if mail is not delivered to street address) Room/suite<br>56 FRANKLIN STREET<br><br>City or town, state or country, and ZIP + 4<br>WATERBURY, CT 06706 | <b>D Employer identification number</b><br><br>22-2528400  |
|  |  | <b>E Telephone number</b><br><br>(203) 709-3054  |
|  |  | <b>G</b> Gross receipts \$ 831,502   |
|  | <b>F</b> Name and address of principal officer<br>MARGARET J LAWLOR<br>56 FRANKLIN STREET<br>WATERBURY,CT 06706  | <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                         |
|  |  | <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list (see instructions) |
| <b>I</b> 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   | <b>H(c)</b> Group exemption number ▶ 0928  |  |
| <b>J Website:</b> ▶ WWW.STMH.ORG   |  |  |
| <b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶   |  | <b>L</b> Year of formation 1984  |
| <b>M</b> State of legal domicile CT  |  |  |

| Part I                      | Summary   |
|-----------------------------|---|
| Activities & Governance     | <b>1</b> Briefly describe the organization's mission or most significant activities<br>SAINT MARY'S HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO RAISE MONEY IN SUPPORT OF SAINT MARY'S HOSPITAL, INC |
|                             |   |
|                             |   |
|                             |   |
|                             | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets   |
|                             | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .  |
|                             | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .  |
|                             | <b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .   |
| Revenue                     | <b>6</b> Total number of volunteers (estimate if necessary) . . . . .   |
|                             | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .  |
|                             | <b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
| Expenses                    | <b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .  |
|                             | <b>9</b> Program service revenue (Part VIII, line 2g) . . . . .   |
|                             | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .  |
|                             | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  |
|                             | <b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .  |
|                             | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .   |
|                             | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .   |
|                             | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)   |
| Net Assets or Fund Balances | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .  |
|                             | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶27,587  |
|                             | <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .  |
|                             | <b>18</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  |
|                             | <b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .   |
|                             |   |
|                             |   |
|                             |   |
|                             | <b>20</b> Total assets (Part X, line 16) . . . . .  |
|                             | <b>21</b> Total liabilities (Part X, line 26) . . . . .   |
|                             | <b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |
|                             |   |

|   |                        |
|---|------------------------|
| <b>Part II</b>  | <b>Signature Block</b> |
| 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                |   | *****              | 2013-08-14                                      |
|                          | Signature of officer   |                    | Date  |
| Paid Preparer's Use Only |   | Date<br>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<br>KPMG LLP<br>One Financial Plaza<br>Hartford, CT 061032608 |                    | EIN ▶<br><br>Phone no ▶ (860) 522-3200          |

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

Part IIStatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

SAINT MARY'S HOSPITAL FOUNDATION'S PRIMARY PURPOSE IS TO TO RAISE MONEY IN SUPPORT OF SAINT MARY'S HOSPITAL, INC

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 \$ 725,855 including grants of \$ 319,005 ) (Revenue \$ )

SAINT MARY'S HOSPITAL FOUNDATION, INC RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFITS OF SAINT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS PLEASE SEE STATEMENT 1 FOR A DESCRIPTION OF SAINT MARY'S HOSPITAL'S PROGRAM SERVICE ACCOMPLISHMENTS

4b

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

4c

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

4d

Other program services (Describe in Schedule O )

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

4e

Total program service expenses \$ 725,855

Part IV Checklist of Required Schedules

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.   | Yes |    |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?  | Yes |    |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.  |     | No |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.   |     | No |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.   |     |    |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.  |     | No |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II.   |     | No |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.   |     | No |
| 9   | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.   |     | No |
| 10  | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.  | 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? If "Yes," complete Schedule D, Part VI.   | 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? If "Yes," complete Schedule D, Part VII.   |     | No |
| 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? If "Yes," complete Schedule D, Part VIII.   |     | 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? If "Yes," complete Schedule D, Part IX.  |     | No |
| e   | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.   | 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)? If "Yes," complete Schedule D, Part X.  | Yes |    |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.   | Yes |    |
| b   | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.  | Yes |    |
| 13  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.   |     | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States?  |     | 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? If "Yes," complete Schedule F, Part I. |     | 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 ? If "Yes," complete Schedule F, Part II and IV.   |     | 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 ? If "Yes," complete Schedule F, Part III and IV.   |     | 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? If "Yes," complete Schedule G, Part I.   |     | 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? If "Yes," complete Schedule G, Part II.  | Yes |    |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.  |     | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H.   |     | No |
| b   | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements.   |     |    |

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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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 |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 29  | Yes |    |
| 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  |     | No |
| 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 |     | No |
| 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 |     | No |
| 36  | <b>Section 501(c)(3) organizations.</b> 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  |     |    |
| 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? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .   | 38  | Yes |    |

