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DLN: 93493137016320

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 Fo	r the :	2008 ca	ilendar yea	r, or tax year beginni	ng 07-01-2008 a	nd ending 06-30-200)9		D Employer is	lantification number
B Check if applicable Please use IRS C Name of organization St Mary's Hospital Foundation C Name of organization St Mary's Hospital Foundation 47-07076										
_		,	label or	Doing Business As					47-07076 E Telephone r	
Nar	ne cha	nge	print or type. See						-	
Init	ıal retu	rn	Specific Instruc-		PO box if mail is not	delivered to street addre	ess) Room	/suite	(402) 873 G Gross recei	
☐ Ter	mınatıc	n	tions.	1314 3rd Avenue					-	7 02,211
☐ Am	ended	return		City or town, state or o Nebraska City, NE 684						
☐ App	lication	pending		Nebraska City, NE 00-	101999					
			F Nar	ne and address of Prir	ncıpal Officer		H(a)	Is this	a group retur	n for
			Dan Ke	III BRD AVENUE				affılıat	•	⊤Yes 🔽 No
				ka City, NE 684101	999		н(р)	Δre all	affiliates inclu	ded?
I Ta	x-exem	npt status	▽ 501(c)(3) ◀ (insert no) 「	4947(a)(1) or 5	27				t See instructions)
J W	eb sit	e: ► N/A	4				_		Exemption N	
К Тур	e of org	janization	Corporat	ion trust association	other ►		L Year	r of For	mation 1986	Y State of legal domicile NE
Da	rt I	Sum	mary							
Ра	1		mary describe th	e organization's missi	on or most signific	cant activities				
e e	_	•		leadership the founda	_		ters fund	ls con	tributed from	various sources that
Ě		_		on and services provid	,					
Ē										
Governance	2	Check	this box 🦵	ıf the organızatıon dıs	continued its oper	rations or disposed (of more t	han 25	5% of its asse	ts
	3	Number	r of voting r	members of the gover	ning body (Part VI	, lıne 1a)			3	11
20 67	4	Number	r of ındeper	ndent voting members	of the governing b	oody (Part VI, line 1	b)		. 4	7
Activities &	5	Total n	umber of er	nployees (Part V , line	2a)	•			5	0
ŧ	6	Total n	umber of vo	olunteers (estimate if	necessary)				6	11
∢		_		ted business revenue	,					0
	ь	Net unr	elated busi	iness taxable income	from Form 990-T,	line 34			7b	
								Prio	r Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)							50,587	77,587
Revenue	9	_	Program service revenue (Part VIII, line 2g)						0	0
쌾	10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)						3,626	547
	11 12			art VIII, column (A), dd lines 8 through 11					0	3,712
	12	12)	revenue—a	ad illes o tillough 11	(must equal Fait	VIII, COIdillii (A), III	16		54,213	81,846
	13	Grants	and simila	ar amounts paıd (Part	IX, column (A), lır	nes 1-3)			14,500	0
	14	Benefi	ts paid to c	or for members (Part I	X, column (A), lıne	<u>4</u>)			0	0
ø	15		es, other co	ompensation, employe	e benefits (Part I)	K, column (A), lines	5 –		10001	10645
Expenses	16-	10)	aramal frima	luncione force (Doub IV	(A.) lune 1	1			18,981	18,645
<u>क</u>	16a			raising fees (Part IX,	,	ie)			0	0
ŭ	ь	•	_	penses, Part IX, column (D)			4 226	2.074
	17 18		•	(Part IX, column (A), -add lines 13–17 (mu	•	•			4,326 37,807	3,971
	19			oenses Subtract line		ne 25, coldiin (A))			16,406	59,230
<u>**</u>	1	110 7 011	de less exp	Jenses Subtract line	10 110111 11110 12		Re	eainnii	ng of Year	End of Year
Net Assets or Fund Balances	20	Total	accate (De	rt X, line 16)				-9III	110,052	178,694
155. H. 25.										
<u> </u>	21		•	Part X, line 26)	l	0			22,787	45,113
	22			d balances Subtract	line 21 from line 2	.0			87,265	133,581
Pal	t II		ature Blo		a avaminad this raturn	including agains a sun	a sebadular	and at	atamonta and to	the heat of my knowledge
				erjury, I declare that I have correct, and complete Dec						the best of my knowledge arer has any knowledge
Plea	se	lk.						2010-	05-14	
Sign		Sign	ature of office	er				Date		
Here	=		wn Closner Cl							
		Туре	e or print nam	ne and title						
		Preparer			Dat	e	Check if self-		Preparer's PTIN	l (See Gen Inst)
Paid		signature	e F				empolyed	٦ ٠		
Prepa		1	ame (or your	s DELOITTE TAX LLP	I				EIN Þ	
Use (Only		f self-employed), iddress, and ZIP + 4 1111 BAGBY STREET SUITE 4500							
				houston, TX 770022	591				Phone no 🕨	(713) 982-2000
May t	he IR	S discus	s this retu	rn with the preparer s		instructions)				

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiza	ation's mission								
		s to nurture the healing mini nity and social justice as we				ntury Fidelity to the Gospel urges				
2		undertake any significar 990-EZ?		ervices during the year	which were not listed on	┌ Yes ┌ No	_			
	If "Yes," describe the	se new services on Sch	edule O							
3	services?	Did the organization cease conducting or make significant changes in how it conducts any program services?								
	If "Yes," describe the	se changes on Schedul	e O							
4	Section 501(c)(3) an		4947(a)(1)	trusts are required to re	largest program services b eport the amount of grants ed					
4a	(Code SEE SCHEDULE O) (Expenses \$	10,695	including grants of \$) (Revenue \$)				
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)				
4d	O ther program servi	ces (Describe in Sched	dule O)							
	(Expenses \$		ling grants o	f \$) (Revenue \$)				
4e	Total program servic	ce expenses \$	10,69	5 Must equal Part IX,	Line 25, column (B).					

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νo
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
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? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	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? If "Yes," complete Schedule R, Part VI	37		No

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
L	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	There the number of Forms w-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	_		
2-	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this	3a		No
h	return?	3b		NO
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	- JD		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Νo
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
Ь	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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
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	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h	Yes	
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	8		
	year?			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 49662	9a		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter	90		
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
4.4	Section FO1/aV12) arganizations. Enter			
	Section 501(c)(12) organizations Enter 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)			
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			

Νo

Yes

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 I	Body and	Manag	jement	•		

	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.			
1a	Enter the number of voting members of the governing body 11			
ь	Enter the number of voting members that are independent 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νo
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		Νo
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		Νo
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	
ь	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			
а	the governing body?	8a	Yes	
ь	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		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at			

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

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

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NE
- 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

own website another's website upon request

- L9 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

Sharon Crunk Tammı Thompson 1314 3RD AVENUE Nebraska City, NE 684101999 (402) 873-8929

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(C) Position (check all that apply) (F) (E) (D) Estimated Highest compensat employee (B) Reportable Individual Trustee or Director Institutional Trustee Reportable amount of other <u></u> Average compensation (A) compensation compensation hours from related Former Name and Title Q#10€ from the from the employee organizations per organization (Worganization and (W-2/1099week 2/1099MISC) related MISC) organizations Х Tom Farrell, Vice Chairperson 10 Х Patricia Holmes, Board member 10 Х 33,845 14,621 DANIEL KELLY, President and CEO Х 168.900 23.890 10 Χ Jaclyn KREIFELS, Chairperson Х Х 10 Fr Michael McCabe, Chairperson 10 Χ Х DEBORAH NORTON, Chief Mission Officer Х Х 10 25,532 16,950 Jan Madsen, Vice Chairperson 10 Χ Doug Langemeier, Board member 10 Χ Duane Smith, Board member 10 Χ Joyce Turner , Secretary / Treasurer 10 Х Х Tammi Thompson, Marketing/Foundation Director 5 0 Χ 34,227 20,391

