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

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 09/30 , 20 09

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization **STURDY MEMORIAL ASSOCIATES INC**

Doing Business As

Number and street (or P O. box if mail is not delivered to street address) **PO Box 2963** Room/suite

City or town, state or country, and ZIP + 4 **Attleboro, MA 02703-0963**

D Employer identification number **04 2709501**

E Telephone number **(508) 222-5200**

G Gross receipts $ **27,849,174**

F Name and address of principal officer **Mark Robbin MD**
P O Box 2963, Attleboro, MA 02703

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3)◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Type of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation **1980**

M State of legal domicile **MA**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: **See Statement 1**

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

RECEIVED
FEB 22 2010
OGDEN, UT

3 Number of voting members of the governing body (Part VI, line 1a)	3	7
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5 Total number of employees (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	30
7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	68,200	45,000
9 Program service revenue (Part VIII, line 2g)	25,394,466	27,129,158
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	702,502	675,016
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,165,168	27,849,174

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,539,193	22,753,705
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,897,018	5,902,226
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	27,436,211	28,655,931
19 Revenue less expenses. Subtract line 18 from line 12	-1,271,043	-806,757

Net Assets or Fund Balances

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	5,025,023	4,688,503
21 Total liabilities (Part X, line 26)	15,539,902	16,063,050
22 Net assets or fund balances. Subtract line 21 from line 20	-10,514,879	-11,374,547

Part II Signature Block

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

Sign Here

Signature of officer — Date 12/16/2010

Joseph Casey, Chief Financial Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
Sturdy Memorial Associates is organized and operated exclusively for the benefit of Sturdy Memorial Hospital and its affiliated charitable corporations. The Associates primary purpose is to expand and improve the availabilty of quality medical care in the Sturdy Memorial Hospital service area.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☑ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☑ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ including grants of $) (Revenue $)
See Statement 2

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ **0** including grants of $ **0**) (Revenue $ **0**)

4e Total program service expenses ► $ 25,779,444 *(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	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		✓
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		✓
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
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		✓
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	✓	
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	✓	
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	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		✓
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		✓
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II.*	15		✓
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		✓
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		✓
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		✓
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓
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		✓
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		✓
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	✓	
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		✓
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		✓
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		✓
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		✓
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		✓

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:		
	a	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 IV*	28a	✓	
	b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	✓	
	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	✓	
29		Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31		Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
33		Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
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	✓	
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		✓
36		**Section 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		✓
37		Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		✓

Part V Statements Regarding Other IRS Filings and Tax Compliance

			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	1a 40		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . .	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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	2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* . . .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
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? .	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c	If "Yes," to question 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		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a		✓
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		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b 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	1a 7		
b	Enter the number of voting members that are independent	1b 4		
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		✓
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		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
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		✓
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		✓

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	✓	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	✓	
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	✓	
13	Does the organization have a written whistleblower policy?	13	✓	
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
a	The organization's CEO, Executive Director, or top management official?	15a	✓	
b	Other officers or key employees of the organization?	15b	✓	
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓
b	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 ▶ MA

18 Section 6104 requires an organization to make its Forms 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

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ See Statement 3

Part VII 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.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List 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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Steven Bensson MD Board Member	65	✓						$327,878	$0	$36,498
Linda Shyavitz Clerk	50	✓		✓	✓			$0	$1,120,133	$60,154
Mark Robbin MD President	2	✓		✓				$0	$0	$0
Ralph Schlenker Board Member	2	✓						$0	$0	$0
Richard Smith MD Board Member	2	✓						$0	$0	$0
Michael Poissant Board Member	4	✓						$0	$0	$0
Bruce Auerbach MD Board Member	50	✓						$0	$534,314	$53,319
Joseph F X Casey Treasurer	50			✓	✓			$0	$347,782	$42,736
Pamela Miale Director of Operations	50				✓			$0	$134,454	$34,614
James Snead MD Physician	50					✓		$461,944	$0	$20,400
Ralph Philosophe MD Physician	50					✓		$711,176	$0	$34,914
Raymond D Petit MD Physician	65					✓		$654,573	$0	$41,607
George Waters MD Physician	50					✓		$411,777	$0	$31,231
Joseph DiCola MD Physician	50					✓		$452,570	$0	$43,195