| Part V Statements Regarding Other IRS Filings and Tax Compliance                                |   |     | Yes | No  |
|---|---|-----|-----|-----|
| Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/> |   |     |     |     |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.<br>.  | 1a0 | 1c  |     |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.  | 1b0 |     |     |
| c   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  |     |     |     |
| 2a  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.<br>.  | 2a0 | 2b  |     |
| b   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><br>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).  |     |     |     |
| 3a  | Did the organization have unrelated business gross income of \$1,000 or more during the year?   |     |     |     |
| b   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.   |     | 3a  | No  |
| 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)?<br>.   |     | 4a  | No  |
| b   | If "Yes," enter the name of the foreign country: _____<br>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  | Yes |
| d   | If "Yes," indicate the number of Forms 8282 filed during the year.  | 7d0 |     |     |
| 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   | No  |
| 9   | Sponsoring organizations maintaining donor advised funds.   |     |     |     |
| a   | Did the organization make any taxable distributions under section 4966?   |     | 9a  | No  |
| b   | Did the organization make a distribution to a donor, donor advisor, or related person?  |     | 9b  | No  |
| 10  | Section 501(c)(7) organizations. Enter  |     |     |     |
| a   | Initiation fees and capital contributions included on Part VIII, line 12.   | 10a |     |     |
| b   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  | 10b |     |     |
| 11  | Section 501(c)(12) organizations. Enter   |     |     |     |
| a   | Gross income from members or shareholders.  | 11a |     |     |
| b   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  | 11b |     |     |
| 12a   | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |     | 12a |     |
| b   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  | 12b |     |     |
| 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?<br>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 | 22  |     |     |
| b  | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 1b  | 18  |
| 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 | No  |
|     | 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 | No  |
| 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 |     |

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.<br><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"/><br>RENEE WARNER<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>(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)<br>Name and Title                           | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) ERIC D ALBERT<br>CHAIRMAN                   | 2 0  | X   |                       | X       |              |                              |        |  |   |   |
| (2) CHAD WABLE<br>DIRECTOR                      | 1 0  | X   |                       |         |              |                              |        |  | 551,739   | 151,498   |
| (3) JOSEPH CARLSON III<br>DIRECTOR              | 2 0  | X   |                       |         |              |                              |        |  |   |   |
| (4) JACI CARROLL-HANRATTY<br>DIRECTOR           | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (5) MICHAEL C CULHANE<br>DIRECTOR               | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (6) LEO J FRANK<br>TREASURER                    | 1 0  | X   |                       | X       |              |                              |        |  |   |   |
| (7) PETER J JACOBY M D<br>EMERGENCY PHYSICIAN   | 3 0  | X   |                       |         |              |                              |        | 0  | 435,716   | 32,302  |
| (8) PAUL J LARGAY<br>DIRECTOR                   | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (9) GEORGE J STROBEL JR<br>SECRETARY            | 1 0  | X   |                       | X       |              |                              |        |  |   |   |
| (10) MARK C YANARELLA<br>VICE CHAIRMAN          | 2 0  | X   |                       | X       |              |                              |        |  |   |   |
| (11) SHARON ZILAHY RN<br>DIRECTOR               | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (12) PAUL KELLY M D<br>DIRECTOR                 | 1 0  | X   |                       |         |              |                              |        |  | 338,925   | 10,790  |
| (13) LAURA ST JOHN<br>DIRECTOR                  | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (14) CARMEN ANTHONY VACALEBRE<br>DIRECTOR       | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (15) JOHN A ZINNO JR<br>DIRECTOR                | 1 0  | X   |                       |         |              |                              |        |  |   |   |
| (16) MARGARET J LAWLOR<br>PRESIDENT, FOUNDATION | 19 0   | X   |                       | X       |              |                              |        |  | 103,185   |   |
| (17) DONNA M DEVINO<br>DIRECTOR                 | 1 0  | X   |                       |         |              |                              |        |  |   |   |



Part VII

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

| (A)<br>Name and Title  | (B)<br>Average hours per week (describe hours for related organizations in Schedule O) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) PETER R DOIRON<br>DIRECTOR                                | 10   | X   |                       |         |              |                              |        |  |   |   |
| (19) LEONARD F GENOVESE<br>DIRECTOR                            | 10   | X   |                       |         |              |                              |        |  |   |   |
| (20) BRIAN M JONES CPA<br>DIRECTOR                             | 10   | X   |                       |         |              |                              |        |  |   |   |
| (21) DOROTHY C KEGGI<br>DIRECTOR                               | 10   | X   |                       |         |              |                              |        |  |   |   |
| (22) JOHN S PRONOVOST<br>DIRECTOR                              | 10   | X   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
|  |  |   |                       |         |              |                              |        |  |   |   |
| <b>1b Sub-Total</b>  |  |   |                       |         |              |                              |        |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        | 0  | 1,429,565   | 194,590   |

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▶0

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

Section B. Independent Contractors

1

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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 ▶0

