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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10/01 , 2008, and ending 09/30 , 2009

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

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

C Name of organization ST. MARY'S MEDICAL CENTER

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: 2900 FIRST AVENUE

City or town, state or country, and ZIP + 4: HUNTINGTON, WV 25702-1271

D Employer identification number: 55-0357050

E Telephone number: (304) 526-8931

G Gross receipts $ 374,274,707.

F Name and address of principal officer: MICHAEL SELLARDS
2900 FIRST AVENUE HUNTINGTON, WV 25702

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

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

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(03) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ST-MARYS.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1924 **M** State of legal domicile WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
HOSPITAL WITH OPEN EMERGENCY ROOM AND COMPREHENSIVE O

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of employees (Part V, line 2a)	5	2,801
6	Total number of volunteers (estimate if necessary)	6	299
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	3,808,140.	1,205,755.
9	Program service revenue (Part VIII, line 2g)	313,800,177.	340,029,135.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,230,976.	-2,047,906.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	652,042.	2,659,944.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,491,335.	341,846,928.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		NONE
14	Benefits paid to or for members (Part IX, column (A), line 4)		NONE
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	136,764,065.	148,227,554.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		NONE
b	Total fundraising expenses, Part IX, column (D), line 25) ▶		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	175,012,820.	191,963,238.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	311,776,885.	340,190,792.
19	Revenue less expenses Subtract line 18 from line 12	7,714,450.	1,656,136.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	312,116,362.	316,000,821.
21	Total liabilities (Part X, line 26)	188,476,942.	229,053,355.
22	Net assets or fund balances Subtract line 21 from line 20	123,639,420.	86,947,466.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 8/16/10

▶ Angela D. Swearingen, CFO- Vice President- Finance
Type or print name and title

SCANNED OCT

Paid Preparer's Use Only

Preparer's signature ▶	Date 8/13/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions) P00102794
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG U.S. LLP, 1500 KEY TOWER, 50 FOUNTAIN PLAZA BUFFALO, NY 14150		EIN ▶	34-6565596
		Phone no ▶	304-343-8971

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2008)

JSA
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Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission

HOSPITAL WITH OPEN EMERGENCY ROOM -- SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No

If "Yes" describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

4a (Code _____) (Expenses $ 275,704,391. including grants of $ _____) (Revenue $ 340,029,135)

SEE STATEMENT 1

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

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ $ 275,704,391. *(Must equal Part IX, Line 25, column (B))*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
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		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
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		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
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		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	X	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
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		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? *If "Yes," complete Schedule J*	23	X	
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	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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		X
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		X
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		X
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		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b	X	
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	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	X	
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	X	
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	X	
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		X
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		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	127		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	NONE		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	2,801		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?	7a			X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent 1b 6			
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		X
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		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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	X	
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		X

Section B. Policies

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ ANGELA SWEARINGEN 2900 FIRST AVE HUNTINGTON, WV 25702 304-526-8931

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								2,333,698.	543,647.	560,519.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 54

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SEE STATEMENT 3		

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 66

Part VIII Statement of Revenue 55-0357050

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 1,194,551				
	e Government grants (contributions)	1e 11,104				
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f		1,205,755			
Program Service Revenue		**Business Code**				
	2a PATIENT SER REV		337,023,411	337,023,411		
	b SCHOOL OF NURSING		805,686	805,686		
	c SCHOOL RADIOLOGY		303,207	303,207.		
	d PURCHASE DISCOUNTS		961,088	961,088		
	e MED RECORDS-COPIES		28,665	28,665		
	f All other program service revenue		907,078	907,078		
	g **Total.** Add lines 2a-2f		340,029,135			
	3 Investment income (including dividends, interest, and other similar amounts) STMT. 4		1,113,228			1,113,228
	4 Income from investment of tax-exempt bond proceeds		NONE			
	5 Royalties		NONE			
		(i) Real	(ii) Personal			
	6a Gross Rents	1,093,255				
	b Less rental expenses	265,584				
	c Rental income or (loss)	827,671				
	d Net rental income or (loss)		827,671.			827,671
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	28,494,594	171,228.			
	b Less cost or other basis and sales expenses	31,826,956				
	c Gain or (loss)	-3,332,362.	171,228			
	d Net gain or (loss)		-3,161,134			-3,161,134
Other Revenue	8a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		NONE			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		NONE			
	10a Gross sales of inventory, less returns and allowances a 690,109					
	b Less cost of goods sold b 335,239					
	c Net income or (loss) from sales of inventory STMT. 5		354,870			
	Miscellaneous Revenue	**Business Code**				
	11a CAFETERIA SALES		2,240,732			2,240,732
	b MAINT OF SISTERS		59,550			59,550
	c OTHER INV INCOME		-4,014,407.		NONE	-4,014,407
	d All other revenue		3,191,528		NONE	3,191,528
	e **Total.** Add lines 11a-11d		1,477,403			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		341,846,928	340,029,135	NONE	257,168

