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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)

2008

OMB No 1545-0047

Department of the Treasury

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009 A For the 2008 D Employer identification number B Check if applicable Please SAINT MARY'S HOSPITAL FOUNDATION INC use IRS Address change -2528400 label or Doing Business As E Telephone number □ Name change print or type. See Specific (203) 709-3054 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite Instruc-**G** Gross receipts \$ 1,242,711 56 FRANKLIN STREÈT Termination tions. City or town, state or country, and ZIP + 4 WATERBURY, CT 06706 Amended return Application pending Name and address of principal officer Is this a group return for MARGARET J LAWLOR affiliates? 56 FRANKLIN STREET WATERBURY,CT 06706 H(b) Are all affiliates included? If "No," attach a list (see instructions) **✓** 501(c) (3) **◄** (insert no) **✓** 4947(a)(1) or **✓** Tax-exempt status Group exemption number ► 0928 Website: ► WWW STMH ORG L Year of formation 1984 M State of legal domicile CT Summary Briefly describe the organization's mission or most significant activities SAINT MARY'S HOSPITAL FOUNDATION'S PRIMARY EXEMPT PURPOSE IS TO RAISE MONEY IN SUPPORT OF SAINT MARY'S HOSPITAL, INC Activities & Governance Check this box 🔭 if the organization discontinued its operations or disposed of more than 25% of its assets Number of voting members of the governing body (Part VI, line 1a) . Number of independent voting members of the governing body (Part VI, line 1b) . . . Total number of employees (Part V, line 2a) Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C) . 0 Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 534,106 818,683 Program service revenue (Part VIII, line 2g) . 0 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -94.583 10 247,191 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 156,909 334,839 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 938,206 1,058,939 12) . Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 969,252 286,725 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-15 Expenses 274,319 338,196 10) Professional fundraising fees (Part IX, column (A), line 11e) . O 0 16a Total fundraising expenses (Part IX, column (D), line 25) $\blacktriangleright 51,710$ b 211,377 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 161,894 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,405,465 836,298 Revenue less expenses Subtract line 18 from line 12 . -467,259 222,641 19 <u>ኞ</u> Beginning of Year **End of Year** Assets (d Balanco 20 Total assets (Part X, line 16) . 4,001,719 4,490,579 21 Total liabilities (Part X, line 26) . . 141,298 220,646 22 Net assets or fund balances Subtract line 21 from line 20 . 3,860,421 4,269,933 Part II 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 2010-08-16 Sian Here ROBERT HALKO VP & CFO Type or print name and title Preparer's signature Date Check if Preparer's identifying number 2010-08-12 (see instructions) Paid empolyed 🕨 🛭 Preparer's Firm's name (or yours KPMG LLP EIN F if self-employed), **Use Only** address, and ZIP + 4 ONE FINANCIAL PLAZA Phone no (617) 988-1000

HARTFORD, CT 06103

May the IRS discuss this return with the preparer shown above? (see instructions) $\,$.

Yes ┌No

Form	990 (2008)				Page
Par	t IIII Statement of Program Ser	vice Accomplis	hments (see ins	tructions.)	
1	Briefly describe the organization's missi	on			
	NT MARY'S HOSPITAL FOUNDATION'S F	PRIMARY EXEMPT	PURPOSE IS TO R	AISE MONEY IN SUPPOR	ΓΟF SAINT MARY'S
HOS	PITAL, INC				
2	Did the organization undertake any signif the prior Form 990 or 990-EZ?				┌ Yes ┌ No
	If "Yes," describe these new services on	Schedule O			
3	Did the organization cease conducting, o services?			nducts, any program	┌ Yes ┌ No
	If "Yes," describe these changes on Sche	edule O			
4	Describe the exempt purpose achieveme Section 501(c)(3) and 501(c)(4) organiz allocations to others, the total expenses	ations and section	4947(a)(1) trusts a	re required to report the am	
4a	(Code) (Expenses \$	660,319 ır	ncluding grants of \$	286,725) (Revenue \$)
	SAINT MARY'S HOSPITAL FOUNDATION, INC RAI CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND SCHEDULE O FOR A DESCRIPTION OF SAINT MAR	SES CONTRIBUTIONS FI D NON-SPECIFIC PURPO	ROM THE PUBLIC SOLELY SSES AND DISTRIBUTED	TO THE HOSPITAL BASED ON THE	RY'S HOSPITAL, INC HOSPITAL'S NEEDS PLEASE SEE
41-	(Code) (Eyponese t	ın	cluding grants of ¢	\ /Dougnus d	1
4b	(Code) (Expenses \$	In	cluding grants of \$) (Revenue \$)
4c	(Code) (Expenses \$	ın	cluding grants of \$) (Revenue \$)
4d	Other program services (Describe in Se	·			
	(Expenses \$ in	ncluding grants of \$) (Revenue \$)
4e	Total program service expenses►\$	660,319	(Must equal Part I)	(, 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		Νο
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		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	9		No
	complete Schedule D, Part IV	9		
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10	Yes	
11	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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
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		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		N o
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	Yes	
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 17 If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
ь	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 IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
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	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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		No
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

	990 (2008)			Page
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
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		Yes	No
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?	1 c		
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 on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country <u>\blacktriangless</u> 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		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Νo
Ь	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 more than \$75?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
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		Νo
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 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

(203) 709-3054

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

Se	ection A. Governing Body and Management			
	ener in earthing body and nanagement		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,			<u> </u>
	process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 25			
ь	Enter the number of voting members that are independent 1b 25			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was			
5	filed? Did the organization become aware during the year of a material diversion of the organization's assets?	4 5		No No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		100
	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	
b	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		Νο
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	11		No
Se	ection B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise		Yes	No
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	No
b c	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c	Yes Yes Yes	No
b c 13	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13	Yes Yes Yes	No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	No No
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14	Yes Yes Yes Yes	
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 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. The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 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	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c 13 14 15 a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c c 13 14 15 a b b 16a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c c 13 14 15 a b b See 17	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b	Yes Yes Yes Yes	N o
b c 13 14 15 a b b 16a b See 17 18	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b 12c 13 14 15a 15b 16a	Yes Yes Yes Yes Yes	N o