Part VIII Continued

(A) Name and Title	(B) Average hours per week	Individual or Directo	that a	appl	y)	Highest compensated	Former	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	Week	Trusta-	al Trustee	ř	employee	npensated)er	2/1099MISC)	MISC)	related organizations
<u> </u>										
1b Total							-		262,504	75,852
								_ -	L	

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 former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes," complete Schedule J for such individual</i>	3		No
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? If "Yes," complete Schedule J for such individual	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 perso</i> n	5		lΝ

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100.000 in compensation	

Νo

Form 990	(2008)
Part VIII	Stat

S	ta	te	m	e	nt	0	f	R	e	v	e	n	u	•
---	----	----	---	---	----	---	---	---	---	---	---	---	---	---

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
इ इ	1a	Federated camp	paigns 1a	1				311
Contributions, gifts, grants and other similar amounts	ь	Membership du	es . 1b					
g ∭C	С	Fundraising eve	ents 1c	1,120				
±£e	d	Related organiz	ations 1d	6,000				
% E	e	Government grants						
등 등	f	All other contribution	ons, gifts, grants, and 1f	70,467				
be et		sımılar amounts no						
	g		butions included in					
a C	h		s 1a-1f)		77,587			
-				Business Code				
e⊒	2a							
ver	ь							
2E	c							
¥ C.	d							
Se.	e							
Program Serwce Revenue	f	All other program	um carvica ravarita					
uBo	•	—————————	m service revenue					
\$	g	Total. Add lines	2a-2f	\$				
	3		ome (including dividen	ds, interest				
			nounts)		547			547
	4	Income from inves	tment of tax-exempt bond	proceeds	0			
	5	Royalties			0			
			(ı) Real	(II) Personal				
	6a	Gross Rents						
	ь	Less rental expenses						
	С	Rental income or (loss)						
	d	` '	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other						
	ь	than inventory Less cost or						
		other basis and sales expenses						
	С	Gain or (loss)						
	d	Net gaın or (los	s)		0			
	8a	Gross income fi events (not incl	_					
			,080					
Other Revenue		of contributions	reported on line 1c)					
Ye		See Part IV , lin Attach Schedule	G if total exceeds					
Вę		\$15,000	а	1,120				
<u> </u>	ь	Less direct exp	penses b					
₽	С	Net income or (loss) from fundraising	events 🟲	3,712			3,712
_	9a	Gross income fi See part IV, lin	rom gaming activities e 19					
		Complete Schedu	ule G ıf total exceeds					
		\$15,000	_					
	ь	less direct our	a penses b					
	c		penses b loss) from gamıng actı		0			
		Gross sales of		- <u>-</u>				
		returns and allo	wances .					
			a					
	Ь	_	oods sold b	entory	0			
	С	Miscellaneous	loss) from sales of inve	Business Code				
	11a	miscellaneous	o Nevellue	Dusiliess Code				
	ь							
	С							
	d	All other revenu						
	е		11a-11d					
	12	Total Revenue. 9c. 10c. and 11	Add lines 1h, 2g, 3, 4,	5,6d,7d,8c, ►	81,846			4,259

Part IX Statement of Functional Expenses

	ll other organizations must complete column (A) but are not re	quired to com			
ı oC	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	17,475	8,000		4,475
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	1,170	560	350	260
1	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
С	Accounting	0			
d	Lobbying	0			
е	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
2	Advertising and promotion	0			
3	Office expenses	279	100	29	150
4	Information technology	0			
5	Royalties	0			
6	Occupancy	0			
7	Travel	0			
8	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
9	Conferences, conventions and meetings	376	125	100	151
0	Interest	0			
1	Payments to affiliates	0	_		
2	Depreciation, depletion, and amortization	240	0	240	С
:3 :4	Insurance	0			
	total expenses shown on line 25 below)				
а	Education	2,936	1,910	415	611
b	O ther expenses	140		140	
С					
d					
e					
d					
e					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22,616	10,695	6,274	5,647
26	Joint Costs. Check F 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)		(E	
	1	Cook non interest bearing			Beginning of year	1	End o	649
	2	Cash—non-interest-bearing			3,002			177,925
		Savings and temporary cash investments		•	3,002	3		177,923
	3	Pledges and grants receivable, net		•				
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc)) and		6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges				9		
Sel	10a							
Assets		Land, buildings, and equipment cost basis	10a	2,400				
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	2,280	360	10c		120
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	VII of		106,690	12		0
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	t VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule						
	13	D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			110,052	16		178,694
	17	Accounts payable and accrued expenses .			22,787	17		0
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities			20			
65	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key				l		
졅		employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			0	25		45,113
	26	Total liabilities. Add lines 17 through 25			22,787	26		45,113
es		Organizations that follow SFAS 117, check here ► ✓ and comple through 29, and lines 33 and 34.	te lines 27					
anc	27	Unrestricted net assets			69,982	27		47,362
Balance	28	Temporarily restricted net assets			17,283			86,219
	29	Permanently restricted net assets			·	29		· · · · · · · · · · · · · · · · · · ·
Fund		Organizations that do not follow SFAS 117, check here ▶ □ and	complet e					
Or F		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
	32	Retained earnings, endowment, accumulated income, or other fund	ds			32		
Net	33	Total net assets or fund balances			87,265	33		133,581
_	34	Total liabilities and net assets/fund balances			110,052	34		178,694
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Acco	ounting method used to prepare the Form 990 🔽 cash 🗀 a	ccrual Γ othe	r			1	

art YT	Financial	Statements	and	Reporting
art XI	Financial	Statements	and	Reporting

		1	
1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗀 other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	No
b	Were the organization's financial statements audited by an independent accountant?	2b	Νo
c	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?	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Νο
ь	If "Yes," did the organization undergo the required audit or audits?	3b	

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OMB No 1545-0047

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.