Part VIII Statement of Revenue

|   |   |   |  | (A)<br>Total revenue | (B)<br>Related or<br>exempt<br>function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections<br>512, 513, or<br>514 |
|---|---|---|--|----------------------|--|---|---|
| Contributions, gifts, grants<br>and other similar amounts | 1a  | Federated campaigns . . .   | 1a   |                      |  |   |   |
|   | b   | Membership dues . . . . .   | 1b   |                      |  |   |   |
|   | c   | Fundraising events . . . . .  | 1c   | 484,529              |  |   |   |
|   | d   | Related organizations . . . .   | 1d   |                      |  |   |   |
|   | e   | Government grants (contributions)   | 1e   |                      |  |   |   |
|   | f   | All other contributions, gifts, grants, and<br>similar amounts not included above   | 1f   | 89,982               |  |   |   |
|   | g   | Noncash contributions included in<br>lines 1a-1f \$ 147,761   |  |                      |  |   |   |
|   | h   | Total. Add lines 1a-1f . . . . .  |  |                      |  |   |   |
| Program Service Revenue                                   | 2a  |   | Business Code  |                      |  |   |   |
|   | b   |   |  |                      |  |   |   |
|   | c   |   |  |                      |  |   |   |
|   | d   |   |  |                      |  |   |   |
|   | e   |   |  |                      |  |   |   |
|   | f   | All other program service revenue   |  |                      |  |   |   |
|   | g   | Total. Add lines 2a-2f . . . . .  |  |                      | 0  |   |   |
|   | Other Revenue                             | 3   | Investment income (including dividends, interest<br>and other similar amounts) . . . . . |                      | 123,324  |   |   |
| 4   |   | Income from investment of tax-exempt bond proceeds . .  |  | 0                    |  |   |   |
| 5   |   | Royalties . . . . .   |  | 0                    |  |   |   |
| 6a  |   | Gross rents   | (i) Real (ii) Personal   |                      |  |   |   |
| b   |   | Less rental<br>expenses   |  |                      |  |   |   |
| c   |   | Rental income<br>or (loss)  |  |                      |  |   |   |
| d   |   | Net rental income or (loss) . . . . .   |  |                      |  |   |   |
| 7a  |   | Gross amount<br>from sales of<br>assets other<br>than inventory   | (i) Securities (ii) Other  |                      |  |   |   |
| b   |   | Less cost or<br>other basis and<br>sales expenses   |  |                      |  |   |   |
| c   |   | Gain or (loss)  |  |                      |  |   |   |
| d   |   | Net gain or (loss) . . . . .  |  | 0                    |  |   |   |
| 8a  |   | Gross income from fundraising<br>events (not including<br>\$ 484,529<br>of contributions reported on line 1c)<br>See Part IV, line 18 . . . . | a  | 133,667              | -80,298  |   | -80,298   |
| b   |   | Less direct expenses . . . .  | b  | 213,965              |  |   |   |
| c   |   | Net income or (loss) from fundraising events . .  |  |                      |  |   |   |
| 9a  |   | Gross income from gaming activities<br>See Part IV, line 19 . . . .   | a  |                      | 0  |   |   |
| b   |   | Less direct expenses . . . .  | b  |                      |  |   |   |
| c   |   | Net income or (loss) from gaming activities . .   |  |                      |  |   |   |
| 10a   |   | Gross sales of inventory, less<br>returns and allowances . . . .  | a  |                      | 0  |   |   |
| b   |   | Less cost of goods sold . . .   | b  |                      |  |   |   |
| c   |   | Net income or (loss) from sales of inventory . .  |  |                      |  |   |   |
|   | Miscellaneous Revenue                     |   | Business Code  |                      |  |   |   |
| 11a   |   |   |  |                      |  |   |   |
| b   |   |   |  |                      |  |   |   |
| c   |   |   |  |                      |  |   |   |
| d   | All other revenue . . . . .               |   |  |                      |  |   |   |
| e   | Total. Add lines 11a-11d . . . . .        |   |  | 0                    |  |   |   |
| 12  | Total revenue. See Instructions . . . . . |   |  | 617,537              |  |   | 43,026  |