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								**3,019,918**	**2,136,683**	**398,668**

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ **44**

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

Section B. Independent Contractors

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

(A) 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 from the organization ▶ **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a	0				
	b Membership dues	1b	0				
	c Fundraising events	1c	0				
	d Related organizations	1d	0				
	e Government grants (contributions)	1e	0				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	45,000				
	g Noncash contributions included in lines 1a-1f: $		0				
	h **Total.** Add lines 1a–1f ▶			45,000			
Program Service Revenue		Business Code					
	2a **Patient services**	621110		27,129,158	27,129,158	0	0
	b						
	c						
	d						
	e						
	f All other program service revenue			0	0	0	0
	g **Total.** Add lines 2a–2f ▶			27,129,158			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶						
	4 Income from investment of tax-exempt bond proceeds ▶						
	5 Royalties ▶						
		(i) Real	(ii) Personal				
	6a Gross Rents						
	b Less: rental expenses						
	c Rental income or (loss)	0	0				
	d Net rental income or (loss) ▶						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less. cost or other basis and sales expenses						
	c Gain or (loss)	0	0				
	d Net gain or (loss) ▶						
	8a Gross income from fundraising events (not including $ 0 of contributions reported on line 1c). See Part IV, line 18 a						
	b Less direct expenses b						
	c Net income or (loss) from fundraising events ▶						
	9a Gross income from gaming activities. See Part IV, line 19 a						
	b Less: direct expenses b						
	c Net income or (loss) from gaming activities ▶						
	10a Gross sales of inventory, less returns and allowances a						
	b Less. cost of goods sold b						
	c Net income or (loss) from sales of inventory ▶						
	Miscellaneous Revenue	Business Code					
	11a **Transfer from Sturdy Memoria**	900099		616,631	616,631	0	0
	b **Hospital patient TV rental**	900099		50,246	50,246	0	0
	c **Payment discounts**	900099		8,139	8,139	0	0
	d All other revenue			0	0	0	0
	e **Total.** Add lines 11a–11d ▶			675,016			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			27,849,174	27,804,174	0	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	0		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	364,867	364,867	0	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	0	0	0
7 Other salaries and wages	18,994,375	17,350,950	1,643,425	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	454,846	416,234	38,612	0
9 Other employee benefits	1,897,778	1,736,674	161,104	0
10 Payroll taxes	1,041,839	953,396	88,443	0
11 Fees for services (non-employees):				
a Management	0	0	0	0
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	660,409	603,152	57,257	0
12 Advertising and promotion	16,407	0	16,407	0
13 Office expenses	1,003,203	889,566	113,637	0
14 Information technology	585,415	130,124	455,291	0
15 Royalties	0	0	0	0
16 Occupancy	1,251,743	1,126,569	125,174	0
17 Travel	3,079	3,079	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	61,546	55,391	6,155	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	671,752	503,814	167,938	0
23 Insurance	1,031,862	1,028,818	3,044	0
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a **Licenses/Taxes/Dues & Fees**	82,385	82,385	0	0
b **Bad Debt**	495,533	495,533	0	0
c **Bank Fees**	38,892	38,892	0	0
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	28,655,931	25,779,444	2,876,487	0
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		865,331	2	495,536
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		1,358,763	4	1,351,239
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		1,134,815	9	1,141,701
	10a	Land, buildings, and equipment. cost basis	10a 4,452,150			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D	10b 2,774,330	1,637,996	10c	1,677,820
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities. See Part IV, line 11		0	12	
	13	Investments—program-related. See Part IV, line 11		0	13	
	14	Intangible assets		0	14	0
	15	Other assets. See Part IV, line 11		28,118	15	22,207
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,025,023	16	4,688,503
Liabilities	17	Accounts payable and accrued expenses		2,789,902	17	3,213,050
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow account liability. Complete Part IV of Schedule D		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities. Complete Part X of Schedule D		12,750,000	25	12,850,000
	26	**Total liabilities.** Add lines 17 through 25		15,539,902	26	16,063,050
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-10,717,458	27	-11,524,215
	28	Temporarily restricted net assets		202,579	28	149,668
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		-10,514,879	33	-11,374,547
	34	Total liabilities and net assets/fund balances		5,025,023	34	4,688,503