Open to Public Inspection

		ne organizat i spital Foundatio						Em	ployer ide	nt if icat io	n numbei	Ť
ot mai	y 5 1103	spitar i ounuatio	···					47	-0707604	4		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	by all or	ganızatıo					
The o	rganı	zatıon ıs not	a private found	ation because it is (Please	check onl	ly one org	anızatıon))				
1	Γ	A church, c	onvention of ch	nurches, or association of ch	urches de	scribed in	Section 1	L70(b)(1)	(A)(i).			
2	Γ	A school d	escribed in Sec i	t ion 170(b)(1)(A)(ii). (Attac	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	tion 170(l	o)(1)(A)(i	i ii). (Attac	h Schedu	le H)	
4	Γ		-	zation operated in conjuncti	on with a l	hospital d	escribed i	n Section	170(b)(1)	(A)(iii). E	nter the	
5	_	•	name, city, and		univarait	v ownod o	roporatod	l by a gove	rnmontal	unit docc	ribad in	
3	,			(Complete Part II)	universit	y owned o	i operated	i by a gove	eriiiieiitai	unit desc	iibeu iii	
6	_			overnment or governmental	unit doscr	ahad in Se	ction 170	(b)(1)(A)	(v)			
7	<u>'</u>	•	-	-						n the gene	aral nublu	r
•	1.	=		o)(1)(A)(vi) (Complete Par		зарроге по	om a gove	illille litar t	111111 01 11 011	ii tiie geiit	stat pabili	-
8	\vdash		-	ped in Section 170(b)(1)(A)	•	nnlete Par	+					
9	, —		•			•	•	ontribution	ns membe	rshin fees	s and are	15.5
-	'	_		lated to its exempt functions					•	•		
		•		estment income and unrelate	-		•		•			
			•	on after June 30, 1975 See			•			,		
10	Г		, ,	and operated exclusively to			•		•	ee instruc	tions)	
11	Γ	one or more	e publicly suppo	and operated exclusively fo orted organizations describe type of supporting organiza	d ın sectio	on 509(a)	(1) or sec	tıon 509(a	a)(2) See			
			ype I b				nally Integ		d	Гтуре	III - Ot	her
e	\vdash	By checkin	g this box, I ce	rtıfy that the organizatıon ıs	not contro	olled direc	tly or ındı	rectly by	one or mor	re disqual	ıfıed pers	ons
				agers and other than one or	more publ	licly suppo	orted orga	nızatıons	described	ın sectior	n 509(a)(1) or
f		section 50		d a written determination fro	m the IRS	Sthatitic	a Tyne I	Type II o	r Tyna III	sunnortu	organi.	zation
g		check this	box	as the organization accepted						зарроген	ig organiz	<u> </u>
		following pe										
			•	r indirectly controls, either a		_	th persons	describe	d ın (ıı)		Yes	No
				ng body of the the supported	_	tion?						<u> </u>
				erson described in (i) above								
_				ty of a person described in (11g(iii)	<u> </u>
h		Provide the	tollowing infori	mation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) An	nount of
		oorted		(described on lines 1 - 9	_	ation in	the orga		_		supp	ort?
	O rgar	nization		above or IRC section (See Instructions))		listed in verning	-	i) of your oort?				
					docur	ment?					_	
					Yes	No	Yes	No	Yes	ttach Schedule H) (1)(A)(iii). Enter the intal unit described in from the general public interesting the feet, and gross fore than 331/3% of tax) from businesses. (See instructions) to carry out the purpose feet Section 509(a)(3). Commore disqualified person bed in section 509(a)(1). III supporting organization in figure 11g(ii) interesting 11g(ii) interesting 11g(iii) interesting 11g(iiii) interesting 11g(iiiii) interesting 11g(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii		
						I		I	I		1	

Total

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.)

	(Complete only if you chec	ked the box or	n line 5, 7, or	8 of Part I.)				
Pι	ublic Support							
Cale	endar 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	16,154	113,692	74,288	50,587		77,587	332,308
_	include any "unusual grants ")						\longrightarrow	
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities							
	furnished by a governmental unit to the organization without charge							
4	Total. Add line 1-3	16,154	113,692	74,288	50,587		77,587	332,308
5	The portion of total contribution by each	10/10	110,072	,255	33,337			
3	person (other than a government unit or							
	publicly supported organization) included							158,849
	on line 1 that exceed 2% of the amount							130,049
	shown on line 11, column							
	(f)							
6	Public Support subtract line 5 from line							173,459
	4							
	otal Support	(-) 2004	(h) 2005	(-) 2006	(4) 2007	(-)	7000 T	(f) Tabal
	endar year (or fiscal year beginning in) A mounts from line 4	(a) 2004 16,154	(b) 2005	(c) 2006 74,288	(d) 2007 50,587	(e)	77,587	(f) Total 332,308
7	Gross income from interest, dividends,	10,134	1,747	74,200	30,367		17,307	332,300
8	payments received on securities loans,							
	rents, royalties and income from similar	2,922	1,747	3,245	3,626		547	12,087
9	sources Net income from unrelated business							
9	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)						\longrightarrow	244 205
11	Total Support (Add lines 7 through 10)	/2						344,395
12	Gross receipts from related activities, etc					12		11,193
13	First Five Years. If the Form 990 is for the	organızatıon's fır	st, second, third	d, fourth, or fifth	tax year as a 50	01(c)(3)	_
	organization, check this box and stop here						ļ	▶┌
	omputation of Public Support Perc							
14	Public Support Percentage for 2008 (line 6		•	iumn (r))		14		50.366 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		34.572 %
16a	33 1/3% Test - 2008. If the organization did				1/3% or more,	check	this box	. –
b	and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization di		_		5 is 33 1/3% oi	r more	, check thi	
	box and stop here. The organization qualifie							▶ □
17a	10% Facts and Circumstances Test - 2008.	-						
	more, and if the organization meets the "fac organization meets the "facts and circumst							ow the ►
h	10% Facts and Circumstances Test - 2007.			•		-		•
	more, and if the organization meets the "fac							
	the organization meets the "facts and circu							
18	Private Foundation. If the organization did							
	instructions							▶ ┌

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		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 **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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

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 A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization St Mary's Hospital Foundation 47-0707604 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 Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? 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. 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

following amounts required to be reported under SFAS 116 relating to these items

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,

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

Revenues included in Form 990, Part VIII, line 1

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

(ii) Assets included in Form 990, Part X

provide the following amounts relating to these items

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

► \$

Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the reportantation an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain why in Part XIV and complete the following table Fill	Part	Organizations Maintaining Collections of Art, F	lis	tor	ical Treasur	es, or Other	Similar Asse	ts (ca	ntınued)
Scholarly research e	3		fth	e fo	lowing that are	a sıgnıfıcant us	e of its collection		
Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's evempt 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 maintened as part of the organization answered "Yes" to Form 990. Part IV, line 20, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediarry for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain why in Part XIV and complete the following table 1c	а	Public exhibition	d	Γ	Loan or excha	nge programs			
Port XIV 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? ▼es Ne	b	Scholarly research	e	Γ	Other				
Part XIV Sample of the organization solicit or receive donations of art, historical treasures or other similar sases to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990, Part XIV, 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 include on Form 990, Part X, line 21. 1b If "Yes", "explain why in Part XIV and complete the following table 1c Amount 1d	c	Preservation for future generations							
Beginning of year balance Tendowment Funds. Complete if the organization of the organization answered "Yes" to Form 990, Part X, Jine 21. The Secretary of the Secretary of the Organization and Secretary of the Organization and Secretary of Secre	4		hov	v the	y further the org	janization's ex	empt purpose in		
Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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? 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 e Distributions during the year 1	5						lar	íes	Г No
included on Form 990, Part X? If "Yes," explain why in Part XIV and complete the following table	Par	t IV Trust, Escrow and Custodial Arrangements. Co	om	plet	e if the organ		ered "Yes" to Fo	rm 9	90,
Additions during the year	1a		ary	for	contributions or	other assets n	ot $ abla_{i}$	⁄es	┌ No
d Additions during the year Distributions during the year In the organization include an amount on Form 990, Part X, line 21? Tyes No. 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. Beginning of year balance (a) Current Year (b) Prior Year (c) Two Years Back (e) Four Years Back (e)	b	If "Yes," explain why in Part XIV and complete the following table							
Additions during the year 1							A moui	nt	
te Distributions during the year f Ending balance	С	Beginning balance				1c			
Did the organization include an amount on Form 990, Part X, line 21? Yes No	d	Additions during the year				1d			
Did the organization include an amount on Form 990, Part X, line 21? Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Contributions	е	Distributions during the year				1e			
Describe in Part XIV Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. Calcurrent Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years Back	f	Ending balance				1f			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10. (a)Current Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years Ye	2a	Did the organization include an amount on Form 990, Part X, line 2	1?				Γ,	es (┌ No
(a)Current Year (b)Pnor Year (c)Two Years Back (d)Three Years Back (e)Four Years Back (d) Three Years Back (e) Four Years									
Beginning of year balance	Par							Equr V	aare Back
b Contributions	12		(0,	FIIOI	Teal (c) I wo	rears back (u)	mee rears back (e)	rour r	ars back
c Investment earnings or losses	_								
d Grants or scholarships	_								
e Other expenditures for facilities and programs	_								
and programs		•							
Provide the estimated percentage of the year end balance held as Board designated or quasi-endowment ▶ 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	-	•							
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	f	Administrative expenses							
Board designated or quasi-endowment ► Permanent endowment ► Term endowment ► Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	g	End of year balance							
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	2	Provide the estimated percentage of the year end balance held as							
Term endowment ► Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	а	Board designated or quasi-endowment							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	ь	Permanent endowment 🕨							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by (i) unrelated organizations	c	Term andowment							
(ii) related organizations		Are there endowment funds not in the possession of the organization	on 1	that	are held and adı	mınıstered for t	he	Yes	No
b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R? 3b 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 va b Buildings		(i) unrelated organizations					3a(i)		
Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10. Description of investment Description of inv							3a(ii)		
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 0 <td></td> <td>- · · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td></td> <td> 3b</td> <td></td> <td></td>		- · · · · · · · · · · · · · · · · · · ·					3b		
Can Cost or other basis (investment) Can Cost or other basis (other) Can Depreciation Can Depreciati									
Description of investment basis (investment) basis (other) (c) Depreciation (d) Book value 1a Land	Par	Investments—Land, Buildings, and Equipment	<u>. S</u>		•	,	I	I	
b Buildings		Description of investment					(c) Depreciation	(d) E	ook value
c Leasehold improvements 0 0 d Equipment 2,400 2,280 1 e Other 0 0	1a	Land			0		1		0
d Equipment 2,400 2,280 1 e Other 0 0 0	b i	Buildings							
e Other	c l	_easehold improvements		L	0		0		0
	d I	Equipment			2,400		2,280		120
Total Add lines 1a-1a (Column (d) should equal Form 990, Part X, column (R), line 10(c))									0
Total Aud lines In Te (Column (a) should equal form 350, fait A, Column (D), fine IV(C).)	Total	Add lines 1a-1e (Column (d) should equal Form 990, Part X, column	(B)	, line	e 10(c).)		▶		120