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
 - List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the	•	ion did not compensate any office	r, direc	tor,	trus	tee o	rke	y employee		
	_	(C) Position (check all that apply)	•						(5)	(F)
(A) Name and Title	(B) Average hours per week	x <u>I</u> ndividual	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099- MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
CHAD WABLE DIRECTOR	1 0	Х						0	310,452	114,656
JOHN P BURKE DIRECTOR	1 0	Х						0	0	0
JOHN H BARLOW JR DIRECTOR	1 0	X						0	0	0
FREDERICK W BLASIUS JR DIRECTOR	1 0	X						0	0	0
JOSEPH CARLSON III DIRECTOR	1 0	Х						0	0	0
JACI CARROLL DIRECTOR	1 0	Х						0	0	0
MICHAEL C CULHANE DIRECTOR	1 0	Х						0	0	0
THERESA M DUDRICK DIRECTOR	1 0	Х						0	0	0
PETER J JACOBY M D DIRECTOR	3 0	Х						0	463,733	12,720
PAUL J LARGAY DIRECTOR	1 0	Х						0	0	0
DAVID ALAN ROER M D DIRECTOR	2 0	Х						0	155,466	15,166
GEORGE J STROBEL JR DIRECTOR	2 0	Х						0	0	0
KEITH F SULLIVAN CPA DIRECTOR	1 0	Х						0	0	0
MARIA TAYLOR DIRECTOR	1 0	Х						0	0	0
SHARON ZILAHY RN DIRECTOR	1 0	Х						0	0	0
PAUL KELLY M D DIRECTOR	1 0	Х						0	0	0
LAURIE ST JOHN DIRECTOR	1 0	Х						0	0	0

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

		(C) Position (check all that apply)						(D)	(E)		(F Estim		
(A) Name and Title	(B) Average hours per week	x Individual	Institutional Trustee	Officei	Former Highest compensated employee Key employee		Former	Reportable compensation from the organization (W- 2/1099- MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)		amount of other compensatio from the organizatior and related organization		
CARMEN ANTHONY VACALEBRE DIRECTOR	1 0	Х						0			(0	
STEPHEN C WIDMAN M D DIRECTOR	1 0	Х						0		0		(0
John A Zinno Jr Director	2 0	Х						0		0		ı	0
ERIC D ALBERT VICE CHAIRMAN	2 0			х				0	0 0			ı	0
MARGARET J LAWLOR PRESIDENT	19 0			х				103,127	103,127 33,584			ı	0
EDMUND WHITE CHAIRMAN	2 0			х				0	0		ı	0	
LEO J FRANK TREASURER	2 0			х				0	0		(0	
MARK C YANARELLA SECRETARY	3 0		$oxed{igspace}$	х				0	0			0	
			┿										_
			┿										_
			igspace			_							_
			\bot										_
						<u> </u> 		100 107	062.2			112.51	7
1b Total 2 Total number of compensation from		· · · · · · · · · · · · · · · · · · ·	• ed mo	• ore t	•		,000	103,127 O in reportable	963,2	33		142,542]
											Yes	No	-
		y former officer, director or trustee te Schedule J for such individual •	, key	emp •	loy •	ee, or	hıgh •	nest compensated	employee • •	3		No	
		line 1a, is the sum of reportable co							m the	4	Yes		
		ne 1a receive or accrue compensat n? If "Yes," complete Schedule J for s							ervices	5	103	No	
Section B. Inde	nendent	Contractors											-
1 Complete this to	able for you	r five highest compensated indepentation	ndent	con	trac	tors t	hat	received more tha	an				-
(A) (B)										(C Comper		_	
NA													_
													-
													_
2 Total number of ir from the organiza		contractors (including those in 1)	who r	ece	ved	more	thai	n \$100,000 ın co	mpensation				-

			(A) Total revenue	(B) Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513, or 514
ts ts	1a	Federated campaigns 1a				
듄	ь	Membership dues 1b				
్రెక్	c	Fundraising events 1c 117,3	86			
£	d	Related organizations 1d	_			
% <u>E</u>	l e	Government grants (contributions)	_			
음. 등	۴ ا	All other contributions, gifts, grants, and 1f 701,2	 97			
重量	2a	similar amounts not included above	_			
きょう	b Member c Fundrais d Related e Government f All other c similar am g Noncasi lines 1a h Total. A la lines 1a h Total Relation 1a h Total. A la lines 1a h Total. A lines 1a h Lines 1a h Total. A lines 1a h Lines 1a h Total. A lines 1a h Lines	Noncash contributions included in lines 1a-1f \$ _ 115,823				
돌	 h	Total. Add lines 1a-1f	► 818,683			
<u> </u>						
≘	,	Business Cod	<u>e</u>			
že						
ani Service Revel						
Irani Serwoe R	°					
38	d					
Ē	e					
X	f	All other program service revenue				
ž	a	Total. A dd lines 2a−2f	0			
	-	Investment income (including dividends, interest				
		and other similar amounts)	-94,583			-94,583
	4	Income from investment of tax-exempt bond proceeds	0			
	5	Royalties	0			
		(ı) Real (ıı) Personal				
	6a	Gross Rents				
	ь	Less rental				
	c c	Rental income				
	d	Net rental income or (loss)				
	<u> </u>	(i) Securities (ii) Other				
	7a	Gross amount (17 Securities (117 Securities)				
		from sales of assets other				
	١.	than inventory				
	"	other basis and				
	_ ا	sales expenses Gain or (loss)	_			
		Net gain or (loss)	0			
		Gross income from fundraising				
<u>o</u>		events (not including				
듄		\$117,368 of contributions reported on line 1c)				
ě		See Part IV, line 18				
i.		a 518,6	11			
the	Ь	Less direct expenses b 183,7				
0		Net income or (loss) from fundraising events	334,839			
	9a	Gross income from gaming activities See Part IV, line 19				
		a				
	ь	Less direct expenses b				
	c	Net income or (loss) from gaming activities	. 0			
	10a	Gross sales of inventory, less				
		returns and allowances .				
	.	a	_			
		Net income or (loss) from sales of inventory				
	├ -					
	11-	Miscellaneous Revenue Business Code	=			
	°					
	d	All other revenue				
	e	Total. Add lines 11a-11d	1,058,939			-94,583
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	1,058,939			-94,583