Part XI Financial Statements and Reporting

			Yes	No
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?		✓
b	2b	Were the organization's financial statements audited by an independent accountant?	✓	
c	2c	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?	✓	
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?		✓
b	3b	If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
STURDY MEMORIAL ASSOCIATES INC	04 : 2709501

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives: (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)

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

a ☐ Type I **b** ☑ Type II **c** ☐ Type III–Functionally integrated **d** ☐ Type III–Other

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		✓
(ii) A family member of a person described in (i) above? 11g(ii)		✓
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		✓

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
See Statement 4									
Total									0

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . 14 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . 15 %

16a **33⅓ % support test—2008.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . ▶ ☐

b **10%-facts-and-circumstances test—2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33⅓ % support tests—2008.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
STURDY MEMORIAL ASSOCIATES INC	04 ¦ 2709501

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

(ii) Assets included in Form 990, Part X ► $

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

a Revenues included in Form 990, Part VIII, line 1 ► $

b Assets included in Form 990, Part X ► $

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other .....

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions	0				
c Investment earnings or losses	0				
d Grants or scholarships	0				
e Other expenditures for facilities and programs	0				
f Administrative expenses	0				
g End of year balance	0				

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ► 0 %
b Permanent endowment ► 100 %
c Term endowment ► 0 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations 3a(i)		✓
(ii) related organizations 3a(ii)	✓	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b	✓	

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	1,795	898	897
c Leasehold improvements	0	13,182	6,769	6,413
d Equipment	0	2,444,178	1,489,824	954,354
e Other	0	1,992,995	1,276,839	716,156
Total. Add lines 1a–1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ►				1,677,820

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12.)* ▶		

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

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

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

(a) Description	(b) Book value
Medical Staff Fund Account	**$22,207**
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 15.)* ▶	**22,207**

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

(a) Description of liability	(b) Amount
Federal income taxes	**0**
See Statement 5	
Total. *(Column (b) should equal Form 990, Part X, col. (B) line 25.)* ▶	**12,850,000**

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	27,849,174
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	28,655,931
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-806,757
4	Net unrealized gains (losses) on investments	4	0
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	0
9	Total adjustments (net) Add lines 4–8	9	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	-806,757

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	27,810,282
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	27,810,282
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	38,892		
c	Add lines **4a** and **4b**			4c	38,892
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12.)			5	27,849,174

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	28,617,039
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
c	Losses reported on Form 990, Part IX, line 25	2c	0		
d	Other (Describe in Part XIV)	2d	0		
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	28,617,039
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIV)	4b	38,892		
c	Add lines **4a** and **4b**			4c	38,892
5	Total expenses. Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18.)			5	28,655,931

Part XIV Supplemental Information

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

See Statement 6

Part XIV Supplemental Information *(continued)*

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
STURDY MEMORIAL ASSOCIATES INC

Employer identification number
04 : 2709501

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification 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 of 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:			
a	Receive a severance payment or change of control payment?	4a		✓
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	✓	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		✓
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations 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:			
a	The organization?	5a		✓
b	Any related organization?	5b		✓
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		✓
b	Any related organization?	6b		✓
	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	✓	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		✓

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Statement 7	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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.

See Statement 8

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
STURDY MEMORIAL ASSOCIATES INC

Employer identification number
04 2709501

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► $

Part II **Loans to and/or From Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

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

Part III **Grants or Assistance Benefitting Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV **Business Transactions Involving Interested Persons.**
To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
Steven Bensson MD	Landlord	$131,739	Building Rent		✓
Jean Siddall-Bensson MD	Spouse	$224,124	Employee		✓

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

STURDY MEMORIAL ASSOCIATES INC

Employer identification number

04 2709501

See Statement 9

Name of the organization	Employer identification number
STURDY MEMORIAL ASSOCIATES INC	04 2709501

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ See separate instructions.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