	Investments—Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial d	erivatives and other financial products			
	ld equity interests			
Other				
Total (Colum	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Total. (Colar	in (b) should equal to the 250, Part A, Col (b) line 12 /			
Part VIII	Investments—Program Related. Se	e Form 990, Part X, line	13.	
	(a) Description of investment type	(b) Book value		d of valuation
			Cost or end-of-	year market value
Part IX	mn (b) should equal Form 990, Part X, col (B) line 13) F Other Assets. See Form 990, Part X, I			
Paitix	(a) Descri			(b) Book value
				• •
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) lıne	15.)		
Part X	Other Liabilities. See Form 990, Part	X, line 25.		
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
INTERCO	MPANY PAYABLE	45,113		
			_	
			_	
Total. (Colur	mn (b) should equal Form 990, Part X, col (B) line 25)	45,113		

-	rotal revenue (Form 990, Part VIII, Column (A), line 12)	1 - 1	01,010
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	22,616
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	59,230
4	Net unrealized gains (losses) on investments	4	-13,282
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	368
9	Total adjustments (net) Add lines 4 - 8	9	-12,914
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	46,316
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		ırn
1	Total expenses and losses per audited financial statements	1	
2 a	Donated services and use of facilities		
b	Prior year adjustments	-	
c	Losses reported on Form 990, Part IX, line 25	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines 2a through 2d	- 2e	
3	Subtract line 2e from line 1	3	
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b	1	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
Pai	rt XIV Supplemental Information		
Con	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV , line	s 1b and 2b,

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

Ident if ier	Return Reference	Explanat ion
Intended Use of Organization's Endowment FUnds	Schedule D, Part V	THE ORGANIZATION'S ENDOWMENT FUNDS ARE DEDICATED FOR USE IN SUPPORTING THE FOUNDATION'S EXEMPT PURPOSE, WHICH IS TO PROVIDE SUPPORT AND ASSISTANCE TO ST MARY'S COMMUNITY HOSPITAL
REPORTING OF LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48	Schedule D, PART X	St Mary's Hospital Foundation's financial information is included in the consolidated audited financial statements of Catholic Health Initiatives (CHI), a related organization CHI FOLLOWS FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT NO 109 (FIN 48), WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN FIN 48 ALSO PROVIDES GUIDANCE ON DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS
OTHER ADJUSTMENTS	Schedule D, PART XI, LINE 8	OTHER ADJUSTMENTS \$368

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DLN: 93493137016320

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization St Mary's Hospital Foundation

Part I Questions Regarding Compensation

Yes No

			'	110
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax idemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
а	Receive a severance payment or change of control payment?	4a		Νo
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		Νo
Ь	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Cat No 50053T

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	f W-2 and/or 1099-MI	SC compensation	(C) Deferred		(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
DANIEL KELLY	(I) (II)	119,493	12,031	37,376	0	23,890	192,790	86,405
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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

Ident if ier	Ret urn Ref erence	Explanat ion
		COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES, (CHI), A RELATED ORGANIZATION CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION (1) COMPENSATION COMMITTEE, (2) INDEPENDENT COMPENSATION CONSULTANT, (3) WRITTEN EMPLOYMENT CONTRACTS, (4) COMPENSATION SURVEY OR STUDY, (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
	· '	POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT AGREEMENTS FOR CHIS MBO CEOS THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVES OVERALL COMPENSATION PACKAGE NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CHI DURING THE 2008 CALENDAR YEAR
	PART I, Q 4B	DURING THE 2008 CALENDAR YEAR CHI MAINTAINED A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE THE FOLLOWING REPORTABLE INDIVIDUAL WAS ELIGIBLE TO PARTICIPATE DANIEL KELLY THERE WERE NO CONTRIBUTIONS TO THE NON-QUALIFIED PLAN FOR THE 2008 CALENDAR YEAR THE FOLLOWING INDIVIDUAL RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE 2008 CALENDAR YEAR, AND THE FOLLOWING AMOUNT WAS INCLUDED IN THE INDIVIDUAL'S REPORTABLE COMPENSATION FOR SCHEDULE J KELLY, \$15,642
-		

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

responses to specific questions for the Form 990 or to provide any additional information.

▶ Attach to Form 990. To be completed by organizations to provide additional information for

DLN: 93493137016320 OMB No 1545-0047

Inspection

Name of the organization St Mary's Hospital Foundation

Employer identification number

47-0707604

ldentifier	Return Reference	Explanation
Procedures for monitoring and enforcing the COI policy	Form 990, Part VI, Q 12c	ST MARY'S HOSPITAL FOUNDATION HAS A BOARD POLICY THAT REFERENCES THE DUALITY OF INTEREST AND CONFLICT OF INTEREST POLICIES PROVIDED BY CHI NATIONAL AT THE ANNUAL BOARD AND BOARD COMMITTEE MEETINGS ALL MEMBERS ARE REQUESTED TO SIGN CONFLICT OF INTEREST STATEMENTS THE SIGNED STATEMENTS ARE RETAINED IN THE ADMINISTRATIVE FILES ALL MEMBERS ARE REQUESTED TO DECLARE POTENTIAL CONFLICTS OF INTEREST AT EACH BOARD AND/OR COMMITTEE MEETING OF THE BOARD (FINANCE/AUDIT AND COMPLIANCE COMMITTEE AND THE PERFORMANCE IMPROVEMENT COMMITTEE) IF THE BOARD FINDS THAT A CONFLICT DOES EXIST REGARDING THE AGENDA ITEMS TO BE PRESENTED FOR ACTION, MEMBERS ARE REQUESTED TO ABSTAIN FROM VOTING IN ADDITION A QUESTIONNAIRE IS SENT ANNUALLY TO ALL BOARD MEMBERS, TOP PAID VENDORS, AND TOP PAID EMPLOYEES ASKING THEM TO DISCLOSE ANY BUSINESS OR FAMILY RELATIONSHIPS

ldentifier	Return Reference	Explanation
PROCESS USED TO REVIEW FORM 990	Form 990, Part VI, Q 10	The Foundations Finance Director works with an external independent accountant to prepare the Form 990 Once prepared, the CFO reviews the return and any subsequent revisions are completed. The CFO facilitates the returns review with the management team and their revisions are included in the final version of the form, which is approved for filing with the Internal Revenue Service. The Return is provided to the board prior by electronic means prior to filing. After provision to the board, the tax department files the return with the appropriate federal agencies, making any non-substantive changes necessary to effect e-filing. Any such changes are not re-submitted to the board.