Part IX Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

Δ	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. Il other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do no	ot include amounts reported on lines 6b, p, 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	286,725	286,725	-	· ·						
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	2007.20								
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	132,995	132,995	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									
7	Other salaries and wages	164,579	164,579								
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0									
9	Other employee benefits	40,622	40,622								
10	Payroll taxes	0									
11	Fees for services (non-employees)										
а	Management	0									
b	Legal	0									
с	Accounting	26,895		26,895							
d	Lobbying	0									
e	Professional fundraising See Part IV, line 17	0									
f	Investment management fees	19,199		19,199							
g	Other	0		·	_						
12	Advertising and promotion	9,437		6,796	2,641						
13	Office expenses	54,717	9,746	16,322	28,649						
14	Information technology	4,334		4,334	· · · · · · · · · · · · · · · · · · ·						
15	Royalties	0		·							
16	Occupancy	12,504		12,504	_						
17	Travel	772		768	4						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0									
19	Conferences, conventions, and meetings	0									
20	Interest	0									
21	Payments to affiliates	0									
22	Depreciation, depletion, and amortization	1,515		1,515							
23	Insurance	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)										
а	PUBLIC AND EMPLOYEE RELATIONS	22,941	2,882		20,059						
b	CONTRACT FEES	15,253		15,253	-,						
c	CONSULTANT FEES	13,842		13,842							
d	BAD DEBT EXPENSES	7,828	7,720	·	108						
e	TEMPORARY HELP	10,878	10,878								
f	All other expenses	11,262	4,172	6,841	249						
25	Total functional expenses. Add lines 1 through 24f	836,298	660,319	124,269	51,710						
26	Joint Costs. Check here ► ☐ If following SOP 98-2	550,250	550,519	12.1,203	31,710						
	Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation										
	campaign and iditions by solicitation	<u> </u>	<u> </u>								

Pa	rt X	Balance Sheet						
					(A) Beginning of year		(B End of	-
	1	Cash—non-interest-bearing			1,212,062	1		1,428,457
	2	Savings and temporary cash investments			302,909	2		164,950
	3	Pledges and grants receivable, net			58,590	3		261,741
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	-	mployees or		5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of Sc				6		
	7	Notes and loans receivable, net				7		
Assets	8	Inventories for sale or use			1,867	8		1,435
Š	9	Prepaid expenses and deferred charges			4,334	9		5,302
⋖	10a	Land, buildings, and equipment cost basis	10a	40,019				
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	30,639	10,894	10c		9,380
	11	Investments—publicly traded securities			2,399,593	11	:	2,605,962
	12	Investments—other securities See Part IV, line 11				12		
	13	Investments—program-related See Part IV, line 11				13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11			11,470	15		13,352
	16	Total assets. Add lines 1 through 15 (must equal line 34)			4,001,719	16		4,490,579
	17	Accounts payable and accrued expenses .			61,775	17		152,925
	18	Grants payable				18		
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities				20		
S	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>.e</u>		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			79,523	25		67,721
	26	Total liabilities. Add lines 17 through 25			141,298	26		220,646
		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	te line	es 27				
ф		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			1,527,928	27		1,628,266
8	28	Temporarily restricted net assets			1,364,604	28		1,673,778
돧	29	Permanently restricted net assets			967,889	29		967,889
or Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	compl	ete				
	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		
Ř	33	Total net assets or fund balances			3,860,421	33		4,269,933
_	34	Total liabilities and net assets/fund balances			4,001,719	34		4,490,579
Pa	rt XI	Financial Statements and Reporting						
1	Acco	ounting method used to prepare the Form 990	ccrua	ol C Other			Yes	No
т 2а		the organization's financial statements compiled or reviewed by ar			ant?	2a		No
ь	Were the organization's financial statements audited by an independent accountant?							
c	If "Ye	es" to 2a or 2b, does the organization have a committee that assun , review, or compilation of its financial statements and selection of	nes re	sponsibility for a	oversight of the	2b 2c	Yes	No
3a								
b	If "Ye	es," did the organization undergo the required audit or audits?				3b		

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DLN: 93493232002080

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

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

SAINT		S HOSPITAL FO	UNDATION INC						pioyei ide					
								22	22-2528400					
	rt I			harity Status (to be co		-			Instruct	ions)				
The	organı:	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon)	1						
1		A church, c	onvention of ch	nurches, or association of ch	urches de	escribed in	Section 1	L70(b)(1)((A)(i).					
2	Γ	A school de	escribed in Sec	t ion 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)								
3	Г	A hospital	or a cooperativ	e hospital service organizati	on descril	bed in Sec	t ion 170(l)(1)(A)(i	ii). (Attac	h Schedu	le H)			
4	Г	A medical i	research organi	zatıon operated ın conjunctı	on with a l	hospital d	escribed ii	Section	170(b)(1)	(A)(iii). E	nter the			
			name, city, and											
5	Г	An organiza	atıon operated 1	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unıt desc	rıbed ın			
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)										
6	Г													
7	<u> </u>	An organiza	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fron	n the gene	eral public			
	_	described i	n Section 170(I	o)(1)(A)(vi) (Complete Par	tII)									
8			•	ped in Section 170(b)(1)(A)		•	•							
9	Г	An organiza	ation that norm	ally receives (1) more than	331/3% 0	of its supp	ort from co	ontribution	ıs, membe	rship fees	, and gross			
		receipts fro	om activities re	lated to its exempt functions	s—s ubject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of			
		ıts support	from gross inv	estment income and unrelate	ed busines	ss taxable	ıncome (l	ess sectio	on 511 tax	x) from bu	sinesses			
	_	acquired by	the organizati	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)					
10	<u>_</u>	_	=	and operated exclusively to	-		-				•			
11		-	-	and operated exclusively fo		, ,			,	•				
				orted organizations describe type of supporting organiza		٠,	` '	•	, , ,	Section 5	09(a)(3). Check			
		a Γ T					nally Integ		'' d	Гтуре	III - Other			
e	Г	By checkin	g this box, I ce	rtify that the organization is	not contro	olled direc	tly or indi	rectly by o	one or mor	re disquali	fied persons			
		•		agers and other than one or			-			-	•			
_		section 50												
f		check this		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organization,			
g				as the organization accepte	d any gift	or contrib	utıon from	any of the	<u></u>		'			
_		following pe		-				·						
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	ogether wi	th persons	describe	d ın (ıı)		Yes No			
			· -	ng body of the the supported	_	tion?				11g				
		(ii) a family	/ member of a p	erson described in (i) above	?					11g(ii)			
		(iii) a 35%	controlled enti	ty of a person described in ((i) or (ii) al	bove?				11g(iii)			
h		Provide the	following infori	mation about the organizatio	ns the org	ganızatıon	supports							
				I =			I				T			
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify nization		s the ation in	(vii) A mount of support?			
		nization		above or IRC section		listed in) of your		rganized	support,			
	3			(See Instructions))		verning	supp			US?				
					docur	ment?								
					Yes	No	Yes	No	Yes	No				
				1	I	I	1	1	I	I	1			