STURDY MEMORIAL ASSOCIATES INC

Employer identification number

04 : 2709501

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Statement 10					

Part II Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No

Part V Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
See Statement 11							

Part V Transactions With Related Organizations

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		✓
b	Gift, grant, or capital contribution to other organization(s)	1b		✓
c	Gift, grant, or capital contribution from other organization(s)	1c		✓
d	Loans or loan guarantees to or for other organization(s)	1d		✓
e	Loans or loan guarantees by other organization(s)	1e		✓
f	Sale of assets to other organization(s)	1f		✓
g	Purchase of assets from other organization(s)	1g		✓
h	Exchange of assets	1h		✓
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		✓
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	✓	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		✓
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	✓	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	✓	
n	Sharing of paid employees	1n	✓	
o	Reimbursement paid to other organization for expenses	1o	✓	
p	Reimbursement paid by other organization for expenses	1p		✓
q	Other transfer of cash or property to other organization(s)	1q		✓
r	Other transfer of cash or property from other organization(s)	1r	✓	

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	**Sturdy Memorial Hospital Inc**	r	**$616,631**
(2)	**Sturdy Memorial Foundation Inc**	r	**$100,000**
(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?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Statement 1 : Activity Or Mission Description
Statement 2 : Program Service Accomplishments
Statement 3 : The Books Are In Care Of
Statement 4 : Information About the supported organizations
Statement 5 : Other Liabilities
Statement 6 : Supplemental Information
Statement 7 : Description of Individuals' Compensation
Statement 8 : Explanation of Questions Regarding Compensation
Statement 9 : Additional Information for Responses to Specific Questions for The Form 990 or Others
Statement 10 : Description of Identification of Related Tax-Exempt Organizations
Statement 11 : Description of Related Organizations Taxable as a Corporation or Trust

Activity Or Mission Description

Description

Sturdy Memorial Associates is organized and operated exclusively for the benefit of Sturdy Memorial Hospital and its affiliated charitable organizations The Associates primary purpose is to expand and improve the availability of quality medical care in the Sturdy Memorial Hospital service area

Program Service Accomplishments

Activity Code	Description	Expense	Grants	Revenue
	Sturdy Memorial Associates is organized and operated exclusively for the benefit of Sturdy Memorial Hospital and its affiliated charitable organizations The Associates primary purpose is to expand and improve the availablity of quality medical care in the Sturdy Memorial Hospital service area During the past twenty-seven years, Sturdy Memorial Associates has recruited numerous physicians to expand needed primary care and specialty resources in the area During this time frame, the Sturdy Memorial Hospital service area has not had enough physicians to satisfy the community's needs Even with all the additional physicians that have been recruited, there is still a need for a number of new physicians to satisfy the expanding population of the twelve communities that are served Currently, Sturdy Memorial Associates operates twelve medical group practices in Attleboro, North Attleboro, Rehoboth-Seekenk, Norton, Foxboro and Plainville serving over 208,000 patient visits in the past year	$25,779,444	$0	$27,129,158
Total:		**$25,779,444**	**$0**	**$27,129,158**

The Books Are In Care Of

Name and address:	**Telephone Number**
Fiscal Svcs Dept Sturdy Memorial Hospital 211 Park Street Attleboro, MA 02703	(508)236-8150

Information About the supported organizations

		Amount
Name	STURDY MEMORIAL HOSPITAL INC	$0
EIN	042768252	
Type Of Organization	3	
Listed In Governing Documents	Yes	
Supported Organization Notified	Yes	
Organized In US	Yes	
	Total:	**$0**

Other Liabilities

Description	Amount
Advance from affiliated organization	$12,850,000
Total:	**$12,850,000**

Supplemental Information

		Explanation:
Reference:	Schedule D, Part X	1 Sturdy Memorial Foundation, Inc has provided funding to the Associates to support its purpose of enhancing the medical community of the Attleboro, Massachusetts area Such funding has enabled the Associates to establish and operate medical practices and acquire the equipment of medical practices within the area Currently the Foundation has approved support up to $14,550,000 to provide support to the Associates The current balance advanced is $12,850,000 2 The organization has no liability for uncertain tax provisions under FIN 48
Identifier:	SchD_P10_S00_L00	
Reference:	Schedule D, Part V, Line 4	Sturdy Memorial Foundation maintains endowment funds (restricted to principal) for the benefit of Sturdy Memorial Hospital and Sturdy Memorial Associates The investment earnings on the endowment funds are almost entirely unrestricted As income is earned on endowment funds (unrestricted as to income), it is transferred to the unrestricted fund (within the Foundation) From time to time, the Board of Directors has authorized transfers from the unrestricted fund in the Foundation to Sturdy Memorial Hospital and Sturdy Memorial Associates A small portion of the endowment is held in a fund with the income restricted for "free care" for patients The income on this fund is transferred on a semi-annual basis to Sturdy Memorial Hospital and used as free care in accordance with the hospital's free care policy
Identifier:	SchD_P05_S00_L04	
Reference:	Schedule D, Part XII, Line 4b	Bank fees were reclassed to expenses
Identifier:	SchD_P12_S00_L04b	
Reference:	Schedule D, Part XIII, Line 4b	Bank fees were reclassed to expenses
Identifier:	SchD_P13_S00_L04b	

