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Form 990

Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

Columbia St Mary's Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

4425 NORTH PORT WASHINGTON ROAD

Room/suite

City or town, state or country, and ZIP + 4

GLENDALÉ, WI 53212

D Employer identification number

39-1834639

E Telephone number

(414) 326-2230

G Gross receipts

\$ 18,751,311

F Name and address of Principal Officer

LEO BRIDEAU

4425 NORTH PORT WASHINGTON ROAD

GLENDALÉ, WI 53212

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions )

H(c) Group Exemption Number

0928

I Tax-exempt status

☒ 501(c) ( 3 ) ☐ (Insert no ) ☐ 4947(a)(1) or ☐ 527

J Web site:

COLUMBIA-STMARYS.ORG

K Type of organization

☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation

2001

M State of legal domicile

WI

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities HEALTH CARE SYSTEM DEDICATED TO MAKING A POSITIVE DIFFERENCE IN INDIVIDUALS AND OUR COMMUNITY	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	15
	4	Number of independent voting members of the governing body (Part VI, line 1b)	12
	5	Total number of employees (Part V, line 2a)	22
	6	Total number of volunteers (estimate if necessary)	12
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	0
	b	Net unrelated business taxable income from Form 990-T, line 34	0
Revenue	8	Contributions and grants (Part VIII, line 1h)	0
	9	Program service revenue (Part VIII, line 2g)	4,293,182
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,236,795
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,221,334
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,751,311
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	943,877
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 <sup>0</sup> )	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	13,997,201
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	14,941,078
	19	Revenue less expenses Subtract line 18 from line 12	3,810,233
Net Assets or Fund Balances		Beginning of Year	End of Year
	20	Total assets (Part X, line 16)	233,657,811
	21	Total liabilities (Part X, line 26)	158,280,048
	22	Net assets or fund balances Subtract line 21 from line 20	75,377,763

Part II Signature Block

Please Sign Here

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

Signature of officer

2010-05-14

RHONDA ANDERSON EXECUTIVE VP FINANCE/CFO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

Date

Check if self-employed ☐

Preparer's PTIN (See Gen Inst )

Firm's name (or yours if self-employed), address, and ZIP + 4

EIN

Phone no

DELOITTE TAX LLP

555 E Wells St Suite 1400

Milwaukee, WI 53202

(414) 271-3000

May the IRS discuss this return with the preparer shown above? (See instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization’s mission

See Additional Data Table

2

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

Yes

No

If “Yes,” describe these new services on Schedule O

3

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

Yes

No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 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 \$

14,941,078

including grants of \$

) (Revenue \$

14,436,382 )

CSM EXISTS AS THE PARENT CORPORATION IN THE CSM SYSTEM, WHICH IS COMPRISED OF FOUR HOSPITALS, (ST MARY’S HOSPITAL MILWAUKEE INC, COLUMBIA HOSPITAL, ST MARY’S HOSPITAL OZAUKEE INC, AND SACRED HEART REHABILITATION INSTITUTE INC ), 64 COMMUNITY CLINICS, THE COLUMBIA COLLEGE OF NURSING, SETON CHILDREN’S SCHOOL, A PARTNERSHIP WITH THE ORTHOPAEDIC HOSPITAL OF WISCONSIN, AND FOUR URGENT CARE CENTERS DURING FISCAL 2009, CSM’S HOSPITALS PROVIDED CARE TO 173,761 PATIENTS THE ESTIMATED UNREIMBURSED COST OF SERVICES PROVIDED TO THE ELDERLY, UNINSURED AND UNDERINSURAED TOTALED \$124,476,059 REFER TO THE COMMUNITY BENEFIT REPORT IN SCHEDULE O FOR DISCUSSION OF HOW CSM MAKES A POSITIVE DIFFERENCE IN THE HEALTH STATUS OF ITS COMMUNITY, FOCUSING ON THOSE WHO ARE VULNERABLE

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 \$













14,941,078

Must equal Part IX, Line 25, column (B).









Form 990 (2008)

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?		No
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	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 		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 hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	Yes	
13	Is the organization a school as 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 U S?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 		No

**Part IV Checklist of Required Schedules** *(Continued)*

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 		No
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . . 	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		No
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<b>32</b> 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> . . . . .		No
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . . 		No
<b>34</b> 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> . . . . . 	Yes	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 	Yes	
<b>36</b> 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . 		No
<b>37</b> Did the organization conduct more than 5 percent 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> . . . . . 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .	1a51		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .	2a22		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . <b>Note:</b> <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .			
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 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ? . . . . .	5c		
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more? . . . . .	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .	15	
1b	Enter the number of voting members that are independent . . . . .	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	No
6	Does the organization have members or stockholders? . . . . .	6	Yes
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
8a	the governing body? . . . . .	8a	Yes
8b	each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	9a	No
9b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	Yes
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	No

Section B. Policies

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> own website <input type="checkbox"/> another's website <input checked="" type="checkbox"/> upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. Rhonda Anderson 4425 N PORT WASHINGTON ROAD GLENDALE, WI 53212 (414) 326-2228

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

Form **990** (2008)