Total

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

	(Complete only if you chec	ked the box of	i iiie 5, 7, or a	o or Part I.)				
	ublic Support							
	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 include any "unusual grants")	1,390,066	1,578,477	872,680	534,106		797,449	5,172,778
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							
4	organization without charge Total. Add line 1-3	1,390,066	1,578,477	872,680	534,106		797,449	5,172,778
5	The portion of total contribution by each	_,,	=,=,	,	,		,	-,,
J	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column							1,874,569
6	(f) Public Support subtract line 5 from line							
0	4							3,298,209
T	otal Support			I			<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	1,390,066	30,224	872,680	534,106	χ-,	797,449	5,172,778
8	Gross income from interest, dividends,				·			
	payments received on securities loans, rents, royalties and income from similar sources	79,313	30,224	232,073	247,191			588,801
-	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)							5,761,579
12	Gross receipts from related activities, etc	(See instructions	5)			12		908,953
13 C	First Five Years. If the Form 990 is for the corganization, check this box and stop here omputation of Public Support Percent		st, second, third	, fourth, or fifth t	tax year as a 50	O1(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıde	ed by line 11 col	lumn (f))		14		57.245 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		91.3 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly suppo	orted organizatio	n	·			
17a	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "factors and the organization meets the "factors and organization meets the "factors and organization meets and organization are supported by the organization of the organization	If the organizations to the contraction of the contractions of the	n dıd not check ances" test, che	a box on line 13 ck this box and	stop here. Expl	aın ın	Part IV ho	w the
b	organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fac	If the organizationstance	n did not check ances" test, che	a box on line 13 ck this box and	3, 16a, 16b, or : stop here. Expl	17a ar aın ın	nd line 15 Part IV ho	
18	the organization meets the "facts and circu 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						
c	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						▶ □
	monutation of Dublic Compant 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

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DLN: 93493232002080

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number

	ne of the organization IT MARY'S HOSPITAL FOUNDATION INC		Employer	ident if icat	ion numb	er
)L\T	IL BINKE 2 HOSETTAE LOGINDALITON TIAC		22-25284	100		
Pa	organizations Maintaining Donor A		inds or Ad	counts.	Comple	te if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Fu	nds and ot	her accor	ınts
	Total number at end of year	(4, 2000, 44, 604, 40, 40	(=)			
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or advised		□ Yes	
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben	donor advisors in writing that grant funds	may be		, 103	, 110
	ımpermissible private benefit?				☐ Yes	┌ No
l	t II Conservation Easements. Complete	ıf the organization answered "Yes" to	Form 990	, Part IV,	, lıne 7.	
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat					:a
	Preservation of open space					
	Complete lines 2a-2d if the organization held a qual on the last day of the tax year	ified conservation contribution in the form	of a conserv	ation ease	∍ment	
				Held at t	he End of	the Yea
	Total number of conservation easements		2a	1		
	Total acreage restricted by conservation easement	·e	2b	1		
	·		2c			
	Number of conservation easements on a certified h	. ,	2d	1		
	Number of conservation easements included in (c)	•				
	Number of conservation easements modified, transfe	erred, released, extinguished, or terminated	d by the orga	inization d	uring	
	the taxable year 🕨					
	Number of states where property subject to conserva	ation easement is located ►				
	Does the organization have a written policy regarding enforcement of the conservation easements it holds		tions, and		┌ Yes	┌ No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	year ►			
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ar ► \$			
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2(d) above satisfy the requirements of sect	tion		☐ Yes	┌ No
	In Part XIV, describe how the organization reports c balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial				
Í	Complete if the organization answered		or Other S	imilar A	\ssets.	
	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fir	for public exhibition, education or researc	h ın furthera			e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research in				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X		•	- \$		
	If the organization received or held works of art, hist following amounts required to be reported under SFA		r financial ga	ıın, provide	e the	
	Revenues included in Form 990, Part VIII, line 1			- \$		
	Assets included in Form 990, Part X		.	\$		
	,					

cit	Organizations Maintaining Co	llections of Art	, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	tne	r Simila	r Asse	ts (cc	ontinued)
	Using the organization's accession and other items (check all that apply)	records, check any	y of th	ne foll	lowing t	hat are	a sıgnıfıca	nt us	se of its co	ollection	l	
а	Public exhibition		d	Γ	Loan	orexcha	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
	Provide a description of the organization's co	illections and expla	ın hov	w the	v furthe	r the or	danization	's ex	empt purp	ose in		
	Part XIV	medicans and expla			,		gamzation	<i>-</i>	орера.р	000		
	During the year, did the organization solicit cassets to be sold to raise funds rather than t								ılar	_	Yes	□No
Part		Arrangements.	Com	plete	e if the	organ			ered "Ye:			90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontrıbu	tions or	other ass	ets r	not	_	Yes	┌ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	le				Г			A		
_	_						-	_		A mou	nt	
۲ C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year							1e				
f	Ending balance							1f				
	Did the organization include an amount on Fo		e 21?							Г	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV					n						
Par	t V Endowment Funds. Complete	f the organizatior (a)Current Year)Prior			orm 990, Years Back				Equr V	oars Bask
1a	Beginning of year balance	2,423,750	(D	PHOL	rear	(c)Iwo	rears back	(a)	Tillee rears	Dack (e	iroui te	ears back
ь	Contributions	504,409						\vdash				
_	Investment earnings or losses	21,234										
	Grants or scholarships	21,254				 		\vdash				
	Other expenditures for facilities	307,726										
	and programs	·										
f	Administrative expenses											
g	End of year balance	2,641,667										
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment ► 37 %											
с	Term endowment ► 63 %											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation	that a	are held	l and ad	mınıstered	for	the			
	organization by										Yes	No
	(i) unrelated organizations			•				•		3a(i)		No
	(ii) related organizations									3a(ii) 3b		N o
	Describe in Part XIV the intended uses of the	•						•		טכ		<u> </u>
	VI Investments—Land, Buildings					90. Par	rt X. line	10.				
الملاحد		, and Equipme			a) Cost o	•	(b)Cost or				_	
	Description of investment				sis (inve		basis (oth		(c) Depre	eciation	(d) Bo	ook value
_	and			\top								
1a L												
	Buildings		-	- 1			1		l			
b B	easehold improvements											
b B c L	•						4(),017		29,123		10,894
b B c L d E	easehold improvements						40),017		29,123		10,894