Description of Individuals' Compensation

	Base compensation ($)	Bonus and incentive compensation ($)	Other compensation ($)	Deferred compensation ($)	Nontaxable benefits ($)	Total	Comp reported prior 990
Steven Bensson MD							
From org.	$265,281	$31,171	$31,425	$17,939	$18,560	$364,376	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
Linda Shyavitz							
From org.	$0	$0	$0	$0	$0	$0	$0
From related orgs	$432,970	$253,370	$433,793	$40,206	$19,948	$1,180,287	$0
Bruce Auerbach MD							
From org.	$0	$0	$0	$0	$0	$0	$0
From related orgs	$340,811	$60,223	$133,280	$32,838	$20,481	$587,633	$0
Joseph F X Casey							
From org.	$0	$0	$0	$0	$0	$0	$0
From related orgs	$252,610	$58,370	$36,802	$22,075	$20,661	$390,518	$0
Pamela Miale							
From org.	$0	$0	$0	$0	$0	$0	$0
From related orgs	$107,893	$18,223	$8,339	$15,362	$19,252	$169,069	$0
James Snead MD							
From org.	$377,584	$68,444	$15,916	$1,376	$19,024	$482,344	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
Ralph Philosophe MD							
From org.	$676,143	$3,223	$31,810	$15,662	$19,253	$746,091	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
Raymond D Petit MD							
From org.	$586,924	$45,907	$21,742	$22,583	$19,024	$696,180	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
George Waters MD							
From org.	$376,981	$3,370	$31,426	$11,515	$19,716	$443,008	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0
Joseph DiCola MD							
From org.	$411,316	$3,223	$38,031	$23,943	$19,252	$495,765	$0
From related orgs	$0	$0	$0	$0	$0	$0	$0

Explanation of Questions Regarding Compensation

		Explanation:
Reference:	Schedule J, Part I, Line 3	
Identifier:	SchJ_P01_S00_L03	
Reference:	Schedule J, Part I, Line 4	Supplemental retirement payments were made for the Executive Director (Linda Shyavitz), who is also the President of Sturdy Memorial Hospital and Executive Director of Sturdy Memorial Associates, in calendar year 2008 Ms Shyavitz is paid by Sturdy Memorial Hospital and as such all compensation including supplemental retirement payments are made by the Hospital She is a long-term employee and the retirement benefit she earned was minimal at the beginning of her career This has resulted in significantly higher contributions now Payments into that plan were $355,309 in calendar year 2008 This contribution amount is included in reportable compensation on Form 990, Part VII, and on Schedule J, Part II
Identifier:	SchJ_P01_S00_L04	
Reference:	Schedule J, Part I, Line 7	Bonus payments to Linda Shyavitz (Executive Director), Joe Casey, and Pam Miale are based on attainment of performance based goals The compensation for these individuals is paid by Sturdy Memorial Hospital All three employees perform services for both organizations but all compensation is paid through Sturdy Memorial Hospital Bonus payments to Bruce Auerbach are based on attainment of performance based goals All compensation for Dr Auerbach is for his employed services at Sturdy Memorial Hospital and not as a Director for Sturdy Memorial Associates Drs Bensson, Snead, and Petit were paid a bonus based on each of their revenues less expenses for personally performed services, subject to attainment of certain other factors (i e , efficiency, quality), and subject to a compensation cap All compensation for Dr Bensson is for his employed services at Sturdy Memorial Associates and not as Director
Identifier:	SchJ_P01_S00_L07	

Additional Information for Responses to Specific Questions for The Form 990 or Others