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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States See Part IV, line 21  | 319,005               | 319,005                         |  |                             |
| 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  | 129,673               | 129,673                         |  |                             |
| 6  | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   | 0                     |                                 |  |                             |
| 7  | Other salaries and wages  | 126,959               | 126,959                         |  |                             |
| 8  | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   | 0                     |                                 |  |                             |
| 9  | Other employee benefits   | 33,497                | 33,497                          |  |                             |
| 10   | Payroll taxes   | 0                     |                                 |  |                             |
| 11   | Fees for services (non-employees)   |                       |                                 |  |                             |
| a  | Management  | 0                     |                                 |  |                             |
| b  | Legal   | 0                     |                                 |  |                             |
| c  | Accounting  | 28,700                |                                 | 28,700                                 |                             |
| d  | Lobbying  | 0                     |                                 |  |                             |
| e  | Professional fundraising See Part IV, line 17   | 0                     |                                 |  |                             |
| f  | Investment management fees  | 22,957                |                                 | 22,957                                 |                             |
| g  | Other   | 0                     |                                 |  |                             |
| 12   | Advertising and promotion   | 0                     |                                 |  |                             |
| 13   | Office expenses   | 66,395                | 8,628                           | 33,683                                 | 24,084                      |
| 14   | Information technology  | 0                     |                                 |  |                             |
| 15   | Royalties   | 0                     |                                 |  |                             |
| 16   | Occupancy   | 12,504                |                                 | 12,504                                 |                             |
| 17   | Travel  | 0                     |                                 |  |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0                     |                                 |  |                             |
| 19   | Conferences, conventions, and meetings  | 34                    |                                 | 34                                     |                             |
| 20   | Interest  | 109                   |                                 | 109                                    |                             |
| 21   | Payments to affiliates  | 0                     |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization   | 3,886                 |                                 | 3,886                                  |                             |
| 23   | Insurance   | 0                     |                                 |  |                             |
| 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  | PUBLIC AND EMPLOYEE RELATIONS   | 15,843                | 12,790                          |  | 3,053                       |
| b  | CONTRACT FEES   | 2,055                 |                                 | 2,055                                  |                             |
| c  | CONSULTANT FEES   | 6,041                 |                                 | 5,591                                  | 450                         |
| d  | BAD DEBT EXPENSE  | 92,771                | 92,771                          |  |                             |
| e  |   |                       |                                 |  |                             |
| f  | All other expenses  | 3,735                 | 2,532                           | 1,203                                  |                             |
| 25   | Total functional expenses. Add lines 1 through 24f  | 864,164               | 725,855                         | 110,722                                | 27,587                      |
| 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 . . . . .   |     |        | 1,150,027         | 1   | 1,162,639   |
|                             | 2   | Savings and temporary cash investments . . . . .  |     |        | 127,915           | 2   | 254,742     |
|                             | 3   | Pledges and grants receivable, net . . . . .  |     |        | 202,457           | 3   | 68,162      |
|                             | 4   | Accounts receivable, net . . . . .  |     |        | 0                 | 4   | 0           |
|                             | 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 . . . . .   |     |        | 0                 | 7   | 0           |
|                             | 8   | Inventories for sale or use . . . . .   |     |        | 454               | 8   | 0           |
|                             | 9   | Prepaid expenses and deferred charges . . . . .   |     |        | 7,977             | 9   | 3,473       |
|                             | 10a   | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | 10a | 49,351 |                   |     |             |
|                             | b   | Less: accumulated depreciation . . . . .  | 10b | 41,851 | 11,386            | 10c | 7,500       |
|                             | 11  | Investments—publicly traded securities . . . . .  |     |        | 2,818,284         | 11  | 3,175,861   |
|                             | 12  | Investments—other securities. See Part IV, line 11 . . . . .  |     |        | 0                 | 12  | 0           |
|                             | 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 . . . . .  |     |        | 8,443             | 15  | 0           |
|                             | 16  | <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .  |     |        | 4,326,943         | 16  | 4,672,377   |
| Liabilities                 | 17  | Accounts payable and accrued expenses . . . . .   |     |        | 81,810            | 17  | 51,620      |
|                             | 18  | Grants payable . . . . .  |     |        | 0                 | 18  | 0           |
|                             | 19  | Deferred revenue . . . . .  |     |        | 0                 | 19  | 0           |
|                             | 20  | Tax-exempt bond liabilities . . . . .   |     |        | 0                 | 20  | 0           |
|                             | 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 . . . . .  |     |        | 0                 | 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 . . . . . |     |        | 36,449            | 25  | 125,763     |
|                             | 26  | <b>Total liabilities.</b> Add lines 17 through 25 . . . . .   |     |        | 118,259           | 26  | 177,383     |
| Net Assets or Fund Balances | <b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b> |   |     |        |                   |     |             |
|                             | 27  | Unrestricted net assets . . . . .   |     |        | 1,137,790         | 27  | 1,281,712   |
|                             | 28  | Temporarily restricted net assets . . . . .   |     |        | 2,103,005         | 28  | 2,245,393   |
|                             | 29  | Permanently restricted net assets . . . . .   |     |        | 967,889           | 29  | 967,889     |
|                             | <b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>                          |   |     |        |                   |     |             |
|                             | 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  | <b>Total net assets or fund balances . . . . .</b>  |     |        | 4,208,684         | 33  | 4,494,994   |
|                             | 34  | <b>Total liabilities and net assets/fund balances . . . . .</b>   |     |        | 4,326,943         | 34  | 4,672,377   |

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 | 617,537   |
| 2 | Total expenses (must equal Part IX, column (A), line 25)  | 2 | 864,164   |
| 3 | Revenue less expenses Subtract line 2 from line 1   | 3 | -246,627  |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4 | 4,208,684 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O)  | 5 | 532,937   |
| 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 | 4,494,994 |

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<br>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?<br>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<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" 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?   |     | No |
| 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   |     |    |

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<br>Saint Mary's Hospital Foundation Inc | Employer identification number<br>22-2528400 |
|--|--|

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)<br>Name of supported organization | (ii)<br>EIN | (iii)<br>Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv)<br>Is the organization in col (i) listed in your governing document? |    | (v)<br>Did you notify the organization in col (i) of your support? |    | (vi)<br>Is the organization in col (i) organized in the U S ? |    | (vii)<br>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 (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.")   | 534,106  | 818,683  | 796,212  | 453,825  | 574,511  | 3,177,337 |
| 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  | 534,106  | 818,683  | 796,212  | 453,825  | 574,511  | 3,177,337 |
| 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) |          |          |          |          |          | 380,468   |
| 6 Public Support. Subtract line 5 from line 4   |          |          |          |          |          | 2,796,869 |

Section B. Total Support

| Calendar year (or fiscal year beginning in)  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4  | 534,106  | 818,683  | 796,212  | 453,825  | 574,511  | 3,177,337 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 247,191  |          | 80,789   | 113,108  | 123,324  | 564,412   |
| 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)  |          |          |          |          |          | 3,741,749 |

12 Gross receipts from related activities, etc (See instructions )

122,540,290

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 | 74 748 % |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14                      | 15 | 83 770 % |

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 <b>stop here</b> |          |          |          |          |          |           |

| 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 <b>stop here</b> . 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 <b>stop here</b> . 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 D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Saint Mary's Hospital Foundation Inc

Employer identification number  
22-2528400

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

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

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

1

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

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

► \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

5

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

☐ Yes

☐ No

Part IV

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 . . . . .                      | 1,076,292     | 1,090,306         | 1,080,380           | 1,059,146          |
| b  | Contributions . . . . .                                  |               |                   |                     |                    |
| c  | Investment earnings or losses . . . . .                  | 152,610       | -14,014           | 86,655              | 33,734             |
| d  | Grants or scholarships . . . . .                         |               |                   |                     |                    |
| e  | Other expenditures for facilities and programs . . . . . |               |                   | 76,729              | 12,500             |
| f  | Administrative expenses . . . . .                        |               |                   |                     |                    |
| g  | End of year balance . . . . .                            | 1,228,902     | 1,076,292         | 1,090,306           | 1,080,380          |

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 79 000 %

c

Term endowment ▶ 21 000 %

3a

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

(i)

unrelated organizations . . . . .