Part VIII 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		Cost of end-of-year market value
Closely-held equity interests		
Closely held equity interests		
T. 1 (C) (1) 1 (1) 15 (C) 20 2 1 (V) 1 (C) 1		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) Part VIIII Investments—Program Related. Se	a Form 000 Dart V June :	12
		(c) Method of valuation
(a) Description of investment type	(b) Book value	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, II	ne 15.	
(a) Descri		(b) Book value
INTEREST RECEIVABLE		10,852
MISC RECEIVABLE		2,500
Total. (Column (b) should equal Form 990, Part X, col.(B) line	15)	
Part X Other Liabilities. See Form 990, Part X		
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO SAINT MARY'S HOSPITAL, INC	24,548	
CHARITABLE GIFT ANNUITIES	43,173	
	12,212	
	+	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	67.704	
Total (Column (D) Should Equal Form 330, Part Λ, COI (D) IIIIE 23)	67,721	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,058,939
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	836,298
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	222,641
4	Net unrealized gains (losses) on investments	4	186,871
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	186,871
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	409,512
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,147,144
2	A mounts 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) 2d -98,665		
e	Add lines 2a through 2d	2e	88,205
3	Subtract line 2e from line 1	3	1,058,939
4	Amounts 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) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,058,939
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Ret	
1	Total expenses and losses per audited financial statements	1	737,633
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	188,060
3	Subtract line 2e from line 1	3	549,573
4	Amounts 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)		
_ C	Add lines 4a and 4b	4c	286,725
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	836,298

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

Ident if ier	Return Reference	Explanation
Schedule D Part XIII Line 2d		183,772 - Fundraising expense included on 990 Part VIII Line 8b 4,288 - Split interest Agreement Change in Value
Schedule D Part XIII Line 4b	Schedule D Part XIII Line 4b	286,725 - Grant/Contribution to Saint Mary's Hospital, Inc
Schedule D Part XII Line 2d	Schedule D Part XII Line 2d	-286,725 - Donation to Hospital Reclassed to Expense 183,772 - Fundraising Expense 4,288 - Change in Split Interest Agreement

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DLN: 93493232002080

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Supplemental Information Regarding

Fundraising or Gaming Activities

Open to Public Inspection

	e of the organization IT MARY'S HOSPITAL FOU	INDATIONING				Employer Ide	entification number
) / 1 1	II MARI SHOSFITALIOO	INDATION INC				22-252840	0
Pai	tI Fundraising Act	ivities. Complete	ıf the or	ganızat	on answered "Yes"	to Form 990, Part I'	/, line 17.
a b c d	Email solicitations	ızatıon raısed funds t	hrough ar	ny of the	e 🔽 Solicitation of r	non-government grants government grants	5
	Did the organization have a or key employees listed in If "Yes," list the ten highes to be compensated at least	Form 990, Part VII) t paid individuals or o	or entity entities (f	in connec undraisei	tion with professional f	fundraising activities? ents under which the fu	
	(i) Name of individual or entity (fundraiser)	(ii) A ctivity	(iii) fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
			Yes	No			
otal				•			

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

Pai	rt II	Fundraising Events. Comp more than \$15,000 on Form					report	ed
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) To (Add col		
			(event type)	Golf Tournament (event type)	(total number)	co	(c))	
Φ	1		268,947	198,930			518	8,611
Revenue	_	Gross receipts						
æ	2	contributions						
	3	Gross revenue (line 1 minus line 2)	268,947	198,930	50,734		518	8,611
	4	Cash Prizes						
Expenses	5	Non-cash Prizes	17,016				17	7,016
per	6	Rent/Facility costs						
Δ	7	Other direct expenses	85,562	54,838	26,356		166	6,756
D D Leg	8	Direct expense summary Add line	es 4 through 7 in column	(d)			183	3,772
Δ	9	Net income summary Combine lin	_				334	4,839
Par	_					ı rted mor		
		\$15,000 on Form 990-EZ, lin		, , , , , , , , , , , , , , , , , , ,	, , ,			
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
ш.	1	Gross revenue						
		Cash prizes						
Direct Expenses	3	Non-cash prizes						
ច សូ	4	Rent/facility costs						
ై	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes%			
	7	Direct expense summary Add lines	2 through 5 in column (d)				
	8	Net gaming income summary Coml	oine lines 1 and 7 in colu	ımn (d)				
9	Ent	er the state(s) in which the organizat					Yes	No
а		the organization licensed to operate	gamıng actıvıtıes ın each	n of these states?		. 9a		
b	If "	No," Explain						
	_							
10a b		re any of the organization's gaming li Yes," Explain	censes revoked, suspen	ded or terminated during	the tax year?	10a		
11		es the organization operate gaming a				11	+-+	
12		the organization a grantor, beneficiar med to administer charitable gaming?		a member of a partnersh	ip or other entity			

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493232002080

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Open to Public **Inspection**

Employer identification number

SAINT MARY'S HOSPITAL FO	UNDATION INC					22-2528400	
Part I General Inform	nation on Grar	nts and Assistance	}			•	
 Does the organization ma the selection criteria user Describe in Part IV the or 	d to award the gran	its or assistance?					┌ Yes ┌
Form 990, Part I Part IV and Scho	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	eived more than \$5,00	00. Check this box	t es. Complete if the of fine one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance
SAINT MARY'S HOSPITAL INC56 FRANKLIN STREET WATERBURY, CT 067061281	06-0646844	501(c)(3)	286,725				VARIOUS
2 Enter total number of sec					_	1	
organizations							<u> </u>

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or as	ssistance	(b) Number of recipients	(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

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As Filed Data -

DLN: 93493232002080

OMB No 1545-0047

2008

Inspection

Open to Public

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Compensation Information

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

Name of the organization SAINT MARY'S HOSPITAL FOUNDATION INC Employer identification number

22-2528400

Pa	Tt I Questions Regarding Compensation	n				
					Yes	Νo
1a	Check the appropiate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv			2		
3	Indicate which, if any, of the following the organizat organization's CEO/Executive Director Check all t					
	Compensation committee		Written employment contract			1
	Independent compensation consultant		Compensation survey or study			
	Form 990 of other organizations	Γ	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VII	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ental non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	4c		Νo		
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	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 compensation contingent on the net earnings of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
ь	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 payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			R		No.