## Part VII

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D)  Reportable compensation from the organization (W- 2/1099MISC)	(E)  Reportable compensation from related organizations (W- 2/1099- MISC)	(F)  Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in 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> . . . . .	3 Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
CG SCHMIDT BARTON MALOW 26500 AMERICAN DRIVE Southfield, MI 48034	PROJECT MANAGEMENT	10,202,173
HOK Group inc 60 East Van Buren Street Chicago, IL 60605	Architectural Design	968,747
Marsh USA Inc 411 East Wisconsin Avenue Milwaukee, WI 53202	Financial Services	745,858
CHRISTOPHER SMOCKE & ASSOCIATES 2221 NORTH TERRACE AVENUE Milwaukee, WI 53202	DESIGN AND CONSTRUCTION	697,658
THE ARGOS GROUP LLC 26500 AMERICAN DRIVE SUITE 451 SOUTHFIELD, MI 48034	PROJECT MANAGEMENT	655,711
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		10

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . 1a								
	b	Membership dues . . . . . 1b								
	c	Fundraising events . . . . . 1c								
	d	Related organizations . . . 1d								
	e	Government grants (contributions) 1e								
	f	All other contributions, gifts, grants, and similar amounts not included above 1f								
	g	Noncash contributions included in lines 1a-1f \$								
	h	Total (Add lines 1a-1f) . . . . .								
	Program Service Revenue	2a	Home office allocation					Business Code 900,099	4,252,082	4,252,082
b		Rental Income-Physicia	532,000	41,100	41,100					
c										
d										
e										
f		All other program service revenue								
g		Total. Add lines 2a-2f . . . . . \$ 4,293,182								
Other Revenue		3	Investment income (including dividends, interest other similar amounts) . . . . .							
		4	Income from investment of tax-exempt bond proceeds . . . . .		84,359			84,359		
	5	Royalties . . . . .								
	6a	Gross Rents	(i) Real	(ii) Personal						
	b	Less rental expenses								
	c	Rental income or (loss)								
	d	Net rental income or (loss) . . . . .								
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other						
			1,152,436							
			1,152,436							
	b	Less cost or other basis and sales expenses			1,152,436	1,152,436				
	c	Gain or (loss)								
	d	Net gain or (loss) . . . . .								
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . a								
									b	Less direct expenses . . . . . b
									c	Net income or (loss) from fundraising events . . . . .
	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a								
									b	Less direct expenses . . . . . b
									c	Net income or (loss) from gaming activities . . . . .
10a	Gross sales of inventory, less returns and allowances . . . . . a									
								b	Less cost of goods sold . . . . . b	
								c	Net income or (loss) from sales of inventory . . . . .	
	Miscellaneous Revenue	Business Code								
11a	JOINT VENTURE INCOME	900,099	8,990,764	8,990,764						
b	Capitalized Interest	900,099	4,135,810			4,135,810				
c	Benefits reimbursed	900,099	75,000				75,000			
d	All other revenue		19,760				19,760			
e	Total. Add lines 11a-11d . . . . . \$ 13,221,334									
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .			18,751,311	14,436,382	0	4,314,929			

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).					
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	630,553	630,553		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	196,984	196,984		
9	Other employee benefits . . . . .	63,713	63,713		
10	Payroll taxes . . . . .	52,627	52,627		
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .				
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .	263,922	263,922		
g	Other . . . . .				
12	Advertising and promotion . . . . .	72,417	72,417		
13	Office expenses . . . . .				
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	5,539,843	5,539,843		
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
19	Conferences, conventions and meetings . . . . .	199	199		
20	Interest . . . . .	3,380,724	3,380,724		
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	289,109	289,109		
23	Insurance . . . . .				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a	Asset Impairment	3,822,348	3,822,348		
b	Amortization	582,541	582,541		
c	Administrative Fee	23,682	23,682		
d	Patient Care Supplies	22,416	22,416		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	14,941,078	14,941,078	0	0
26	Joint Costs. Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .	706,558	<b>1</b>	703,246	
	<b>2</b>	Savings and temporary cash investments . . . . .	8,269,672	<b>2</b>	6,878,320	
	<b>3</b>	Pledges and grants receivable, net . . . . .		<b>3</b>		
	<b>4</b>	Accounts receivable, net . . . . .	2,727,641	<b>4</b>	68,176	
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .		<b>5</b>		
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .		<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .	2,236,794	<b>7</b>	2,004,600	
	<b>8</b>	Inventories for sale or use . . . . .	1,032,163	<b>8</b>	708,915	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	2,351,677	<b>9</b>	1,535,119	
	<b>10a</b>	Land, buildings, and equipment cost basis				
		<b>10a</b>	262,770,418			
	<b>b</b>	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .				
		<b>10b</b>	106,817,633	168,173,257	<b>10c</b>	155,952,785
	<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>		
	<b>12</b>	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	13,799,251	<b>12</b>	38,825,241	
	<b>13</b>	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .		<b>13</b>		
<b>14</b>	Intangible assets . . . . .	10,194,475	<b>14</b>	9,611,934		
<b>15</b>	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	13,085,624	<b>15</b>	17,369,475		
<b>16</b>	<b>Total assets. Add lines 1 through 15 (must equal line 34)</b>	222,577,112	<b>16</b>	233,657,811		
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .	28,626,222	<b>17</b>	23,716,010	
	<b>18</b>	Grants payable . . . . .		<b>18</b>		
	<b>19</b>	Deferred revenue . . . . .		<b>19</b>		
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b>	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .		<b>21</b>		
	<b>22</b>	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .		<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable . . . . .		<b>24</b>		
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	139,932,337	<b>25</b>	134,564,038	
	<b>26</b>	<b>Total liabilities. Add lines 17 through 25</b> . . . . .	168,558,559	<b>26</b>	158,280,048	
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>					
	<b>27</b>	Unrestricted net assets . . . . .	54,018,553	<b>27</b>	51,211,275	
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>	18,067,766	
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>	6,098,722	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds		<b>32</b>		
	<b>33</b>	Total net assets or fund balances . . . . .	54,018,553	<b>33</b>	75,377,763	
	<b>34</b>	Total liabilities and net assets/fund balances . . . . .	222,577,112	<b>34</b>	233,657,811	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	<b>2a</b>	No
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	If "Yes" to lines 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? . . . . .	<b>2c</b>	Yes
<b>3a</b>	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? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization Columbia St Mary's Inc	Employer identification number 39-1834639
--	--