ldentifier	Return Reference	Explanation
Governing documents - COI Policy - Financial Statements available	Form 990, Part VI, Q 19	THE Organizations FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW CATHOLICHEALTHINIT ORG OR AT WWW DACBOND COM The foundation's organizing documents are available from the Nebraska Secretary of State's website. The organization's conflict of interest policy is not publicly available.

ldentifier	Return Reference	Explanation
Members or Stockholders	1	per article V of the restated bylaws, St. Mary's Hospital, Nebraska City, Nebraska is the sole corporate member, a Nebraska nonprofit corporation

ldentifier	Return Reference	Explanation
ELECTING BOARD MEMBERS	FORM 990, PART VI, Q 7A	THE ORGANIZATION'S SOLE CORPORATE MEMBER HAS THE POWER TO REMOVE, REPLACE OR APPOINT THE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY

ldentifier	Return Reference	Explanation
GOVERNING POWERS	FORM 990, PART VI, Q 7B	The organizations corporate member is Catholic Health Initiatives (CHI) PURSUANT TO ARTICLE V, SECTION 5 4 1 OF THE ORGANIZATION'S BY LAWS, THE CORPORATE MEMBER SHALL HAVE THE SPECIFIC RIGHTS SET FORTH in the governance matrix Pursuant to the governance matrix the following rights are RESERVED TO THE CHI BOARD OF DIRECTORS DIRECTLY OR THROUGH POWERS delegated to the CHI Chief Executive Officer - Substantial change in the mission or philosophy of ST MARY'S COMMUNITY HOSPITAL - AMENDMENT OF THE CORPORATE DOCUMENTS OF ST MARY'S COMMUNITY HOSPITAL - APPROVE MEMBERS OF THE ST MARY'S COMMUNITY HOSPITAL BOARD - Removal of a member of the governing body of ST MARY'S COMMUNITY HOSPITAL Approval of issuance of debt by SMHF Approval of participation of SMHF in a joint venture Approval of formation of a new corporation by SMHF Approval of a merger involving SMHF Approval of the sale of all or substantially all of the assets of SMHF To require the transfer of assets by SMHF to CHI to accomplish CHIs goals and objectives, and to satisfy CHI debts Pursuant to Section 5 5 of the organizations bylaws, SMHNC or CHI may, in exercise of their approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and its President and the Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION - CEO/EXECUTIVE DIRECTOR	FORM 990, PART VI, Q 15A	ST MARY'S HOSPITAL FOUNDATION'S CEO IS COMPENSATED BY CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION THE HAY GROUP HAS SERVED AS THE INDEPENDENT COMPENSATION CONSULTANT TO CHI AND ITS BOARD OF STEWARDSHIP TRUSTEES ("BOST") HAY REVIEWED ALL MBO CEO COMPENSATION LEVELS WITH THE HR COMMITTEE OF THE CHI BOST IN SEPTEMBER, 2009 AND PROVIDED A REPORT TO THE FULL CHI BOARD AT THEIR DECEMBER MEETING, CONFIRMING THE REASONABLENESS OF MBO CEO TOTAL COMPENSATION AND CHI'S COMPENSATION PHILOSOPHY

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III LINE 4a	Organization's mission, vision and the tax-exempt purpose. St. Mary's Hospital Foundation was incorporated as a 501(c)(3), tax-exempt, charitable foundation in 1987 to serve as the official gift-receiving and gift-administration agency for St. Mary's Hospital in Nebraska City, Nebraska. The purpose is to engage in fundraising, development and other charitable activities all in support of St. Mary's Hospital. The foundation is focused on improving the quality of life in the communities that we serve by contributing to the hospital so they are able to provide the best health care services to our patients. Through a recent planning process, the board of directors to the foundation developed the following. Purpose Statement. St. Mary's Community Hospital Foundation is committed to seek, attain and administer funds contributed from various sources that support the mission and services provided by St. Mary's. Community Hospital. Through voluntary leadership with well accomplish this goal with the strength, support and guidance of St. Mary's Community. Hospital as we move toward the creation of healthier communities. Qualitative description of community benefits. St. Mary's Hospital Foundation, current 11-member Board of Trustees, raises funds through special events, employee annual giving, major gifts, and project campaigns to help fund health care equipment, projects and services offered by St. Mary's hospital St. Mary's Hospital Foundation raised over \$3,000 in the annual benefit golf tournament in 2009 to cover equipment expenses needed for a recent expansion in the physical and occupational therapy department. Although this was not a large expense financially, the benefit to the patients is significant. We are able to serve more patients simultaneously with the addition of the new equipment. The foundation continues to grow and with econtinue to lead the effort in providing the highest quality of healthcare to our patients. As a non-profit Foundation, the dollars with each and the decisions with make benefit the

ldentifier	Return Reference	Explanation
ORGANIZATION'S FINANCIAL STATEMENTS	FORM 990, PART X, LINE 2	ST MARY'S HOSPITAL FOUNDATION'S FINANCIAL STATEMENTS WERE AUDITED BY AN INDEPENDENT ACCOUNTANT AND ARE INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF THE SYSTEM PARENT, CATHOLIC HEALTH INITIATIVES CATHOLIC HEALTH INITIATIVE'S AUDIT AND FINANCE COMMITTEES ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT

ldentifier	Return Reference	Explanation
ESTIMATE OF HOURS DEVIOTED TO RELATED ORGANIZATIONS	FORM 990, PART VII	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES

Identifier	Return Reference	Explanation
Executive Committee	Form 990, Part VI, Q 1a	The Executive Committee CONSISTS only OF directors of the Corporation and IS composed of the Chairperson of the Board, the Vice Chairperson of the Board, and the Executive Director, each of who serve as ex officio voting members of the Executive Committee The Executive Committee HAS THE POWER TO TRANSACT THE ROUTINE BUSINESS OF THE CORPORATION IN THE INTERIM PERIODS BETWEEN REGULARLY SCHEDULED MEETINGS OF THE BOARD OF DIRECTORS, PROVIDED THAT THEIR ACTIONS ARE CONSISTENT WITH ANY ACTIONS OR POLICIES OF THE BOARD OR THE CORPORATE MEMBER ALL ACTIONS TAKEN ARE CONTEMPORANEOUSLY DOCUMENTED AND REPORTED TO THE BOARD AT THE EARLIEST MEETING

ldentifier	Return Reference	Explanation
PROCESS FOR DETERMINING COMPENSATION	FORM 990, PART VI, Q 15B	During the tax year ended 6/30/09, no officers, directors or trustees received compensation from the organization. Any executive compensation paid to officers, directors or trustees by related organizations was set by a compensation committee utilizing an independent consultant and comparability studies to determine compensation.

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. ► See separate instructions.