		Explanation:
Reference:	Form 990, Part V, Line 2a	Sturdy Memorial Hospital is the common paymaster for Sturdy Memorial Associates Form W-3 is filed under Sturdy Memorial Hospital's employee identification number, therefore the total number of employees listed on line 2a is zero The total number of Sturdy Memorial Associate employees is 312
Identifier:	F990_P05_S00_L02a	
Reference:	Form 990, Part VI, Section A, Line 10	The Form 990 is prepared by the Staff Accountant and reviewed by the Controller and Chief Financial Officer Because we are a relatively small organization, the Controller or CFO may prepare some of the schedules in any given year This results in all schedules being reviewed by at least one manager who was not also responsible for completing the schedule In addition, the compensation and benefits information is reviewed with the Vice President of Human Resources for Sturdy Memorial Hospital Once complete, the Form 990 and all schedules are copied, distributed and reviewed with the Compensation Committee The CFO and Controller attend the Compensation Committee meeting to facilitate the review and answer any questions regarding the form 990
Identifier:	F990_P06_S0A_L10	
Reference:	Form 990, Part VI, Section B, Line 12c	Sturdy Memorial Associates follows the Conflict of Interest Policy of Sturdy Memorial Hospital, its affiliate This policy was adopted on May 5, 1995 Under the direction of the Sturdy Memorial Hospital Integrity Officer, all managers and supervisors (including officers and key employees) must complete and sign an annual Conflict of Interest Disclosure Statement The Statement requires disclosure of any outside interests in any business, outside activity, gifts or entertainment that may have influenced the employee In addition, the employee must disclose if they have shared any corporate information for their own personal advantage or if they had knowledge of any integrity or ethical issues not previously reported These signed Statements are reviewed by the Integrity Officer and any potential conflicts are resolved Article VI of the Associates' by-laws requires Board members to disclose any potential conflict Board members and officers (and key employees beginning this year) must attest in writing each year to any potential conflict The conflict of interest statements are reviewed by the Executive Director and Chief Financial Officer and any potential conflicts are resolved
Identifier:	F990_P06_S0B_L12c	
Reference:	Form 990, Part VI, Section B, Line 14	Sturdy Memorial Associates does not have a written document retention and destruction policy but does comply with Massachusetts law with respect to record retention requirements Where state law does not require retention limits, the Associates uses the "Business Records Retention Schedule" from the Office of the Federal Register and other relevant and reliable sources (such as attorney letters and recommendations from accounting firms) A formal policy is being considered
Identifier:	F990_P06_S0B_L14	
Reference:	Form 990, Part VI, Section B, Line 15	The CEO (Executive Director), the CFO and the Director of Operations of Sturdy Memorial Associates are compensated entirely through Sturdy Memorial Hospital which is why there is no compensation in column D The CEO and senior managers listed above are compensated on a merit system, as part of their compensation review in Sturdy Memorial Hospital The CEO and senior managers prepare goals at the start of each fiscal year and are evaluated for merit increases based on those goals and their accomplishments relative to the goals. The CEO's accomplishments (relative to the established goals) are documented in an annual report which is submitted to the Chairman of the Board of Managers The Board Chairman is provided with comparative market data, obtained through compensation surveys, from two independent consultants specializing in such matters The comparative data is for similar hospitals in Massachusetts and is sent directly from the independent consultant to the Board Chairman The data includes comprehensive salary and benefits information for CEOs and senior managers (key employees) including comparison of base pay, incentive pay, benefits and total compensation In addition, the Chairman is provided with performance information for Massachusetts hospitals obtained through the Division of Health Care Finance and Policy The Hospital's Vice President of Human Resources provides the Chairman with the CEO's current actual salary and benefits The