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	NONE			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	NONE			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	1,914,914.		1,914,914.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	NONE			
7 Other salaries and wages	104,873,027.	97,742,008.	7,131,019.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions)	6,448,728.	5,902,461.	546,267.	
9 Other employee benefits	25,802,010.	23,588,750.	2,213,260.	
10 Payroll taxes	9,188,375.	8,410,492.	778,383.	
11 Fees for services (non-employees)				
a Management	NONE			
b Legal	325,869.		325,869.	
c Accounting	249,779.		249,779.	
d Lobbying	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees	NONE			
g Other	28,942,094.	22,340,534.	6,201,560.	
12 Advertising and promotion	NONE			
13 Office expenses	NONE			
14 Information technology	2,617,845.		2,617,845.	
15 Royalties	NONE			
16 Occupancy	3,946,948.	3,946,948.		
17 Travel	267,529.	158,665.	108,864.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	NONE			
20 Interest	4,625,601.	4,625,601.		
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	14,446,406.	14,446,406.		
23 Insurance	1,797,394.		1,797,394.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUPPLIES	81,108,832.	80,443,223.	665,609.	
b TELEPHONE	149,291.		149,291.	
c POSTAGE AND SHIPPING	578,884.	133,884.	445,000.	
d EQUIPMENT RENTAL & MAINTENAN	9,073,920.	5,399,622.	3,674,298.	
e BAD DEBTS	32,164,252.		32,164,252.	
f All other expenses	12,068,594.	8,565,797.	3,502,797.	
25 **Total functional expenses** Add lines 1 through 24f	340,190,792.	275,704,391.	64,486,401.	
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	5,027.	1	5,027.
	2	Savings and temporary cash investments	7,637,318.	2	8,313,626.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	101,392,819.	4	104,227,802.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sales or use	8,816,540.	8	9,889,495.
	9	Prepaid expenses and deferred charges	4,122,816.	9	4,859,777.
	10a	Land, buildings, and equipment cost basis 10a 335,602,727.			
	b	Less accumulated depreciation Complete Part VI of Schedule D 10b 193,259,159.	135,565,109.	10c	142,333,568.
	11	Investments - publicly traded securities STMT 6	52,116,664.	11	51,968,907.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11	-354,276.	13	-8,639,282
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	2,814,345.	15	3,041,901.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	312,116,362.	16	316,000,821.
Liabilities	17	Accounts payable and accrued expenses	63,241,484.	17	43,184,116.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	83,532,823.	20	100,730,573.
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties STMT 7	1,808,077.	23	812,730.
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	39,894,558.	25	84,325,936.
	26	**Total liabilities.** Add lines 17 through 25	188,476,942.	26	229,053,355.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	122,360,131.	27	86,153,466.
	28	Temporarily restricted net assets	1,279,289.	28	794,000.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	123,639,420.	33	86,947,466.
	34	Total liabilities and net assets/fund balances	312,116,362.	34	316,000,821.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits?	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
ST. MARY'S MEDICAL CENTER	55-0357050

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

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

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

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

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

h Provide the following information about the organizations the organization supports

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

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

Section A. Public Support

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

Section B. Total Support

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

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

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

Section C. Computation of Public Support Percentage

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

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

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. MARY'S MEDICAL CENTER

Employer identification number

55-0357050

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		6,308,971.		6,308,971.
b Buildings		164,217,515.	91,002,202.	73,215,313.
c Leasehold improvements				
d Equipment		157,889,164.	100,456,981.	57,432,183.
e Other		7,167,077.	1,809,976.	5,377,101.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))* ▶				142,333,568.

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

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

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED SALARIES & WAGES	1,577,189
GENERAL RESERVES	1,500,000
ACCRUED PENSION COSTS	81,248,747
Total *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	84,325,936

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	341,846,928.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	340,190,792.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	1,656,136.
4	Net unrealized gains (losses) on investments	4	1,962,864.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-40,310,954.
9	Total adjustments (net) Add lines 4-8	9	-38,348,090.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-36,691,954.

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

1	Total revenue, gains, and other support per audited financial statements			1	343,300,916.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,962,864.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	400,000.		
e	Add lines 2a through 2d			2e	2,362,864
3	Subtract line 2e from line 1			3	340,938,052.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	908,876.		
c	Add lines 4a and 4b			4c	908,876.
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	341,846,928.

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

1	Total expenses and losses per audited financial statements			1	382,505,029.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	42,992,155.		
e	Add lines 2a through 2d			2e	42,992,155.
3	Subtract line 2e from line 1			3	339,512,874.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	677,918.		
c	Add lines 4a and 4b			4c	677,918.
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)			5	340,190,792.