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

1

☐

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

2

☐

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

3

☐

A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H )

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 See **Section 509(a)(4).** (See instructions )

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 organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
COLUMBIA-ST MARY'S HOSPITAL MILWAUKEE	390806315	3	Yes		Yes		Yes		2797445
ST MARY'S HOSPITAL OZAUKEE	390807063	3	Yes		Yes		Yes		1409141
SACRED HEART REHABILITATION INSTITUTION	390902199	3	Yes		Yes		Yes		45079
SETON CHILDREN'S SCHOOL	391391245	9	Yes		Yes		Yes		0
COLUMBIA COLLEGE OF NURSING INC	391596986	2	Yes		Yes		Yes		0
Total									4,251,665

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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

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

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

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

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

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

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

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
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.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test



SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Columbia St Mary's Inc

Employer identification number  
39-1834639

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

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

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
a	Total number of conservation easements
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, violations, and enforcement of the conservation easements it holds?

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

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

1a

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

b

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

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

\$

(ii) Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2008

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

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

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i)

unrelated organizations . . . . .

(ii)

related organizations . . . . .

b

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

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

4

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

Part VI

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

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .		9,243,279		9,243,279
b Buildings . . . . .		108,887,915	68,075,957	40,811,958
c Leasehold improvements . . . . .		1,636,737	345,340	1,291,397
d Equipment . . . . .		45,634,369	36,888,496	8,745,873
e Other . . . . .		97,368,118	1,507,840	95,860,278
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				155,952,785

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other ORTHOPAEDIC HOSPITAL OF WISC LLC	10,303,383	C
Other HOME CARE MEDICAL	967,055	C
Other CSM STRATEGIC ALLIANCE	44,779	C
Other HORIZON HOMECARE	3,303,535	C
Other WI MEDICAL CYCLOTRON LLC	40,000	C
Other CSM FOUNDATION (RESTRICTED FUNDS)	24,166,489	C
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12 )	38,825,241	

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

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

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

(a) Description	(b) Book value
Deferred Compensation	537,134
Assets Held for sale	3,337,557
Pension Prefunding	13,494,784
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	17,369,475

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliates	37,525,924
INTERCOMPANY DEBT TO ASCENSION HEALTH	97,038,114
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25 )	134,564,038

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

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,751,311
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	14,941,078
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,810,233
4	Net unrealized gains (losses) on investments	4	-2,633,315
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	21,634,000
8	Other (Describe in Part XIV)	8	-1,451,708
9	Total adjustments (net) Add lines 4 - 8	9	17,548,977
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	21,359,210

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	753,419,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-2,633,315
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	745,763,896
e	Add lines 2a through 2d . . . . .	2e	743,130,581
3	Subtract line 2e from line 1 . . . . .	3	10,288,419
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	8,462,892
c	Add lines 4a and 4b . . . . .	4c	8,462,892
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	18,751,311

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	733,826,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	727,347,814
e	Add lines 2a through 2d . . . . .	2e	727,347,814
3	Subtract line 2e from line 1 . . . . .	3	6,478,186
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	8,462,892
c	Add lines 4a and 4b . . . . .	4c	8,462,892
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	14,941,078

Part XIV

Supplemental Information

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

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		DEFERRED PENSION COSTS/FAS 158 ADJUSTMENT 300593 EQUITY TRANSFER TO ASCENSION HEALTH - 4189500 CHANGE IN NET ASSETS OF CSM FOUNDATION 2437199
Part XII, Line 2d - Other Adjustments		INCOME FROM AFFILIATES NOT INCLUDED ON 990 745763896
Part XII, Line 4b - Other Adjustments		HOME OFFICE ALLOCATION FROM AFFILIATES - RECLASSED FROM EXPENSES 4252082 CAPITALIZED INTEREST - RECLASSED FROM EXPENSES 4135810 OTHER EXPENSES RECLASSED TO REVENUE 75000
Part XIII, Line 2d - Other Adjustments		EXEPENSES FROM AFFILIATES NOT INCLUDED ON 990 727347814
Part XIII, Line 4b - Other Adjustments		HOME OFFICE ALLOCATION FROM AFFILIATES - RECLASSED TO REVENUE 4252082 CAPITALIZED INTEREST - RECLASSED TO REVENUE 4135810 OTHER EXPENSES RECLASSED TO REVENUE 75000
		PART X FROM THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF COLUMBIA ST MARY'S INC AND AFFILIATES EFFECTIVE JUNE 30, 2008, CSM ADOPTED FASB INTERPRETATION NO 48 "ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES" (FIN 48) THE ADOPTION OF FIN 48 DID NOT HAVE A MATERIAL IMPACT ON CSM'S FINANCIAL POSITION OR RESULTS OF OPERATIONS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Columbia St Mary's Inc