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

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

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

(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation
(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
0 216,793	0 78,015	0 15,644	0 94,700	0 19,956	0 425,108	0 285,444
0 442,459	0 0	0 21,274	0	0	0 463,733	0
0 134,720	0	0 20,746	0 0	0	0 155,466	0
	(i) Base compensation 0 216,793 0 442,459	(ii) Base compensation (ii) Bonus & incentive compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation 0 21,274 0 </td <td>(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits 0 216,793 0 78,015 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td> <td>(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits (B)(i)-(D) 0 463,733 0</td>	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits 0 216,793 0 78,015 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(i) Base compensation (ii) Bonus & incentive compensation (iii) Other compensation compensation benefits (B)(i)-(D) 0 463,733 0

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	Return Reference	Explanation						
-								
	•							

DLN: 93493232002080

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Transactions with Interested Persons

Employer identification number Name of the organization SAINT MARY'S HOSPITAL FOUNDATION INC 22-2528400 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 (c) Corrected? (a) Name of disqualified person 1 (b) Description of transaction Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under **3** Enter the amount of tax, if any, on line 2, above, reimbursed by the organization 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 (f) (b) Loan to or (e) In Approved (g)Written (a) Name of interested person and from the (c)Original principal default? by board or agreement? (d)Balance due organization? purpose amount committee? Τо From Yes No Yes No Yes No Part III Grants or Assistance Benefitting Interested Persons To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27. (b)Relationship between interested person (a) Name of interested person (c)A mount of grant or type of assistance and the organization **Business Transactions Involving Interested Persons** To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (b) Relationship between interested (c) A mount of organization's (a) Name of interested person (d) Description of transaction revenues? person and the transaction organization Yes

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DLN: 93493232002080

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization SAINT MARY'S HOSPITAL FOUNDATION INC **Employer identification number**

22-2528400

Pa	Types of Property							
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d Method of d reven	- etermı	nıng	
1	Art—Works of art							
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Fundraising Raffle							
	Other (describe $\underline{Contributions}$)	X	286	115,823	0			
26	Other (describe)							
27								
28	·							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
		_					Yes	No
30a	 During the year, did the organization hold for at 							l
	least three years from the date				exempt purposes			
	for the entire holding period? .					30a		No
	If "Yes", describe the arrangem					,		N. a
31						31	I	Νo
32a	Does the organization hire or us			to solicit, process, or sell i	non-cash			
	contributions?					32a		Νo
b	If "Yes", describe in Part II							
33	If the organization did not report	t revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			
	checked, describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.						
Identifier	ReturnReference	Explanation				
240111111	Notal III Colored	Explanation				
	1	1				

SCHEDULE 0

(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

Name of the organization SAINT MARY'S HOSPITAL FOUNDATION INC

Employer identification number

22-2528400

ldentifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS AND COMMUNITY BENEFIT	990 Part III - Line 4a	SANT MARY'S HOSPITAL FOUNDATION, NO. RASES CONTRIBUTIONS ARE RASED FOR SPECIFIC AND NON- SPECEPC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THEHOSPITAL'S NEEDS SANT MARY'S HOSPITAL HAS MANY MPORTANT SERVICE ACCOMPLISHMENTS IN THE AREAS OF INPATIENT SERVICES, AND OUTPATIENT SERVICES THE HOSPITAL ALSO FOR WOMENING THE SERVICE SANT MARY'S HOSPITAL HAS MANY MPORTANT SERVICE ACCOMPLISHMENTS SANT Mary'S FORMANINT SERVICES THE HOSPITAL ALSO PROVIDES MANY COMMUNITY EMPETS — SANT MARY'S HOSPITAL, NATIENT SERVICE ACCOMPLISHMENTS SANT Mary'S remains committed to providing the highest quality care for our patients. The hospital provided inpatient treatment for 12,473 inpatients in 2009, with an average length of stay of 4.3 days. Sant Mary's three largest programs are Surgery, Cardiology and Medicine in 2009, 1469 patients chose to have surgery at Sant Mary's sating at the hospital for a total of 9,245 days and generated \$24 million in revenue. 1,379 patients chose Sant Mary's for cardiace care, staying in the hospital or to tall of 9,555 days and generating \$14 million in revenue. 4 Services and services are services in the region, it has garnered recognition from state and national days, and generating \$14 million in revenue. 4 Services and services are services in the region, it has garnered recognition from state and national organizations for providing bustleading patient care. Sant Mary's is the first hospital in Connecticut to receive a Gold Award under the American Heart Associations Get With The Guidelines program for coronary artery desease it is askinding patient acres. Sant Mary's and for its treatment of patients with heart fature. Saint Mary's Hospital is ranked as the top-performing hospital in Connecticut. To reliable the program of the patients of the patients of the services and the patients of the services of heart attack, patients. The patients who require against Mary's sant Mary's sant Mary's acred to the services of heart and the services and services and services and services and services an

ldentifier	Return Reference	Explanation
Process to elect members of the governing body	990 Part VI Section A Line 7a	Saint Mary's Health System, Inc. is the sole member of Saint Mary's Hospital Foundation, Inc. and appoints the Board of Directors

ldentifier	Return Reference	Explanation
Are the decisions of the governing body subject to approval	990 Part VI Section A Line 7b	Pursuant to the provisions of Section 33-1080(b) of the Connecticut Revised Non-Stock Corporation Act and the Amended and Restated Certificate of Incorporation of the Corporation, there shall be reserved to the Archbishop of the Hartford Roman Catholic Archdiocese of Hartford (unless specifically delegated by him) the following rights and powers (a) To approve the mission or purpose and the philosophy of the Corporation and of any Saint Mary's Subsidiaries (b) To approve the acquisition, alienation or conveyance of the real property of the Corporation that is valued at an amount greater than that established by the United States Conference of Catholic Bishops pursuant to Canon law or to place a mortgage on such property or to borrow funds in amounts greater than those established by the United States Conference of Catholic Bishops pursuant to Canon law, whether in a single transaction or a series of related transactions (c) To approve the disposal of all or substantially all of the physical assets of the Corporation and to approve the merger or consolidation of the Corporation (d) To approve the amendment of the Certificate of Incorporation or the Bylaws of the Corporation

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION A, QUESTION 10	The Form 990 was reviewed by the organization's governing body before it was filed. When complete, the form was presented to the organization's finance committee which reviewed the document for accuracy and completeness. Once committee reviews are complete, the Form 990 is forwarded to board members for their review.

ldentifi	ier Reference	Explanation
CONFLIC OF INTERES' POLICY	SECTION B,	Annually, each director, officer, and board committee member of SMHS and any of its affiliates, as appropriate, will sign a statement which affirms that the person 1) has received a copy of the conflict of interest policy, 2) has read and understands the policy, and 3) has agreed to comply with the policy. The statements will be distributed annually by the Compliance Officer and returned to the CEO or delegated person, where they will be recorded, reviewed, summarized and presented to the chairperson of the board, as well as to the Audit and governance Committees, where they exists. Conflict of interest statements will be maintained for a minimum of seven years by the Compliance Officer. Conflict of interest forms provided by officers, directors and board committee members will be forwarded to the Compliance Officer, along with a statement of impact as to the effect of the conflict of interest on the business and any action taken to minimize the effect. They will be maintained by the Compliance Officer for a minimum of seven years.