Department of the Treasury Internal Revenue Service

ame of the organization Mary's Hospital Foundation Employer identification number								
				47-0707604				
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			
See Additional Data Table								
Part II Identification of Related Tax-Exempt Organizati	ons							
(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 state (if section 501(c)(us Direct controlling 3)) entity			
See Additional Data Table								

(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) Disproprtionat allocations?		te (I) Code V—UBI amount on Box 20 of K-1		ral o aging ner?
										Yes	No		Yes	No
See Additional Data Table														
see Hantonal Bata Table														
Part IV Identification of Ro	elated	Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organiz		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of i-of-yea assets	(H) Percentage r ownership		
See Additional Data Table														

Part V	Transactions with Related Organizations
--------	---

126	τν	Transactions with Related Organizations					
	Note.	Complete line 1 if any entity is listed in Parts II, III or IV			Ye	es No	
1 Du	rıng th	ne tax year, dıd the orgranızatıon engage ın any of the following transactıon	s with one or more related organizations listed in Parts II-	·IV?			
а	Recei	pt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled enti	ıty		1a	No	
b	Gıft, g	rant, or capital contribution to other organization(s)			1b	No	
c	Gıft, g	rant, or capital contribution from other organization(s)			1c	No	
d	Loans	or loan guarantees to or for other organization(s)			1d	No	
e	Loans	or loan guarantees by other organization(s)			1e	No	
f	Sale o	fassets to other organization(s)		<u></u>	1f	No	
g	Purch	ase of assets from other organization(s)		<u>[</u>	1g	No	
h	Excha	inge of assets		<u>.</u>	1h	No	
i I	i Lease of facilities, equipment, or other assets to other organization(s)						
j	Lease	of facilities, equipment, or other assets from other organization(s)		<u> </u>	1 j	No	
k	Perfor	mance of services or membership or fundraising solicitations for other org	anization(s)	L	1k	No	
1 1	I Performance of services or membership or fundraising solicitations by other organization(s)						
m	m Sharing of facilities, equipment, mailing lists, or other assets						
n	n Sharing of paid employees						
o	Reımb	oursement paid to other organization for expenses		<u>[</u>	10	No	
р	Reımb	oursement paid by other organization for expenses		<u> </u>	1p	No	
q	Other	transfer of cash or property to other organization(s)		-	1q	No	
r	Other	transfer of cash or property from other organization(s)		[1r	No	
2	Ifthe	answer to any of the above is "Yes," see the instructions for information or	n who must complete this line, including covered relations	nips and transaction thresholds			
		(A)	(B) Transaction	(C)			
		Name of other organization(s)	type(a-r)	Amount Involved			
(1)							
(2)							
(2)							
(3)							
(4)							
(+)							
(5)							
(6)							

Part VI Unrelated Organizations Taxable as a Partnership

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

									_	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations	57	(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No
			•			•	•	Sabadula	D / Form	000) 2000

Additional Data

Memorial Health Partners 6028 Shallowford Road

Chattanooga, TN 37421

Chattanooga, TN 37404

Pathway Hospice LLC

Ontario, OR 97914 93-1310235 LincCare 8055 O Street

Lincoln, NE 68510 47-0697010

1111 6th Avenue

1111 6th Avenue

42-1521367

83-0397103

20-1703871

42-0680448

Des Moines, IA 50314

Des Moines, IA 50314

Mercy North ASC LLC 1111 6th Avenue

Des Moines, IA 50314

Mercy Pet Scanner LLC 1111 6th Avenue

Des Moines, IA 50314

St Joseph Community Health Services

St Joseph Community Health Foundation

300 Central SW Suite 300

300 Central SW Suite 300

St Joseph Healthcare System

St Elizabeth Health Services Inc

St Elizabeth Health Care Foundation

Flaget Memorial Hospital Foundation Inc

Flaget Healthcare DBA Flaget Memorial

4305 New Shepherdsville Road

4305 New Shepherdsville Road

500 Copper NW Suite 102

Albuquerque, NM87102

3325 Pocahontas Road

3325 Pocahontas Road

Baker City, OR97814

Bardstown, KY40004 56-2351341

Bardstown, KY40004 61-1345363

Lakewood Health Center

600 Main Avenue South

Breckenridge, MN56520

2400 St Francis Drive

2400 St Francis Drive

2400 St Francis Drive

Breckenridge, MN56520

Carrington Health Center

Saint Clare's Community Care

Saint Clare's Foundation Inc

Good Samaritan College of Nursing & Heal

800 North 4th Street

Carrington, ND58421

Breckenridge, MN56520

St Francis Medical Center

Breckenridge, MN56520

Healthcare and Wellness Foundation

Baudette, MN56623 41-0758434 Appletree Court

601 Oak Street

41-1850500

76-0761782 St Francis Home

41-0729978

41-0695598

45-0227311

66 Ford Road

66 Ford Road

Denville, NJ07834 22-2876836

Denville, NJ07834 22-2502997

375 Dixmyth Ave

31-1778403 Total Healthcare

PO Box 7021

84-0927232

62-0532345

62-1839548

03-0417049

23-7419853

31-1206047

66 Ford Road

Cincinnati, OH45220

Colorado Springs, CO80933

2525 De Sales Avenue

Chattanooga, TN37404

2525 De Sales Avenue

Chattanooga, TN37404

6028 Shallowford Road

Chattanooga, TN37421

Cincinnati, OH45206

Cincinnati, OH45206

Cincinnati, OH45206 31-0537486

Saint Clare's Hospital

Denville, NJ07834 22-3319886

19 Pocono Road

Denville, NJ07834 22-2536017

Cincinnati, OH45206

31-1074519

84-0902211

84-1183335

Denver, CO80202 47-0617373

Denver, CO80202 20-8473567

Memorial Health Care System Inc

Memorial Health Care System Foundation

Memorial Health Partners Foundation Inc

The Community Limited Care Dialysis Cent

Good Samaritan Foundation of Cincinnati

The Good Samaritan Hospital of Cincinnat

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

619 Oak Street Accounting-3 West

St Francis Life Care Corporation

Universal Health Corporation

961 East Colorado Avenue

Colorado Springs, CO80903

SET of Colorado Springs Inc

Colorado Springs, CO80903

Catholic Health Initiatives

1999 Broadway Suite 4000

1999 Broadway Suite 4000

Catholic Health Care Federation

825 E Pikes Peak Avenue Bldg 29

619 Oak Street Accounting-3 West

Catholic Health Initiatives Colorado Fou

Baker City, OR97814

Albuquerque, NM87102

Albuquerque, NM87102

71-0897107

85-0253087

85-0201285

93-0412495

94-3164869

Perinatal Center of Iowa LLC

Memorial Hospital Auxiliary 2525 de Sales Avenue

1050 SW 3rd Ave Suite 1600

Mercy Therapeutic Radiology Associates L

(A)

Name, address, and EIN of related organization

62-1784262

62-1839548

Software ID: **Software Version:**

Name, address, and EIN of disregarded entity

EIN: 47-0707604

Name: St Mary's Hospital Foundation

Return to Form

(F)

Direct Controlling

Entity

NONE

CHI

St EHS

CHI-IA Corp

CHI-IA Corp

CHI-IA Corp

CHI-IA Corp

CHI

SJCHS

CHI

CHI

SEHS

CHI

CHI

SFH

SFMC

CHI

CHI

CHI

SCHS

SCHS

GHS

CHI

MHCS

MHCS

GSH

GSH

CHI

SCHS

GSH

CHI Colorado

CHI Colorado

СНІ

СНІ

TRI-HEALTH

CHI Colorado

(F)

Direct Controlling

Entity

MHCSFound

Form 990, Schedule R, Part I - Identification of Disregard

Hospice Care

Support MHCSF

Hospice Care

Hospice Care

Physician

Physician

A mbulatory

Physician

(B)

Primary Activity

Community

Foundation

Healthcare

Hospital

Foundation

Fundraising

Hospital

LTerm Care

Senior Homes

Foundation

LTerm Care

Healthcare

Healthcare

Healthcare

Fundraising

Education

Healthcare

Hospital

Foundation

Healthcare

Hospital

Foundation

Hospital

Hospital

Elderly Care

Physicians

Foundation

LTerm Care

Healthcare

Jurdic Person

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

(B) (State

Primary Activity

Legal Domicile

or Foreign

Country)