Employer identification number  
39-1834639

Part I Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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><div><div><input type="checkbox"/> First class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>b</div><div>If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>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><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a</div></div>		
<div><div>a</div><div>Receive a severance payment or change of control payment?</div></div>		No
<div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div>501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>a</div><div>The organization?</div></div>		No
<div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>	Yes	
<div><div>8</div><div>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</div></div>		No

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David Hoogerland MD	(i)							
	(ii)	372,561		44,704	55,299	50,047	522,611	
Kevin Goniu	(i)							
	(ii)	574,267		48,365	31,222	55,378	709,232	
Leo P Brideau	(i)							
	(ii)	720,545	54,628	185,661	67,458	55,985	1,084,277	
Brian Regan	(i)							
	(ii)	218,577		69,522	28,709	10,359	327,167	
Amy Marquardt	(i)							
	(ii)	202,160		24,020	28,343	13,232	267,755	
Cheryl Hill	(i)							
	(ii)	181,880		36,547	25,289	28,260	271,976	
David H Shapiro MD	(i)							
	(ii)	261,496	62,500	70,150	42,467	11,305	447,918	
Gerri Lietz-Staffileno	(i)							
	(ii)	161,911		37,675	40,032	23,497	263,115	
Karol Marciano	(i)							
	(ii)	219,465		58,149	30,338	21,633	329,585	
Mary Paul	(i)							
	(ii)	297,943	57,925	98,052	20,910	16,200	491,030	
Sue Sanicola	(i)							
	(ii)	146,999		44,790	12,650	29,846	234,285	
Therese Pandl	(i)							
	(ii)	335,353	37,500	75,442	63,838	38,883	551,016	
William Hart	(i)							
	(ii)	208,446		21,343	12,784	19,204	261,777	
Charles Dreher	(i)							
	(ii)	269,572		74,913	41,831	29,881	416,197	
	(i)							
	(ii)							

## 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

[illegible]

Software ID:  
Software Version:  
EIN: 39-1834639  
Name: Columbia St Mary's Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David Hoogerland MD	(i) (ii)	372,561		44,704	55,299	50,047	522,611	
Kevin Goniu	(i) (ii)	574,267		48,365	31,222	55,378	709,232	
Leo P Brideau	(i) (ii)	720,545	54,628	185,661	67,458	55,985	1,084,277	
Brian Regan	(i) (ii)	218,577		69,522	28,709	10,359	327,167	
Amy Marquardt	(i) (ii)	202,160		24,020	28,343	13,232	267,755	
Cheryl Hill	(i) (ii)	181,880		36,547	25,289	28,260	271,976	
David H Shapiro MD	(i) (ii)	261,496	62,500	70,150	42,467	11,305	447,918	
Gerri Lietz-Staffileno	(i) (ii)	161,911		37,675	40,032	23,497	263,115	
Karol Marciano	(i) (ii)	219,465		58,149	30,338	21,633	329,585	
Mary Paul	(i) (ii)	297,943	57,925	98,052	20,910	16,200	491,030	
Sue Sanicola	(i) (ii)	146,999		44,790	12,650	29,846	234,285	
Therese Pandl	(i) (ii)	335,353	37,500	75,442	63,838	38,883	551,016	
William Hart	(i) (ii)	208,446		21,343	12,784	19,204	261,777	
Charles Dreher	(i) (ii)	269,572		74,913	41,831	29,881	416,197	



efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493134027910	
Schedule L (Form 990 or 990-EZ)	Transactions with Interested Persons				OMB No 1545-0047
					2008
	▶ Attach to Form 990 or Form 990-EZ. ▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.				
Name of the organization Columbia St Mary's Inc				Employer identification number  39-1834639	

<b>Part I Excess Benefit Transactions</b> (section 501(c)(3) and section 501 (c)(4) organizations only).			
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b			
1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?
			Yes No
2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ _____			
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ _____			

<b>Part II Loans to and/or From Interested Persons</b>										
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a										
(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total . . . . .	▶ \$ _____									

<b>Part III Grants or Assistance Benefitting Interested Persons</b>		
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.		
(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

<b>Part IV Business Transactions Involving Interested Persons</b>					
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ALL BOARD MEMBERS	CSM BOARD MEMBERS		THE BOARD MEMBERS HAVE A BUSINESS RELATIONSHIP IN THAT THEY SERVE AS THE BOARD MEMBERS OF CSM, AS WELL AS OTHER CSM AFFILIATES, INCLUDING ST MARY'S HOSPITAL OF OZAUKEE, COLUMBIA ST MARY'S HOSPITAL MILWAUKEE, COLUMBIA COLLEGE OF NURSING, SACRED HEART REHABILITATION INSTITUTE, INC AND SETON CHIDLREN'S SCHOOL		No
ALL OFFICERSKEY EMPLOYEES	OFFICER/KEY EMPLOYEE		THE OFFICERS AND KEY EMPLOYEES HAVE A BUSINESS RELATIONSHIP IN THAT THEY SERVE AS THE OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION AND OTHER RELATED CSM RELATED ORGANIZATIONS REFER TO FORM 990, PART VII FOR DISCLOSURE OF THEIR COMPENSATION PAID BY THE RELATED ORGANIZATIONS		No
James B Wigdale	Board MEmber		In addition to serving as a board member for columbia center and columbia health system, James B Wigdale serves on the board of Columbia St Mary's, a related organization No compensation for these roles is recieved		No
LINDA T MELLOWES	BOARD MEMBER		BOARD MEMBER OF MEDICAL COLLEGE OF WISCONSIN, WHICH PROVIDES MEDICAL RESIDENTS TO CSM AND ITS AFFILIATES ALL TRANSACTIONS ARE CONDUCTED AT ARMS' LENGTH		No