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	990 PART VI - SECTION B - LINES 15A & 15B	The process for determining the compensation of the Foundations's top management officials, including the CEO, all officers, and key employees, is the responsibility of the Health System's Executive Compensation Committee. The Committee is appointed by the Health System's Board of Directors for the purpose of assisting the Board in fulfilling its responsibility to the Foundation and the community to ensure the compensation is in accordance with the Foundation's policies. The Committee is comprised of six directors who are independent of management and Saint Mary's Health System and free of any conflicts of interest that would interfere with their exercise of independent judgment. The Committee contracts an independent compensation consultant and utilizes local and national compensation surveys to set compensation levels.

Identii	ier	Return Reference	Explanation
PUBLIC DISCLOSUF	RE	PART VI, SECTION C, QUESTION 19	Copies of the governing documents, conflicts of interest policy and financial statements are available to the public upon request

PUBLIC DISCLOSURE	PART VI, SECTION C, QUESTION 19	Copies of the governing documents, conflicts of interest policy and financial statements are available to the public upon request
dentifier	Return ference	Explanation
Community Benefit	delivery system for 1907 by the Sisters the community for that it could respon provides a variety to serve the people it, regardless of ab needs of the commproviding exception (32 bassinets) and Mary's had 12,461 than 70,000 visits, 50,000 visits during 2009 Saint Mary's Operates one of Cotto pay and provided through its Children and/or other govern populations, in a deprograms to provid will choose to remark remains fully dedicated in the hospital's Vision staff, board, Found what is right - Carri Personal responsib and rights of others. Taking Quality to He quality correlates so National Patient Saft these efforts can be Association's Get Verdisces Saint Mary establish the goal of setting. A Quality Comultidisciplinary Clir real time. This team planning, nutrition, evidence from both Identifying the Needmeet the needs of towns. The primary area has a population average household. Waterbury is the set than English at hom has an annual straff address these unmover the needs of the community Benefit are subsidized by the ducation, support while responding to many community be Program, which program, which program, which program, which programs middle and high school with the programs of the program of the progra	SPITAL, COMMUNITY BENEFIT Samt Mary's Hospital plays an indepensable role in the healthcare the Greater Waterbury community and the towns of the Central Naugatuck Valley. Founded in of Sant Joseph Of Chambery, Sant Mary's health towns of the Central Naugatuck Valley. Founded in of Sant Joseph Of Chambery, Sant Mary's health towns of the Central Naugatuck Valley. Founded in order of the control of Sant Joseph of Chambery. Sant Mary's health are to all with the chamber of the control of Chamber of Sant Mary's health sant of the control of Waterbury and its surrounding communities. Provincing high quality healthcare to all who need thy to pay, has been central to its mission throughout its existence. Adapting to meet the changing introl, the hospital is more focused than ever on preserving access to appropriate healthcare and quality and service to patients and their families. Sant Mary's hospital is licensed for 427 bad staffs approximately 175 beds with an everage dealty census of nearly 140 During 2008, Sant tacharges. Its emergency department, which is among the busiest in Connecteut, saw more while Sant Mary's olines (including psychiatry, patients, add that and denistry) had more then the same period. Sant Mary's and its affiates serviced more than 200,000 outpetient visits in hospital employs approximately 155 bid. Wit mee quivalent engles essential and the same period Sant Mary's and its affiates serviced more than 200,000 outpetient visits in services of fine to those who have the greatest need – Provides primary and specially care as and Family Health Center – Participates in Medicard, Medicars, SAGA, Hissy & 8. B. Chapital – services of the control of the participation of provides when the community are being met — Building Upon a Legacy of Caring The yashodically Underserved A cheekings affected by Santi Mary's Hospital is confidently to patient safety and patient safety and patient safety of providing the highest valve

betw een Saint Mary's Hospital and Waterbury Hospital, - The Heart Center of Greater Waterbury, which provides advanced cardiac services, including angioplasty and open heart surgery, through a partnership between Saint Mary's Hospital, Waterbury Hospital and the University of Connecticut Health Center/John Dempsey Hospital

ldentifier	Return Reference	Explanation
Community Benefit Continued		Extending its Reach Samt Mary's Children's and Family Health Center has been recognized by the Connecticut Legislature, state child advocacy groups and the National Initiative for Child Healthcare Quality as a leader and model practice in the care of children with special healthcare deads based on its "Medical Home" model of care Formally known as the Northwest Regional Medical Home Support Center, this hospital-based program provides assistance to caregivers of children with special healthcare needs through three locations. Samt Mary's Children's Handle Center, Litchfield County Pediatrics in Torrington and the Medical/Pediatrics Residency Training Program operated jointly by Sant Mary's Hospital and Yale-New Haven Hospital. The program provides o Care Coordination of Family Support o Advocacy or Title V Funds o Benefits Coordination Working with caregivers, the "Medical Home" program helps create customized care plans and brings together resources that families with children of special needs depend upon The program partners with pediatric care providers to meet the diverse needs of caregivers and families of children with special healthcare needs (CSHCN) as those who have or are at increased risk for chronic physical developmental, behavioral or emotion conditions (expected to last at least a year), and those who require health and related services of a type or amount beyond that required by children generally. Bighteen percent of children in the United States are included in that definition All families of eligible children, regardless of income, receive care coordination services in partnership with their child's medical home under the Saint Mary's program. Family and community referred, and care the review of the service funds and programs and care the care of the service funds and care the care of the care of the service funds. In the care of the care of the service is a second A limited number of families receive respite and camp funds. Uninsured or undernsured families who fall within the Title V Extend

ldentifier	Return Reference	Explanation
BUSINESS TRANSACTION WITH INTERESTED PERSON	SCHEDULE L, PART IV	DR PAUL KELLY IS A MEMBER OF THE BOARD OF DIRECTORS OF SAINT MARY'S HOSPITAL FOUNDATION, INC AND A PHYSICIAN AT CARDIOLOGY ASSOCIATES, PC DURING THE YEAR ENDED SEPTEMBER 30, 2009, SAINT MARY'S HOSPITAL INCURRED \$375,000 FOR CARDIOLOGY SERVICES TO CARDIOLOGY ASSOCIATES, PC RELATED TO THE HEART CENTER OF GREATER WATERBURY

DLN: 93493232002080

OMB No 1545-0047

Open to Public Inspection

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

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.