3a(i)

☐ Yes

☐ No

(ii)

related organizations . . . . .

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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 . . . . .  |                                      |                                 |                              |                |
| b Buildings . . . . .  |                                      |                                 |                              |                |
| c Leasehold improvements . . . . .   |                                      |                                 |                              |                |
| d Equipment . . . . .  |                                      | 49,351                          | 41,851                       | 7,500          |
| e Other . . . . .  |                                      |                                 |                              |                |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶ |                                      |                                 |                              | 7,500          |



| Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements |   |    |          |
|---|---|----|----------|
| 1   | Total revenue (Form 990, Part VIII, column (A), line 12)                        | 1  | 617,537  |
| 2   | Total expenses (Form 990, Part IX, column (A), line 25)                         | 2  | 864,164  |
| 3   | Excess or (deficit) for the year Subtract line 2 from line 1                    | 3  | -246,627 |
| 4   | Net unrealized gains (losses) on investments                                    | 4  | 532,937  |
| 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  | 532,937  |
| 10  | Excess or (deficit) for the year per financial statements Combine lines 3 and 9 | 10 | 286,310  |

| Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return |  |    |           |
|--|--|----|-----------|
| 1  | Total revenue, gains, and other support per audited financial statements . . . . .         | 1  | 1,364,439 |
| 2  | Amounts included on line 1 but not on Form 990, Part VIII, line 12                         |    |           |
| a  | Net unrealized gains on investments . . . . .  | 2a | 532,937   |
| 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 | 532,937   |
| 3  | Subtract line 2e from line 1 . . . . .   | 3  | 831,502   |
| 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 | -213,965  |
| c  | Add lines 4a and 4b . . . . .  | 4c | -213,965  |
| 5  | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . . | 5  | 617,537   |

| Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return |   |    |           |
|---|---|----|-----------|
| 1   | Total expenses and losses per audited financial statements . . . . .                        | 1  | 1,078,129 |
| 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 | 213,965   |
| e   | Add lines 2a through 2d . . . . .   | 2e | 213,965   |
| 3   | Subtract line 2e from line 1 . . . . .  | 3  | 864,164   |
| 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  | 864,164   |

Part XIVSupplemental 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   | SCHEDULE D, PART V             | THE ENDOWMENT FUNDS OF THE FOUNDATION INCLUDE PERMANENT AND TERM RESTRICTED INVESTMENTS. THE PERMANENT ENDOWMENT FUNDS INCLUDE VARIOUS WILLS AND ESTATES WHEREBY THE ORIGINAL GIFT IS PERMANENTLY RESTRICTED AND THE INCOME GENERATED IS UNRESTRICTED AND USED TO SUPPORT HOSPITAL OPERATIONS. THE TERM RESTRICTED FUNDS INCLUDE A TOTAL OF 74 FUNDS RESTRICTED AS TO USE. THESE FUNDS ARE ORGANIZED INTO ELEVEN CATEGORIES, BASED UPON THE INTENDED USE OF THE FUND. THE CATEGORIES ARE CARDIOLOGY, CHILDREN AND FAMILY HEALTH CLINICS, EMERGENCY DEPARTMENT, DEPARTMENT OF SURGERY, NURSING DEPARTMENTS, CLINICAL DEPARTMENTS, NON-CLINICAL DEPARTMENTS, MEDICAL/SURGICAL EDUCATION, SPECIAL FUNDS, SCHOLARSHIP FUNDS AND EDUCATION FUNDS. THE FUNDS ARE USED BASED ON THE DONOR STIPULATED RESTRICTIONS. |
| OTHER REVENUE INCLUDED ON RETURN BUT NOT ON LINE 1                    | SCHEDULE D, PART XII, LINE 4B  | FUNDRAISING EXPENSES (\$213,965)  |
| OTHER EXPENSES INCLUDED ON THE FINANCIAL STATEMENTS BUT NOT ON RETURN | SCHEDULE D, PART XIII, LINE 2D | FUNDRAISING EXPENSES \$213,965  |
| FIN 48 (ASC 740) MEMO   | SCHEDULE D, PART X, LINE 2     | THE FOUNDATION IS A NOT-FOR-PROFIT CORPORATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE CODE) AND IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES PURSUANT TO SECTION 501(A) OF THE CODE. THE FOUNDATION 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 JUDGEMENT OCCURS. THE FOUNDATION DID NOT RECOGNIZE THE EFFECT OF ANY INCOME TAX POSITIONS IN EITHER 2012 OR 2011.   |

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,  
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
Saint Mary's Hospital Foundation Inc

Employer identification number  
22-2528400

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☐ Mail solicitations

b

☐ Internet and e-mail solicitations

c

☐ Phone solicitations

d

☐ In-person solicitations

e

☐ Solicitation of non-government grants

f

☐ Solicitation of government grants

g

☐ Special fundraising events

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
|---|---------------|--|----|-----------------------------------|--|---|
|   |               | Yes  | No |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
|   |               |  |    |                                   |  |   |
| Total . . . . . ▶   |               |  |    |                                   |  |   |