Name of the organization Columbia St Mary's Inc	Employer identification number 39-1834639
--	--

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		CSM HAS TWO CORPORATE MEMBERS, ASCENSION HEALTH AND COLUMBIA HEALTH SYSTEM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		ONE OF CSM'S CORPORATE MEMBERS, ASCENSION HEALTH HAS THE ABILITY TO ELECT MEMBERS TO THE GOVERNING BODY OF CSM

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		Ascension Health has designed a system authority matrix which assigns authority for key decisions that are necessary in the operation of the system. Specific areas that are identified in the authority matrix are: new organizations & major transactions, governing documents, appointments/removals, evaluation, debt limits, strategic & financial plans, assets, system policies & procedures. These areas are subject to certain levels of approval by Ascension per the system authority matrix. Columbia Health System has the authority to approve any changes to the governing documents which would affect its interest or rights in CSM, the mission and vision statements of CSM, and any major corporate structural transactions of CSM.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form to the Board, or a designated committee, to review and answer any questions. Prior to filing the return, all Board Members are provided the Form 990 and management team members are available to answer any Board Members questions.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CSM HAS A WRITTEN CONFLICT OF INTEREST POLICY. THE ORGANIZATION REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES COMPLIANCE WITH THE POLICY. IN THAT ANY DIRECTOR, PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF THE COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS. CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT, THE REMAINING INDIVIDUALS ON THE GOVERNING BOARD OR COMMITTEE MEETING WILL DECIDE IF CONFLICTS OF INTEREST EXIST. EACH DIRECTOR, PRINCIPAL OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS ANNUALLY SIGNS A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND UNDERSTANDS THAT THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ITS TAX EXEMPT PURPOSE.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		15A. IN DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, EXECUTIVE DIRECTOR, OR TOP MANAGEMENT OFFICIAL, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO OTHER HOSPITALS IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES. THE CEO WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED. 15B. IN DETERMINING COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATIONS, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO OTHER HOSPITALS' EMPLOYEES IN THE AREA THAT HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES.

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		THE ORGANIZATION WILL PROVIDE ANY DOCUMENTS OPEN TO PUBLIC INSPECTION UPON REQUEST. CSM DOES PUBLISH AN ANNUAL REPORT AND FACT SHEETS ON THE EXTERNAL WEBSITE, WHICH IS AVAILABLE FOR PUBLIC VIEWING.

Identifier	Return Reference	Explanation
FORM 990, PART VII	AVERAGE HOURS FOR OFFICERS/KEY EMPLOYEES	THE KEY EMPLOYEES AND OFFICERS LISTED ON FORM 990, PART VII PROVIDE SERVICES TO THIS ORGANIZATION AS WELL AS OTHER RELATED CSM ORGANIZATIONS. THE HOURS REPORTED IN COLUMN (B) REPRESENT THE ESTIMATED PERCENTAGE OF TIME THESE INDIVIDUALS DEVOTE TO THE REPORTING ORGANIZATION BASED ON A 40-HOUR WEEK. THE TOTAL AVERAGE HOURS PER WEEK THESE INDIVIDUALS SPEND ON ALL CSM ORGANIZATIONS, INCLUDING THIS ORGANIZATION, EXCEED 40 HOURS.