		Chairman of the Board of Managers provides the above information along with the annual report of the CEO's accomplishments (relative to established goals including the hospital and Associates) and a history of the CEO's compensation to the Executive Committee, which serves as the Compensation Committee for this purpose The Executive Committee reviews the comparative data for CEO base salary, bonus (incentive) and total compensation, along with the survey data for benefits Based on the goals achieved and the comparative data provided, the Executive Committee votes to approve the salary, incentive, and benefits of the CEO A summary of the discussion and the decision of the Executive Committee are reflected in the meeting minutes The Chairman of the Board of Managers communicates the decision regarding compensation changes in a letter to the Vice President of Human Resources to execute the change The CEO uses comparative market data, obtained from two independent consultants, for the hospital senior managers The CEO compares the senior managers' current base salary and bonus (incentive pay) to the survey data The senior managers' performance is evaluated based on the goals established at the start of the year The CEO determines the base pay amount and bonus for each senior manager based on performance and the compensation survey Base salary and bonus payments for each senior manager, including survey information, are reviewed with the Executive Committee by the CEO The Executive Committee votes to accept the recommendations of the CEO for all senior managers except for the CFO The Executive Committee votes to approve the CFO's compensation separately
Identifier:	F990_P06_S0B_L15	
Reference:	Form 990, Part VI, Section C, Line 19	The Associates makes available copies of its bylaws, conflict of interest policy and financial statements to the general public upon request
Identifier:	F990_P06_S0C_L19	
Reference:	Form 990, Part VII, Section A, Line 1a	Supplemental retirement payments were made for the Executive Director (Linda Shyavitz) who is also the President of Sturdy Memorial Hospital and Executive Director of Sturdy Memorial Associates, in calendar year 2008 Ms Shyavitz is paid by Sturdy Memorial Hospital and as such all compensation including supplemental retirement payments are made by the Hospital. She is a long-term employee and the retirement benefit she earned was minimal at the beginning of her career This has resulted in significantly higher contributions now Payments into that plan were $355,309 in calendar year 2008 This contribution amount is included in reportable compensation on Form 990, Part VII, and on Schedule J, Part II
Identifier:	F990_P07_S0A_L01a	
Reference:	Schedule R, Part II	1 Primary activities of related tax exempt organizations Sturdy Memorial Hospital - Sturdy Memorial is dedicated to providing safe, high quality, cost-efficient health care, and the broadest range of diagnostic, inpatient, outpatient and emergency services, appropriate for a community hospital The hospital works to ensure that ample, high quality primary and specialty physician services are accessible to area residents Additionally, we try to avoid costly duplication of health care services by coordinating with other area health care providers to the extent practicable The Hospital provides leadership while working in cooperation with public and private health organizations, as well as civic and business organizations, to meet the health care needs of our communities 2 Sturdy Memorial Foundation is organized to support the advancement of the knowledge and practice of, and education and research in, medicine, surgery, nursing and all other subjects relating to the care, treatment and healing of humans, to improve the health and welfare of all persons and to sponsor, develop and promote services and programs which are charitable, scientific or educational and which address the physical and mental needs of the community at large This corporation shall operate exclusively for the benefit of Sturdy Memorial Hospital, Inc and its affiliated organizations, including medical centers, health care centers, nursing centers, laboratories, clinics and other medical, surgical or dental facilities in the conduct of their charitable, educational and scientific functions
Identifier:	SchR_P02_S00_L00	

Description of Identification of Related Tax-Exempt Organizations

Name, address and EIN	Sturdy Memorial Hospital Inc 211 Park Street Attleboro, MA 02703 042768252
Primary activities	See Schedule O
State or foreign country	MA
Exempt code section	501(c)(3)
Public charity status	3
Direct controlling entity	N/A
Name, address and EIN	Sturdy Memorial Foundation Inc 211 Park Street Attleboro, MA 02703 042103631
Primary activities	See Schedule O
State or foreign country	MA
Exempt code section	501(c)(3)
Public charity status	11 Type 2
Direct controlling entity	N/A
Name, address and EIN	Emory Street Radiology Associates Inc 211 Park Street Attleboro, MA 02703 043137282
Primary activities	Radiology Services Operations were suspended in June 1998
State or foreign country	MA
Exempt code section	501(c)(3)
Public charity status	11 Type 2
Direct controlling entity	N/A

Description of Related Organizations Taxable as a Corporation or Trust

		Share of total income	Share of end-of-year assets	Percentage ownership
Name, address and EIN	SHV Inc 127 Pearl Street Attleboro, MA 02703 042855097			
Primary activity	Sales and rental of medical equipment and accessories in the Greater Attleboro Area			
State or foreign country	MA			
Direct controlling entity	N/A			
Type of entity	C			