TN

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O R

ΝE

IΑ

IΑ

IΑ

IΑ

(C)

Legal Domicile

(State

or Foreign Country)

NM

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MN

ΜN

MN

MN

ΜN

ND

ΝJ

ΝJ

ΚY

CO

TN

TN

TN

ОН

ОН

ОН

ΝJ

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ОН

СО

CO

СО

СО

(D)

Total income

(\$)

0

162,658

67,355

7,138,989

-343,811

-10,993

(D)

Exempt Code

section

501(c)(3)

501(c)(2)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

501(c)(3)

0

0

(E)

End-of-year assets

(\$)

142,597

1,266,816

26,159,105

1,342,382

1,712,012

(E)

Public charity

status

(If 501(c)(3))

11a

3

11a

3

3

9

11a

9

3

3

11b

3

3

11a

3

3

9

11a

11a

ded Entities	_
	(C)

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		
Global Health Initiatives 1999 Broadway Suite 4000 Denver, C080202 20-1536108 Health SET	Ministries	со	501(c)(3)	11a	СНІ		
4200 West Conejos Place 436 Denver, C080204 84-1102943 Bishop Drumm Retirement Center	Low Inc Care	со	501(c)(3)	7	CHI Colorado		
1111 6th Avenue Des Moines, IA50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp		
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp		
House of Mercy 1111 6th Avenue Des Moines, IA 50314 42-1323808 Mercy Auxiliary of Central Iowa	Shelter	IA	501(c)(3)	7	CHI-IA Corp		
1111 6th Avenue Des Moines, IA50314 42-6076069 Mercy Clinics Inc	A uxiliary	IA	501(c)(3)	11a	CHI-IA Corp		
1111 6th Avenue Des Moines, IA 50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA 50 31 4 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp		
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50314 23-7358794 Mercy Medical Center - Centerville FKA	Foundation	IA	501(c)(3)	7	CHI-IA Corp		
1 St Josephs Drive Centerville, IA 52 54 4 42 - 06 8 0 3 0 8 Mercy Professional Practice Associates	Hospital	IA	501(c)(3)	3	CHI-IA Corp		
1111 6th Avenue Des Moines, IA50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp		
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND58301 45-0227012	Healthcare	ND	501(c)(3)	3	СНІ		
St Joseph's Lifecare Foundation 30 West 7th Street Dickinson, ND58601 36-3418207	Foundation	ND	501(c)(3)	11a	sjннс		
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND58601 45-0226429	Healthcare	ND	501(c)(3)	3	СНІ		
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, C081301 84-0405515	Hospital	со	501(c)(3)	3	СНІ		
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY41018 20-2741651	Healthcare	КҮ	501(c)(3)	11a	СНІ		
Vılla Nazareth Inc 801 Page Drıve Fargo, ND58103 45-0226714	LT Care	ND	501(c)(3)	9	СНІ		
St Catherine Hospital 401 East Spruce Street Garden City, KS67846 48-0543721	Hospital	KS	501(c)(3)	3	СНІ		
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS67846 20-0598702	Foundation	KS	501(c)(3)	11a	sсн		
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE68802 47-0630267	Foundation	NE	501(c)(3)	7	SFMC		
Saint Francis Medical Center PO Box 9804 Grand Island, NE68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska		
Central Kansas Medical Center 3515 Broadway Great Bend, KS67530 48-0543724	Hospital	KS	501(c)(3)	3	СНІ		
Central Kansas Medical Center Foundation 3515 Broadway Great Bend, KS67530 48-6120330 Ct least Manageral Heavital	Fundraising	KS	501(c)(3)	11c	N/A		
St Joseph Memorial Hospital 923 Carroll Ave Larned, KS67550 48-1253246 MNMCH Inc	Hospital	KS	501(c)(3)	3	CKMC		
	Hospital	KS	501(c)(3)	3	SJRMC		
2727 McClelland Blvd Joplin, MO 64804 43-1305163	Property Mgmt	МО	501(c)(3)	11a	SJRMC		
St John's Medical Group 2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	МО	501(c)(3)	9	SJRMC		
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO 64804 43-1308084	Foundation	мо	501(c)(3)	7	SJRMC		
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO 64804 44-0545809	Hospital	мо	501(c)(3)	3	СНІ		
Good Samaritan Health Systems Inc PO Box 1990 Kearney, NE68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska		

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	
Kearney, NE68848 47-0379755	H ealth Care	NE	501(c)(3)	3	CHI Nebraska	
Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSН	
Bachmann Realty Corporation 2135 Noll Drive Suite C Lancaster, PA17603 23-3019013	Real estate	DE	501(c)(3)	11a	SJHM	
Lancaster, PA17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM	
Lancaster, PA 17603 23-2605579	Fundraising	РА	501(c)(3)	11a	SJHM	
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM	
Lexington, KY40509 61-1400619	LTACH	КҮ	501(c)(3)	3	SJHS	
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	КҮ	501(c)(3)	7	SJHS	
Lexington, KY40509 61-1334601	Hospital	КҮ	501(c)(3)	3	СНІ	
Lexington, KY40504 61-1159649	Foundation	КҮ	501(c)(3)	11a	SJHS	
Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS	
Sparta, NJ07871 22-1768334	Home Health	ŊĴ	501(c)(3)		schs	
Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC	
Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC	
Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	СНІ	
Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska	
Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska	
Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	СНІ	
Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	СНІ	
Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	СНІ	
Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC	
Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	СНІ	
Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC	
Dayton, OH45416 31-0935118	Healthcare	он	501(c)(3)	9	SHP	
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS	
Dayton, OH45408 02-0633634	Hospital	он	501(c)(3)	3	SHP	
Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	СНІ	
Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct	
Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct	
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	N E	501(c)(3)	3	CHI Nebraska	

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	
Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	sмн	
Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	СНІ	
Oakes, ND58474 71-0966606	Foundation	N D	501(c)(3)	11a	осн	
Holy Rosary Medical Center DBA The Domi 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	СНІ	
Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC	
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	СНІ	
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	СНІ	
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	O R	501(c)(3)	11a	SA Hospital	
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC	
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	СНІ	
Mt St Joseph Inc 3060 SE Stark Street Portland, 0R97214 93-0386870	Nursing Care	O R	501(c)(3)	9	СНІ	
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, C081004 84-1234295	Community	СО	501(c)(3)	7	СНІ	
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	СНІ	
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN	
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	внс	
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	СНІ	
Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	ммс	
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	ммс	
Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	СНІ	
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	СНІ	
Enumclaw, WA 98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS	
Tacoma, WA 98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS	
Tacoma, WA 98405 91-0564491	Healthcare	WA	501(c)(3)	3	СНІ	
Tacoma, WA 98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS	
Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC	
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	СНІ	
Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	СНІ	
Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406 23-7296923	Foundation	он	501(c)(3)	7	SHP	
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	СНІ	
Mercy Medical Center 1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	СНІ	