Identifier	Return Reference	Explanation
	COMMUNITY BENEFIT REPORT	<p>Statement of Program Service Accomplishments: Columbia St Mary's, Inc. EIN 39-1834639; Columbia St Mary's Hospital Milwaukee EIN 39-0806315; St Mary's Hospital Ozaukee, Inc. EIN 39-0807063; Sacred Heart Rehabilitation Institute, Inc. EIN 39-0902199. Columbia St Mary's, Inc. provides support for the affiliated acute care and rehab hospitals noted above. This report illustrates the significant degree to which Columbia St Mary's, Inc. and its affiliated acute care and rehab hospitals (collectively, "CSM") contribute to the positive health status of the communities it serves. As a member of Ascension Health, the nation's largest Catholic healthcare system, CSM continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families, and society as a whole. The goal of CSM is to perpetuate the health mission of the church. CSM furthers this goal through delivery of patient services, care to the elderly and indigent, patient education and health awareness programs for the community, and medical research. Our concern for all human life and dignity of each person leads the organization to provide medical services to all people in the community without regard to the patients' race, creed, national origin, economic status, or ability to pay. Organizational Commitment to Providing Community Benefit: CSM has 607 acute care beds in three facilities and 49 rehab beds in one facility. CSM seeks to improve the physical, mental, social, and spiritual health status of its surrounding community, in addition to providing health care services to all individuals who require medical attention. During fiscal year ending June 30, 2009, a total of 24,468 inpatients and 149,293 outpatients received care at our facilities. Totals for the various organizations were as follows: Columbia St Mary's Hospital Milwaukee: 16,711 inpatients, 108,050 outpatients, 124,761 total patients; St Mary's Hospital Ozaukee: 7,386 inpatients, 40,419 outpatients, 47,805 total patients; Sacred Heart Rehabilitation Institute: 371 inpatients, 824 outpatients, 1,195 total patients. CSM Total Patient Visits: 24,468 inpatients, 149,293 outpatients, 173,761 total patients. The community benefit contribution of CSM includes programs and activities that improve access to health care and improve health in our communities. In order to portray the full breadth of our contribution, our community benefit information is described below.</p> <p>Section 1: Qualitative Description of Community Benefit. describes the hospitals' community benefit mission, how the mission is translated into a proactive approach designed to meet community needs, how the hospital meets tax-exempt requirements, and a description of community benefit programs and services that highlight the hospitals' impact on community health.</p> <p>Section 2: Quantitative Description of Community Benefit. describes the hospitals' community benefit contribution in financial terms, presenting the amount of charity care, the unpaid shortfall from government health care for the indigent, and the net expense of community benefit services.</p> <p>Section 1: Qualitative Description of Community Benefit. I. Organizational Commitment to Provide Community Benefit. a. In the spirit of principles adopted by Ascension Health, CSM has taken proactive steps to address those issues that will affect accessibility, the financing, and the delivery of healthcare to all persons, especially the uninsured, underinsured, and the underserved. Our goal is to achieve 100 percent access to healthcare services for the uninsured and underinsured persons in the greater Milwaukee area. b. CSM provides a substantial portion of its services to the elderly and poor. During the fiscal year ending June 30, 2009, the estimated unreimbursed cost of services provided to the elderly, uninsured, and underinsured totaled \$124,476,059. Columbia St Mary's Hospital Milwaukee contributed \$97,836,179, St Mary's Hospital Ozaukee contributed \$23,389,055, and Sacred Heart Rehabilitation Institute contributed \$3,250,826 to this total. Approximately 25% of the value of services rendered was to elderly patients under the Medicare program, and approximately 8% of the services were provided to patients who were deemed indigent under state, county, or Hospital Guidelines. c. CSM has a partnership model of service to the community and collaborates with many organizations. Major partnerships include: United Way of Greater Milwaukee, State of Wisconsin Infant Mortality Disparity Initiative, Milwaukee Health Care Partnership, City of Milwaukee Health Department, Susan G. Komen Foundation, Healthcare for the Homeless, United Community Center, Milwaukee Public Schools, Ozaukee County Health Department, Medical College of Wisconsin, and the Wisconsin Dental Association. d. CSM has a dedicated Community Services staff to conduct community assessments, develop a Community Service Plan, create and support programs, budget for programs, monitor implementation of programs, and assist in fund-raising. The CSM Foundation is a very active partner in fund-development for community programs. e. The Charity Care program is designed to ensure that all people have ready access to health care and to promote the equity of care and good health in our community. All patients with income less than or equal to 200% of the Federal Poverty Level will be eligible for 100% Charity Care write-off of the charges for services that have been provided. Patients with incomes above 200% of the Federal Poverty Level may be eligible for some level of discount based on a substantive assessment of their ability to pay. The assessment will consider total income and dollar amount of patient responsibility based on a sliding scale and applied to both uninsured patients and patient responsibility after insurance. Patients will be required to complete a Charity Care/Financial Assistance application and provide appropriate documentation. Documentation requirements are waived for homeless patients. Information for these programs is available at time of registration, with Financial Counselors and in the Emergency Rooms. II. Organizational Description for Tax Exemption. a. The CSM acute care hospitals operate an emergency department that is open to all persons, regardless of ability to pay. CSM has an open medical staff with privileges available to all qualified physicians in the area. CSM has a governing body in which independent persons representative of the community comprise a majority. With the Medical College of Wisconsin and the Columbia College of Nursing, we engage in the training and education of health care professionals. All entities participate in Medicaid, Medicare, CHAMPUS, and other government-sponsored health care programs.</p>