Related Organizations and Unrelated Partnerships

Name of the organization **Employer identification number** SAINT MARY'S HOSPITAL FOUNDATION INC 22-2528400 Part I Identification of Disregarded Entities (A)
Name, address, and EIN of disregarded entity (B) (D) Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Saint Mary's Idemnity Company LLC 126 College Street ST MARY HOSP VT 1,263,792 Insurance Burlington, VT 05401 06-0646844 Part II **Identification of Related Tax-Exempt Organizations** (A)
Name, address, and EIN of related organization (B) Primary activity Legal domicile (state Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) SAINT MARY'S HOSPITAL INC SM HealthSys 56 FRANKLIN STREET HOSPITAL CT 501(C)(3) WATERBURY, CT067061281 06-0646844 HEART CENTER OF GREATER WATERBURY INC St Mary Hosp PO BOX 2153 CT 501(c)(3) 11, Type I management Waterbury, CT06722 83-0416893 HAROLD LEVER REGIONAL CANCER CENTER St Mary Hosp 1075 CHASE PARKWAY TREATMENT CTR CT 501(c)(3) WATERBURY, CT06708 06-1548409 Saint Mary's Health System Inc NA 56 Franklin Street Holding Co CT 501(c)(3) Waterbury, CT06703 22-2528399

(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	Disprop allocat	rtionate ions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mar par	(J) eral or naging tner?
						Yes	No		Yes	No
surgery	ст	NA	685000	582,250	8,103,050		No	0	Yes	
ımagıng center	СТ	St Mary's Hosp	2356000	1,413,600	1,555,200		No	0	Yes	
	Primary activity surgery	Primary activity domicile (state or foreign country) surgery CT	Primary activity Primary activity Legal domicile (state or foreign country) Direct controlling entity	Primary activity domicile (state or foreign country) Surgery CT Direct controlling entity Direct controlling entity Predominant income (related, investment, unrelated) NA 685000	Primary activity Legal domicile (state or foreign country) Direct controlling entity Predominant income (related, investment, unrelated) Share of total income (F) Share of total income Share of total income	Primary activity domicile (state or foreign country) Share of total income assets Share of end-of-year assets Share of end-of-year assets Share of end-of-year assets Share of total income Share of solution assets Share of end-of-year assets Share of end-of-year assets	Primary activity domicile (state or foreign country) Surgery CT (D) Predominant income(related, investment, unrelated) Predominant income(related, investment, unrelated) Share of total income Share of total income Share of end-of-year allocate Share of end-of-year allocate Share of total share of end-of-year allocate Tyes State of total share of total share of total share of end-of-year allocate Share of total share of end-of-year allocate Share of total share of end-of-year allocate Share of total share of total share allocate Share of total share of end-of-year allocate Share of end-of-year allocate Share of end-of-year allocate Share of total share of total share allocate Share of total share alloc	Ct Mappin Hospin Ct Mappin H	Code V—UBI amount income (related, investment, unrelated) Code V—UBI amount on Box 20 of K-1	Code V—UBI amount on Box 20 of K-1 Code V—UB

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Franklin Medical Group PC 56 Franklin Street Waterbury, CT06703 06-1470493	physician office	СТ	St Mary's Hosp	C Corp	-4,159,000	2,999,000	100 %
Scovill Medical Group PC 06-1470495 Waterbury, CT06703 06-1470495	physician office	СТ	St Mary's Hosp	C Corp	-17,000	1,327,000	100 %
Saint Mary's PHO 56 Franklin Street Waterbury, CT06703 06-1461285	MANAGEMENT	СТ	NA	c CORP	0	0	50 %
Primary Care Partners PC 56 Franklin Street wATERBURY, CT06703 26-3677154	physician office	СТ	St Mary's Hosp	C Corp	-330,000	725,000	100 %
Partner's Interinsurance Exchange 76 St Paul Street Burlington, CT05401 03-0358925	ınsurance	СТ	St Mary's Hosp	c coRP	0	0	25 %

(6)

Part V Transactions with Related Organizations	
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	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No		
1 D	uring the tax year, did the orgranization engage in any of the following transactions with	n one or more related organizations listed in Parts II-IV	?					
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No		
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes			
с	Gift, grant, or capital contribution from other organization(s)			1 c		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 of assets to other organization(s)			1f		No		
g	Purchase of assets from other organization(s)			1g		No		
h	Exchange of assets			1h		No		
i	Lease of facilities, equipment, or other assets to other organization(s)			1i		No		
j	j Lease of facilities, equipment, or other assets from other organization(s)							
k	Performance of services or membership or fundraising solicitations for other organiza	tion(s)		1k		No		
I	Performance of services or membership or fundraising solicitations by other organizat	ion(s)		11	Yes			
m	Sharing of facilities, equipment, mailing lists, or other assets			1m	Yes			
n	Sharing of paid employees			1n	Yes			
0	Reimbursement paid to other organization for expenses			10	Yes			
р	Reimbursement paid by other organization for expenses			1р	Yes			
q	Other transfer of cash or property to other organization(s)			1q				
r	O ther 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 relationship	s and transaction thresholds					
	(A)	(B) Transaction	(C)					
	Name of other organization(s)	type(a-r)	Amount Involved					
(1)	Saint Mary's Hospital Inc	Contr			286,725	5		
(2)								
(3)								
(4)								
(-)								
(5)								

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?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No						
			•	•		•		Cabadul	D / Form							

Additional Data

Software ID:

Software Version:

EIN: 22-2528400

Name: SAINT MARY'S HOSPITAL FOUNDATION INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PUBLIC AND EMPLOYEE RELATIONS	22,941	2,882		20,059
CONTRACT FEES	15,253		15,253	
CONSULTANT FEES	13,842		13,842	
BAD DEBT EXPENSES	7,828	7,720		108
TEMPORARY HELP	10,878	10,878		