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2011

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

| Revenue         |  |   | (a) Event #1 | (b) Event #2           | (c) Other Events | (d) Total Events     |             |
|-----------------|--|---|--------------|------------------------|------------------|----------------------|-------------|
|                 |  |   | <u>GALA</u>  | <u>GOLF TOURNAMENT</u> | <u>1</u>         | (Add col (a) through |             |
|                 |  |   | (event type) | (event type)           | (total number)   | col (c))             |             |
|                 | 1  | Gross receipts . . . .  | 312,201      | 231,025                | 74,970           | 618,196              |             |
|                 | 2  | Less Charitable contributions . . . .                                 | 274,715      | 162,220                | 47,594           | 484,529              |             |
| 3               | Gross income (line 1 minus line 2) . . . . | 37,486  | 68,805       | 27,376                 | 133,667          |                      |             |
| Direct Expenses | 4  | Cash prizes . . . .   |              |                        |                  |                      |             |
|                 | 5  | Non-cash prizes . . . .   | 15,408       |                        |                  | 15,408               |             |
|                 | 6  | Rent/facility costs . . . .   |              |                        |                  |                      |             |
|                 | 7  | Food and beverages . . . .  |              |                        |                  |                      |             |
|                 | 8  | Entertainment . . . .   |              |                        |                  |                      |             |
|                 | 9  | Other direct expenses . . . .   | 91,709       | 77,998                 | 28,850           | 198,557              |             |
|                 | 10   | Direct expense summary Add lines 4 through 9 in column (d). . . . . ► |              |                        |                  |                      | ( 213,965 ) |
|                 | 11   | Net income summary Combine lines 3 and 10 in column (d). . . . . ►    |              |                        |                  |                      | -80,298     |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| Revenue         |   | (a) Bingo   | (b) Pull tabs/Instant<br>bingo/progressive bingo                  | (c) Other gaming  | (d) Total gaming<br>(Add col (a) through<br>col (c)) |
|-----------------|---|---|---|---|--|
|                 | 1 Gross revenue . . . . .   |   |   |   |  |
| Direct Expenses | 2 Cash prizes . . . . .   |   |   |   |  |
|                 | 3 Non-cash prizes . . . . .   |   |   |   |  |
|                 | 4 Rent/facility costs . . . . .   |   |   |   |  |
|                 | 5 Other direct expenses . . . . .   |   |   |   |  |
|                 | 6 Volunteer labor . . . . .   | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No | <input type="checkbox"/> Yes .....<br><input type="checkbox"/> No |  |
|                 | 7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶    |   |   |   | ( )  |
|                 | 8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶ |   |   |   |  |

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 11**

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12**

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

**13**

Indicate the percentage of gaming activity operated in

|          |                             |            |  |
|----------|-----------------------------|------------|--|
| <b>a</b> | The organization's facility | <b>13a</b> |  |
| <b>b</b> | An outside facility         | <b>13b</b> |  |

**14**

Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

**15a**

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

**b**

If "Yes," enter the amount of gaming revenue received by the organization and the amount of gaming revenue retained by the third party

\$ \$

**c**

If "Yes," enter name and address

Name

Address

**16**

Gaming manager information

Name

Gaming manager compensation

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

**17**

Mandatory distributions

**a**

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

**b**

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year

\$

Part IV

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

|            |                 |             |
|------------|-----------------|-------------|
| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|



## 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**

# 2011

## Open to Public Inspection

Name of the organization  
Saint Mary's Hospital Foundation Inc

22-2528400

## 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.

[illegible]

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   |
|--|----------------------------|---|
| GRANTS OR ASSISTANCE TO ORGANIZATIONS IN THE U S | SCHEDULE I, PART I, LINE 2 | SAINT MARY'S HOSPITAL FOUNDATION, INC RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND ARE DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS |

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  
Saint Mary's Hospital Foundation Inc

Employer identification number  
22-2528400

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"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</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   |     |    |
| 2  | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?  |     |    |
| 3  | Indicate which, if any, of the following the 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 type="checkbox"/> Written employment contract</div></div> <div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</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?   |     | No |
| b  | Participate in, or receive payment from, a supplemental nonqualified retirement plan?   | Yes |    |
| c  | Participate in, or receive payment from, an equity-based compensation arrangement?  |     | 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?   |     | No |
| b  | Any related organization?   |     | 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?   |     | No |
| b  | Any related organization?   | Yes |    |
|    | 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  |     | 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  |     | No |
| 9  | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?  |     |    |

**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.

**Schedule J (Form 990) 2011**

**Part III**   **Supplemental 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   |
|---|---------------------------------|---|
| ESTABLISH COMPENSATION  | SCHEDULE J, PART I, LINE 3      | SAINT MARY'S FOUNDATION'S OFFICER SALARY AND BENEFITS ARE PAID BY SAINT MARY'S HOSPITAL. OFFICER SALARIES ARE DETERMINED UNDER THE COMPENSATION POLICIES OF SAINT MARY'S HOSPITAL WHICH MEET THE REQUIREMENTS OF THE REBUTTABLE PRESUMPTION. THE POLICIES INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD AND COMPENSATION COMMITTEE. SEE FURTHER DISCUSSION ON SCHEDULE O.  |
| PARTICIPATION IN OR PAYMENT FROM A NONQUALIFIED RETIREMENT PLAN | SCHEDULE J, PART I, LINE 4B     | Saint Mary's Foundation does not have a nonqualified retirement plan. However, Chad Wable participated in a supplemental nonqualified retirement plan at Saint Mary's Hospital. No payment was received by this individual during the fiscal year ending 2012 from the Saint Mary's Hospital plan.  |
| COMPENSATION CONTINGENT ON NET EARNINGS                         | SCHEDULE J, PART I, QUESTION 6A | Saint Mary's Foundation does not directly pay bonuses to its senior leaders. However, individuals listed in schedule J receive compensation from Saint Mary's Hospital. Each senior leader of Saint Mary's Hospital is provided a bonus based on net earnings and other corporate goals. The bonus is contingent on corporate goals and objectives each year. During 2012, 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. |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Saint Mary's Hospital Foundation Inc