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
Mercy Medical Foundation					ммс
1301 15th Avenue West Williston, ND58801 _45-0381803	Foundation	ND	501(c)(3)	11a	
Samarıtan Health Partners					
2222 Philadelphia Drive Dayton, OH45406 31-1107411	H ealthcare	он	501(c)(3)	11a	СНІ
St Vincent Foundation					
Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc					
351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	O R	501(c)(3)	9	HRMC
The Mercy Hospital of Devils Lake Fdn					
1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys					
7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	СНІ
Alegent Health - Mercy Hospital Corning					
PO Box 368 Corning, IA 50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation					
PO Box 368 Corning, IA 50841 42-1461064	Foundation	NE	501(c)(3)	11a	АНМН
Mercy Hospital Foundation Council Bluff					
800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership (H) **(I)** (D) (G) (E) Legal Disproprtionate General or (A) (B) (F) Code V-UBI amount Direct Predominant Share of end-of-year Domicile Name, address, and EIN of allocations? Managing Primary activity Share of total income on Controlling (State ncome(related, assets Box 20 of Schedule Partner? related organization (\$) Entity ınvestment, or (\$) K-1 (Form 1065) Foreign unrelated) (\$) Country) Yes Yes No Superior Medical Imaging LLC SERMC Related 5000 North 26th Street OP Diagnostics ΝE 0 2,091,929 Νo 0 Lincoln, NE68521 26-2884555 Central Nebraska Rehab Services CHI ΝE Related 15,827,712 Physical Therapy 4,183,006 Νo 3004 W Faidley Ave Grand Island, NE68802 81-0653461 Mercy West Endoscopy LLC CHI-IA Corp 1601 NW 114th St Suite 244 IΑ Related 1,690,849 2,016,353 Νo Ambulatory Surg Clive, IA50325 90-0129077 Audubon Land Company LLC 5390 N Academy Blvd Suite тнс СО Νo Real Estate Related 0 9,259,533 300 Colorado Springs, CO80918 84-1513085 Breckenridge Medical Clinic

THC

THC

THC

THC

THC

MMC

FHS

CHI

Related

Investment

SJ HospitalLex Related

Mercy Medical

SVIMC

CHI

0

314,771

-242,741

-66,738

-484,585

282,899

73,817

260,714

190,224

-42,795

58,022

0

0

9,836,292

546,966

15,439,923

2,821,680

1,129,360

2,387,702

3,912,695

4,317,057

2,092,370

1,650,592

4,069,968

Νo

СО

СО

CO

СО

СО

ΙD

WA

ΝE

KY

OR

 AR

СО

Medical Imaging

Cancer Center

Real Estate

Ortho Hospital

Surgery Center

Laundry

Diagnostic

Day Surgery

Ambul Surg Ctr

Investments

LLC

555 South Park Avenue Plaza Medical Clinic

Breckenridge, CO80424

1390 Kelly Johnson Blvd

St Anthony Regional Mtn

St Francis Land Company

5390 N Academy Blvd Suite

Colorado Springs, CO80918

11650 West 2nd Place

Mercy Outpatient Surgery

1512 12th Avenue Road Nampa, ID83686 84-1380439

Tacoma, WA98405 87-0808610

PO Box 9804

72-1546196

Center

310

LLC

Program LP

47-0727942

Peninsula Radiation Oncology

Healthcare Support Services

Grand Island, NE688029804

Bluegrass Regional Imaging

1218 South Broadway Suite

Ambulatory Surgery Cntr Rsbg

North River Surgery Center

CHI Operating Investment

9780 Mt Pyramid Court 3rd

Englewood, CO80112

2209 Wildwood Avenue Sherwood, AR72120 71-0799771

Lexington, KY40504 61-1386736

2750 W Harvard Roseburg, OR97471 93-1293442

314 Martin Luther King Jr Way Healthcare Srvc

Lakewood, CO80255 37-1577105

4231 W 16th Avenue Denver, CO80112 37-1568013

Colorado Springs, CO80920

65-1295958 Penrad Imaging

84-1072619

Cancer Center

26-3134100 OrthoColorado LLC

Center LLC

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Yes

Yes

-88,608

Yes

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust (A) (G) (D) (H) (B) (C) Name, address, and EIN of related Primary activity Legal Domicile Direct Controlling Type of entity Share of total income Share of Percentage organization (C corp, S corp, end-of-year (State or Entity (\$) ownership Foreign or trust) assets Country) (\$) Mercy Health Services Corporation 2727 McClelland Blvd St John's RMC DME МΟ C Corp -17,953 2,093,683 100 % Joplin, MO64804 43-1457881 Mountain Management Services Inc MHCS 6028D Shallowford Road TNC Corp 383,380 11,783,040 100 % mgmt svc org Chattanooga, TN37422 62-1570739 MedQ uest 1301 15th Avenue West MHof Williston C Corp Sale of DME ND 38,645 921,119 100 % Williston, ND58801 45-0392137 St Anthony Development Company 1415 Southgate St Anthony H Athletic Club OR C Corp 17,998 3,142,823 100 % Pendleton, OR97801 93-1216943 Healthcare Management Inc 555 South 70th Street NΑ Billing Services 0 0 ΝE C Corp 0 % Lincoln, NE68510 47-0662703 GOOD SAMARITAN OUTREACH SERVICES MEDICAL GSHS PO BOX 1990 ΝE 0 C Corp 0 100 % KEARNEY, NE68848 CLINIC 47-0659440 HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 MANAGEMENT GSHS NΕ C Corp 17,676 1,769,891 100 % KEARNEY, NE68848 47-0664558 Mercy Park Apartments Ltd 1111 6th Avenue CHI-IA Corp IΑ C Corp 23,229 1,878,898 100 % Housing Des Moines, IA 50314 42-1202422 Des Moines Medical Center Inc 1111 6th Avenue CHI-IA Corp ΙΑ C Corp -56,189 1,093,386 91 13 % Real Estate Des Moines, IA 50314 42-0837382 Comcare Services CHIC 4231 W 16th Avenue C Corp СО 0 0 Inactive 100 % Denver, CO80204 84-0904813 Mednow Inc 1512 12th Avenue Road Outpat Mercy Med Ctr ΙD C Corp 4,534,408 5,348,476 100 % Nampa, ID83686 Pharmacy 82-0389927 Saint Clare's Primary Care Inc 66 Ford Road sccc Billing Services ΝJ C Corp -483,820 2,590,487 100 % Denville, NJ07834 22-2441202 Healthcare Mgmt Services Org Inc FHS 1149 Market St Health Org WA C Corp 0 0 100 % Tacoma, WA98402 91-1865474 Physician Health System Network 1149 Market St FHS 100 % Health Org WA C Corp 0 0 Tacoma, WA98402 91-1746721 Saint Clare's Health Care Solutions Inc schcs 66 Ford Road ΝJ C Corp -81,617 0 100 % Nursing Denville, NJ07834 20-4969477 Mercy Services Corp 2700 Stewart Parkway Mercy Medical Retail Sales OR C Corp -276,939 1,649,984 100 % Roseburg, OR97470 93-0824308 Caduceus Medical Associates Inc 6028 Shallowford Road Suite D MHCS C Corp Healthcare TN0 1,008 100 % Chattanooga, TN37422 62-1570736 CENTRAL KANSAS HEALTH SERVICES ASSOCIATI MEDICAL CKMCC Corp 100 % 3515 Broadway KS 100 -309,321 EQUIPMENT Great Bend, KS67530 48-1042853 St Vincent Community Health Services In Two St Vincent Circle SVIMC ΑR C Corp 1,018,000 10,399,000 100 % Healthcare Little Rock, AR72205 71-0710785 Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Management CO N/A 0 C Corp 4,445,439 100 % Erlanger, KY41018 Servic 84-1112049 Nazareth Assurance Company 76 St Paul Street Suite 500 CHI Insurance VΤ C Corp 262 5,695 100 % Burlington, VT05401 03-0304831 Franciscan Services Inc 9780 Mt Pyramid Ct CHI C Corp 7,815,631 Healthcare СО -252,887 100 % Englewood, CO80112 23-2487967 SJH Services Corporation 9780 Mt Pyramid Ct FSI 106,864 Healthcare CO C Corp 3,481,247 100 % Englewood, CO80112 23-2307408 St Joseph Development Company Inc 1717 South J Street FSI 1,153,946 Rental WA C Corp 11,984,725 100 % Tacoma, WA98405 91-1480569 Towson Management Inc FSI 7601 Osler Drive Management ΜD C Corp 74,937 474,456 100 % Towson, MD21204 Servic 52-1710750