Identifier	Return Reference	Explanation
		<p>III Description of Community Benefit Programs a CSM supports programs that are strategic, sustainable, and use the strengths of collaborative partners to improve health care in the community Responding to Ascension Health Systems Call to Action to provide health care that leaves no one behind, CSM sponsors many programs to improve access to care i St Ben's Clinic for the Homeless collaborates with Milwaukee Health Care for the Homeless to provide a primary care medical home to homeless adults ii The Madre Angela Dental Clinic serves as the urgent dental care provider for uninsured people in Milwaukee Additionally, the clinic provided dental hygiene care, dental sealants, and fluoride treatment for more than 2,500 children this year iii CSM employees three nurses to work in collaboration with churches and community organizations to offer health education, health screening, and care management support to parishioners and community members in a variety of outreach programs affiliated with churches iv Columbia College of Nursing students and faculty staff El Centro de Salud nursing center at the United Community Center, which provides immunizations, physicals, health education, health promotion, screening and support to students of United Community Center preschool, elementary and middle schools, as well as to adults in family programs and older adult services v The Huiras Family Ozaukee Community Health Clinic at the CSM Ozaukee campus is the only free clinic serving people without health insurance in Ozaukee County vi CSM collaborates with the Medical College of Wisconsin in sponsoring the following 1 The Family Health Center, a residency-based Family Medicine clinic that provides primary care to more than 9,000 individuals in the community 2 The OB/GYN Clinic, a residency-based program that serves over 150 patients, 250 OB appointments per month, and 325 deliveries per year 3 The Chronic Disease Management Clinic, which screens and manages hypertension, diabetes, obesity, and smoking for low income adults 4 The Saturday Clinic for the Uninsured, which uses medical students and volunteer physicians to serve hundreds of uninsured patients each year vii CSM co-sponsors the Blanket of Love program with Ebenezer Church of God in Christ, providing meals, prenatal education, and parental education to young pregnant women viii Housecalls for the Homebound provides high-quality primary care to approximately 90 elderly patients in their homes who are too frail to travel to physicians offices ix The INROADS Program is a collaboration between CSM and the Milwaukee INROADS cooperative to provide culturally diverse college students an opportunity to experience the healthcare workplace x The Milwaukee GAMP program provided support for inpatient services to patients that did not qualify for Charity Care or Medicaid in FY09 b CSM has been an important collaborator in city and state efforts to improve birth outcomes and reduce infant mortality rates in Milwaukee CSM has financially supported the initiation of the Milwaukee Health Department's initiation of the Nurse Family Partnership (NFP), an evidence-based model of care management for women at-risk for poor birth outcomes Additionally, CSM has developed practices to support Safe Sleep environments in family homes through education regarding safe sleep practices and distribution of Pack and Play cribs to families without resources An improvement in infant mortality in the city was reported in the past two years as a result of city-wide collaborative efforts</p>

Identifier	Return Reference	Explanation
		<p>Section 2 Quantifiable Community Benefit I The financial information in this report was prepared in accordance with the Catholic Health Association's (CHA) community benefit reporting guidelines These guidelines recommend the following a Report charity care at cost, not charges b Do not include bad debt, contractual allowances, and quick pay discounts as part of charity care expense c Do not count Medicare shortfall as a community benefit d Report the net expense for community benefit services (i.e. the total community benefit expense less any associated revenue from patients, payors, and other external sources) II The CHA reporting guidelines reflect a conservative approach to reporting quantifiable community benefit The goal of the reporting guidelines is to produce community benefit financial reports that reflect true costs and that describe community benefit activities that increase access to health care and improve community health For the fiscal year ended June 30, 2009, for CSM, including affiliated acute care and rehab hospitals Charity Care (at cost) \$11,412,580 Government-Sponsored Health Care Unpaid cost of public indigent care programs \$39,013,050 Community Benefit Programs Community Based Clinical Services \$1,230,869 Health Care Support Services 812,236 Health Professional Education 8,553,874 Community Health Education 515,409 Financial and In-Kind Contributions 1,474,926 Community Building 384,375 Community Benefit Operation 287,987 Research 94,893 Total Community Benefit Programs \$13,354,569 Total Quantifiable Community Benefit \$63,780,199 Supplemental Information Bad Debt \$6,303,710 Medicare Shortfall 5,979,882 Total Quantifiable Community Benefit, Including Bad Debt and Medicare Shortfall \$126,063,791</p>

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization  
Columbia St Mary's Inc

Employer identification number  
39-1834639

Part I

Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III

Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
ORTHOPAEDIC HOSPITAL OF WISCONSIN LLC  575 RIVERWOODS PKWY GLENDALE, WI53212 39-2015655	HEALTH CARE	WI	COLUMBIA ST MARY'S INC	RELATED	8,702,000	10,303,382		No		Yes	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
CSM STRATEGIC ALLIANCE 4425 NORTH PORT Washington Rd GLENDALE, WI53212 39-1871856	HEALTHCARE	WI	COLUMBIA ST MARY'S INC	C	-1,795	44,779	50 000 %
MADISON MEDICAL AFFILIATES INC 4425 NORTH PORT Washington Rd GLENDALE, WI53212 39-1855720	HEALTHCARE	WI	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC	C	-10,241,153	8,944,219	100 000 %
PROSPECT MEDICAL COMMONS CONDO ASSOCIATION 4425 NORTH PORT Washington Rd GLENDALE, WI53212 20-8042108	CONDO ASSOC	WI	COLUMBIA ST MARY'S INC	C			70 000 %

Part V

Transactions with Related Organizations

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

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

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

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

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

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

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

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

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

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

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

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

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

No

1o

Yes

1p

Yes

1q

Yes

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)  See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:  
Software Version:  
EIN: 39-1834639  
Name: Columbia St Mary's Inc

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
COLUMBIA ST MARY'S HOSPITAL MILWAUKEE  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0806315	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC
ST MARY'S HOSPITAL OZAUKEE  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0807063	HOSPITAL	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC
SACRED HEART REHABILITATION INSTITUTE  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-0902199	REHAB FACILITY	WI	501(c)(3)	3	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
COLUMBIA COLLEGE OF NURSING  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1596986	COLLEGE	WI	501(c)(3)	2	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
SETON CHILDREN'S SCHOOL  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1391245	SCHOOL	WI	501(c)(3)	9	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE INC
ASCENSION HEALTH  4600 EDMUNDSON ROAD ST LOUIS, MO63136 31-1662309	Health System	MO	501(c)(3)	11	N/A
HORIZON HOME CARE & HOSPICE INC  8949 N DEERBROOK TRL MILWAUKEE, WI53223 39-1171298	HOME CARE/HOSPICE	WI	501(c)(3)	3	COLUMBIA ST MARY'S INC
COLUMBIA HEALTH SYSTEM  4425 NORTH PORT WASHINGTON ROAD MILWAUKEE, WI53212 39-1494977	Health System	WI	501(c)(3)	11	N/A