Employer identification number  
22-2528400

Part I

Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of Contributions<br>or items contributed | (c)<br>Contribution amounts<br>reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .                                 |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .                                 |                                  |  |   |  |
| 4 Books and publications . . . . .                                   |                                  |  |   |  |
| 5 Clothing and household goods . . . . .                             |                                  |  |   |  |
| 6 Cars and other vehicles . . . . .                                  |                                  |  |   |  |
| 7 Boats and planes . . . . .   |                                  |  |   |  |
| 8 Intellectual property . . . . .                                    |                                  |  |   |  |
| 9 Securities—Publicly traded . . . . .                               |                                  |  |   |  |
| 10 Securities—Closely held stock . . . . .                           |                                  |  |   |  |
| 11 Securities—Partnership, LLC, or trust interests . . . . .         |                                  |  |   |  |
| 12 Securities—Miscellaneous . . . . .                                |                                  |  |   |  |
| 13 Qualified conservation contribution—Historic structures . . . . . |                                  |  |   |  |
| 14 Qualified conservation contribution—Other . . . . .               |                                  |  |   |  |
| 15 Real estate—Residential . . . . .                                 |                                  |  |   |  |
| 16 Real estate—Commercial . . . . .                                  |                                  |  |   |  |
| 17 Real estate—Other . . . . .                                       |                                  |  |   |  |
| 18 Collectibles . . . . .  |                                  |  |   |  |
| 19 Food inventory . . . . .  |                                  |  |   |  |
| 20 Drugs and medical supplies . . . . .                              |                                  |  |   |  |
| 21 Taxidermy . . . . .   |                                  |  |   |  |
| 22 Historical artifacts . . . . .                                    |                                  |  |   |  |
| 23 Scientific specimens . . . . .                                    |                                  |  |   |  |
| 24 Archeological artifacts . . . . .                                 |                                  |  |   |  |
| FUNDRAISING RAFFLE   |                                  |  |   |  |
| 25 Other ► ( CONTRIBUTIONS )   | X                                | 344  | 147,761   | FMV  |
| 26 Other ► ( )   |                                  |  |   |  |
| 27 Other ► ( )   |                                  |  |   |  |
| 28 Other ► ( )   |                                  |  |   |  |

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

32a

Yes

No

b

If "Yes," describe in Part II

33

If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) 2011

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|------------|------------------|-------------|

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<br>Saint Mary's Hospital Foundation Inc | Employer identification number<br>22-2528400 |
|--|--|

| Identifier                      | Return Reference            | Explanation  |
|---------------------------------|-----------------------------|--|
| PROGRAM SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A | <p>SAINT MARY'S HOSPITAL FOUNDATION, INC RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS SAINT MARY'S HOSPITAL HAS MANY IMPORTANT SERVICE ACCOMPLISHMENTS IN THE AREAS OF INPATIENT SERVICES AND OUTPATIENT SERVICES THE HOSPITAL ALSO PROVIDES MANY COMMUNITY BENEFITS</p> <p>ST MARY'S HOSPITAL, INC INPATIENT SERVICES =====</p> <p>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 PHY SICIANS 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 SY STEM 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  |
|--|---------------------------------------|--|
| ST MARY'S HOSPITAL, INC OUTPATIENT SERVICE ACCOMPLISHMENTS | FORM 990, PART III, LINE 4A CONTINUED | <p>SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHURY AND PROSPECT IN 2012, 227,275 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE 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 &amp; ONCOLOGY CENTERS IN SOUTHURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDER OF OUTPATIENT SERVICES SAINT MARY'S IS AMONG THE LARGEST AND BUSIEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VISITS PER YEAR, WE RANK AS THE 9TH BUSIEST IN THE STATE THE SAINT MARY'S EMERGENCY DEPARTMENTS IS A CERTIFIED LEVEL 2 TRAUMA CENTER, AND ALL PHY SICIANS 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 PHY SICIANS, 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   |
|---|--|---|
| PROCESS TO ELECT MEMBERS<br>OF THE GOVERNING BODY | FORM 990, PART VI,<br>SECTION A, LINE 7A | SAINT MARY'S HEALTH SYSTEM, INC IS THE SOLE MEMBER OF SAINT<br>MARY'S HOSPITAL FOUNDATION, INC AND APPOINTS THE BOARD OF<br>DIRECTORS |

| Identifier                      | Return Reference                      | Explanation   |
|---------------------------------|---------------------------------------|---|
| DECISIONS OF THE GOVERNING BODY | FORM 990, PART VI, SECTION A, LINE 7B | PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS (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 | FORM 990, PART VI, SECTION B, QUESTION 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 | FORM 990, PART VI, SECTION B, QUESTION 12C | ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF SMHS AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, AND 3) HAS AGREED TO COMPLY WITH THE POLICY THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE 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 | FORM 990, PART VI, SECTION B, QUESTIONS 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 RESPONSIBLY 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 SURVERY'S TO SET COMPENSATION LEVELS FINALLY, THE EXECUTIVE COMPENSATION COMMITTEE ADEQUATELY AND TIMELY DOCUMENTED THE BASIS FOR SETTING COMPENSATION CONCURRENTLY WITH THE MAKING OF THE DETERMINATION |

| Identifier        | Return Reference                          | Explanation   |
|-------------------|---|---|
| PUBLIC DISCLOSURE | FORM 990, 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                              |
|-----------------------------|---------------------------|--|
| OTHER CHANGES IN NET ASSETS | FORM 990, PART XI, LINE 5 | UNREALIZED GAIN ON INVESTMENTS \$532,937 |



| Identifier                            | Return Reference                     | Explanation  |
|---------------------------------------|--------------------------------------|--|
| ORGANIZATIONS<br>FINANCIAL STATEMENTS | FORM 990, PART<br>XII, LINES 2B & 2C | SAINT MARY'S HOSPITAL FOUNDATION IS AUDITED AS PART OF THE CONSOLIDATED<br>FINANCIAL STATEMENTS OF SAINT MARY'S HEALTH SYSTEM. ADDITIONALLY, THE<br>FOUNDATION ALSO RECEIVES SEPARATE AUDITED FINANCIAL STATEMENTS |

| Identifier                             | Return Reference  | Explanation                             |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME CHAD WABLE TITLE DIRECTOR HOURS 40 |

| Identifier                             | Return Reference  | Explanation                                    |
|--|-------------------|--|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME JOSEPH CARLSON III TITLE DIRECTOR HOURS 4 |

| Identifier                             | Return Reference  | Explanation   |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME PETER J JACOBY M D TITLE EMERGENCY PHYSICIAN<br>HOURS 40 |

| Identifier                             | Return Reference  | Explanation                                 |
|--|-------------------|---|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME PAUL KELLY M D TITLE DIRECTOR HOURS 40 |

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  
Saint Mary's Hospital Foundation Inc

Employer identification number  
22-2528400

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

| (a)<br>Name, address, and EIN of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |
|   |                         |  |                     |                           |                                  |

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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled organization |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                         |  |                            |   |                                  | Yes   | No |
| (1) SAINT MARY'S HOSPITAL INC<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>06-0646844           | HOSPITAL                | CT   | 501(C)(3)                  | 3   | SM HEALTHSYS                     |   | No |
| (2) HEALTH CENTER OF GREATER WATERBURY INC<br>PO BOX 2153<br>WATERBURY, CT 06722<br>83-0416893     | MANAGEMENT              | CT   | 501(C)(3)                  | 11A   | SM HOSTPIAL                      |   | No |
| (3) HAROLD LEVER REGIONAL CANCER CENTER<br>1075 CHASE PARKWAY<br>WATERBURY, CT 06708<br>06-0416893 | TREATMENT CTR           | CT   | 501(C)(3)                  | 3   | SM HOSPITAL                      |   | No |
| (4) ST MARY'S HEALTH SYSTEM INC<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>22-2528399         | HOLDING CO              | CT   | 501(C)(3)                  | 11B   | NA                               |   | No |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |
|  |                         |  |                            |   |                                  |   |    |

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)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax<br>under sections 512-<br>514) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V—UBI<br>amount in box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|-------------------------------------|---|---------------------------------|---|---|----|---|---|----|--------------------------------|
|   |                         |  |                                     |   |                                 |   | Yes                                     | No |   | Yes                                       | No |                                |
| (1) DIAGNOSTIC<br>IMAGING OF SOUTHURY<br>LLC<br><br>385 MAIN ST SOUTH<br>SOUTHURY, CT 06488<br>06-1487582 | IMAGING CENTER          | CT   | ST MARY'S HOSP                      | RELATED   | 0                               | 0   |   | No | 0   |   | No | 0 %                            |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |
|   |                         |  |                                     |   |                                 |   |   |    |   |   |    |                                |

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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|
| (1) FRANKLIN MEDICAL GROUP INC<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>06-1470493            | PHYSICIAN OFFICE        | CT  | ST MARY'S HOSP                      | C CORP   | 0                               | 0  |                                |
| (2) SAINT MARY'S PHO<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>06-1461285                      | MANAGEMENT              | CT  | NA                                  | C CORP   | 0                               | 0  |                                |
| (3) SCOVILL MEDICAL GROUP PC (SOLD 22912)<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>06-1470495 | PHYSICIAN OFFICE        | CT  | ST MARY'S HOSP                      | C CORP   | 0                               | 0  |                                |
| (4) PRIMARY CARE PARTNERS (MERGED 51012)<br>56 FRANKLIN STREET<br>WATERBURY, CT 06706<br>26-3677154  | PHYSICIAN OFFICE        | CT  | ST MARY'S HOSP                      | C CORP   | 0                               | 0  |                                |
|  |                         |   |                                     |  |                                 |  |                                |
|  |                         |   |                                     |  |                                 |  |                                |
|  |                         |   |                                     |  |                                 |  |                                |

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

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

No

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-r) | (c)<br>Amount involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| (1)                               |                                 |                        |   |
| (2)                               |                                 |                        |   |
| (3)                               |                                 |                        |   |
| (4)                               |                                 |                        |   |
| (5)                               |                                 |                        |   |
| (6)                               |                                 |                        |   |

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 |  |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|