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

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	ORTHOPAEDIC HOSPITAL OF WISCONSIN	O	323,037
(2)	ASCENSION HEALTH	E	97,038,114
(3)	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	P	2,797,445
(4)	ST MARY'S HOSPITAL OZAUKEE	P	1,409,141
(5)	SACRED HEART REHABILITATION INSTITUTE	P	45,072
(6)	orthOPAEDIC HOSPITAL OF WISCONSIN	P	7,750,000
(7)	COLUMBIA COLLEGE OF NURSING	P	2,010,000
(8)	SETON CHILDREN'S SCHOOL	P	1,540,000
(9)	COLUMBIA ST MARY'S HOSPITAL MILWAUKEE	P	216,518,000
(10)	ST MARY'S HOSPITAL OZAUKEE	P	39,850,000
(11)	ascENSION HEALTH	Q	4,189,500

Additional Data

Software ID:  
Software Version:  
EIN: 39-1834639  
Name: Columbia St Mary's Inc

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 - 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
COLUMBIA-ST MARY'S HOSPITAL MILWAUKEE	390806315	3	Yes		Yes		Yes		2797445
ST MARY'S HOSPITAL OZAUKEE	390807063	3	Yes		Yes		Yes		1409141
SACRED HEART REHABILITATION INSTITUTION	390902199	3	Yes		Yes		Yes		45079
SETON CHILDREN'S SCHOOL	391391245	9	Yes		Yes		Yes		0
COLUMBIA COLLEGE OF NURSING INC	391596986	2	Yes		Yes		Yes		0

Additional Data

Software ID:  
Software Version:  
EIN: 39-1834639  
Name: Columbia St Mary's Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christopher Doerr , Chair	1 00	X						0	0	0
David Hoogerland MD , Board Member and CSM Phy	5 00	X						0	417,265	105,346
George H Hoff , Board Member	1 00	X						0	0	0
James B Wigdale , Vice Chair	1 00	X						0	0	0
Kevin Goniu , Board Member and CSM Phy	5 00	X						0	622,632	86,600
Leo P Brideau , President/CEO	10 00	X		X				0	960,834	123,443
Linda T Mellowes , SEC/TREAS	1 00	X						0	0	0
MASON G ROSS , Board Member	1 00	X						0	0	0
Michael Grebe , Board Member	1 00	X						0	0	0
R Bruce McDonald , Board Member	1 00	X						0	0	0
Randall Perry , Board Member	1 00	X						0	0	0
Robert Lyon MD , Board Member	1 00	X						0	0	0
Robert Venable , Board Member	1 00	X						0	0	0
Sister Theresa Sullivan , Board Member	1 00	X						0	0	0
Tina Chang , Board Member	1 00	X						0	0	0
Brian Regan , Exec VP Finance/CFO	5 00			X				0	288,099	39,068
Rhonda Anderson , Exec VP Finance/CFO	5 00			X				0	0	0
Amy Marquardt , VP Legal Services	5 00				X			0	226,180	41,575
Cheryl Hill , VP Human Resources	5 00				X			0	218,427	53,549
David H Shapiro MD , VP Medical Affairs	5 00				X			0	394,146	53,772
Gerri Lietz-Staffileno , VP Hosp Operations	5 00				X			0	199,586	63,529
Karol Marciano , Exec VP Business Develop	5 00				X			0	277,614	51,971
Mary Paul , VP/CIO	5 00				X			0	453,920	37,110
Sue Sanicola , VP CSM Comm Physicians	5 00				X			0	191,789	42,496
Therese Pandl , Exec VP Hosp Operations	5 00				X			0	448,295	102,721
William Hart , VP Support Services	5 00				X			0	229,789	31,988
Charles Dreher , Exec VP Finance/CFO	0 00						X	0	344,485	71,712

**Form 990, Part III, Line 1 - Briefly describe the organization's mission:**

COLUMBIA ST. MARY'S INC. ("CSM") IS A HEALTHCARE PROVIDER FOUNDED IN RESPONSE TO IDENTIFIED COMMUNITY NEEDS, WHICH IS SPONSORED BY ASCENSION HEALTH, A CATHOLIC NATIONAL HEALTH SYSTEM, AND COLUMBIA HEALTH SYSTEM, A NON-SECTARIAN COMMUNITY HEALTH SYSTEM. CSM EXISTS TO MAKE A POSITIVE DIFFERENCE IN THE HEALTH STATUS AND LIVES OF INDIVIDUALS AND OUR COMMUNITY, WITH SPECIAL CONCERN FOR THOSE WHO ARE VULNERABLE. CSM AND ITS AFFILIATES ARE COMMITTED TO PROVIDING HIGH-QUALITY, ACCESSIBLE, VALUES-DRIVEN PROGRAMS AND SERVICES WITH EQUAL ATTENTION TO THE PHYSICAL, SPIRITUAL, AND EMOTIONAL DIMENSIONS OF HEALTH.