Part XIV Supplemental Information

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

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

RECONCILIATION

FORM 990, SCH D, PART XI, XII AND XIII RECONCILING ITEMS

SCHEDULE D, PART XI, LINE 8

RECONCILIATION OF CHANGE IN NET ASSETS

MINIMUM PENSION OBLIGATION	(42,992,155)
RESTRICTED INCOME	(75,799)
PRIOR PERIOD ADJUSTMENT TO FUND BALANCE	2,757,000
	(40,310,954)

SCHEDULE D, PART XII, LINE 2D

PRIOR YEAR AUXILIARY CONTRIBUTIONS	400,000

FORM 990, SCH D, PART XII, LINE 4B - OTHER ADDITIONS

457B RESTRICTED INCOME	75,799
AUXILLIARY - GIFT SHOP NET INCOME	354,870
GRANT EXPENSE NET WITH REVENUE ON AFS	477,976
AUXILIARY INTEREST INCOME	231
	908,876

FORM 990, SCH D, PART XIII, LINE 2D - OTHER SUBTRACTIONS

MINIMUM PENSION OBLIGATION	42,992,155

FORM 990, SCH D, PART XIII, LINE 4B - OTHER ADDITIONS

GRANT EXPENSE NET WITH REVENUE ON AFS	477,976

Part XIV Supplemental Information *(continued)*

AUXILIARY ACTIVITY 199,942

677,913

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to 5b, as a result of budget considerations was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
b	If "Yes," does the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *Worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *Worksheet 3 column a*)						
c Unreimbursed costs - other means-tested government programs (from *Worksheet 3, column b*)						
d Total Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions to community groups (from Worksheet 8)						
j Total Other Benefits						
k Total (line 7d and 7j)						

Part II **Community Building Activities** Complete this table if the organization conducted any community building activities *(Optional for 2008)*

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total						

Part III **Bad Debt, Medicare, & Collection Practices** *(Optional for 2008)*

Section A Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Enter line 5 less line 6 - surplus or (shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6, and indicate which of the following methods was used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV **Management Companies and Joint Ventures** *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER - 24 hours	ER - other	Other (Describe)
ST. MARY'S MEDICAL CENTER 2900 FIRST AVENUE HUNTINGTON WV 25702	X	X					X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. MARY' S MEDICAL CENTER

Employer identification number

55-0357050

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
	(i)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL SELLARDS	(ii)	464,000.	72,000.	7,647.	140,868.	20,738.	705,253.	NONE
	(i)	252,865.	37,690.	NONE	NONE	19,928.	310,483.	NONE
TODD A CAMPBELL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	179,648.	20,814.	NONE	NONE	28,751.	229,213.	NONE
SUSAN BETH MCKENZIE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	236,289.	NONE	NONE	NONE	30,442.	266,731.	NONE
VERA ROSE MD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	154,552.	8,524.	NONE	NONE	26,986.	190,062.	NONE
MARY ANN BROWN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	168,939.	18,574.	NONE	NONE	28,140.	215,653.	NONE
TIM PARNELL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	154,946.	12,705	NONE	NONE	27,202.	194,853.	NONE
LIBBY BOSLEY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	288,723.	32,603.	NONE	NONE	34,456.	355,782.	NONE
TYSON SMITH	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	136,222.	NONE	NONE	NONE	25,719.	161,941.	NONE
DEBORAH KITCHEN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	120,937.	6,372.	NONE	NONE	25,298.	152,607.	NONE
RITA BARKER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	132,117.	NONE	NONE	NONE	25,525.	157,642.	NONE
ROBERT HAY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	123,201.	3,513.	NONE	NONE	25,270.	151,984.	NONE
CHARLES HERR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

TRAVEL FOR COMPANION

SCHEDULE J, PART I, LINE 1A

MICHAEL SELLARDS, THE CEO, IS ALSO ENTITLED TO REIMBURSEMENT FOR REASONABLE TRAVEL EXPENSES FOR HIS SPOUSE TO ACCOMPANY HIM TO THREE EDUCATIONAL MEETINGS PER YEAR; ONE OF WHICH BEING THE WEST VIRGINIA HOSPITAL ASSOCIATION ANNUAL MEETING.

THE ABOVE LISTED BENEFIT IS INCLUDED IN THE EXECUTIVE'S FORM W-2 AS REQUIRED.

REASONABLE TRAVEL EXPENSES FOR HIS SPOUSE TO ACCOMPANY HIM TO THREE EDUCATIONAL MEETINGS PER YEAR; ONE OF WHICH BEING THE WEST VIRGINIA HOSPITAL ASSOCIATION ANNUAL MEETING. THESE BENEFITS ARE INCLUDED IN THE EXECUTIVE'S FORM W-2 AS REQUIRED.

SEVERENCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

DAVID CREECH, A FORMER OFFICER AND KEY EMPLOYEE, RECEIVED SEVERANCE PAYMENTS DURING THE YEAR IN THE AMOUNT OF $552,889. TONY ATKINS, ALSO A

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

FORMER OFFICER AND KEY EMPLOYEE, RECEIVED NON-COMPETE PAYMENTS DURING THE FISCAL YEAR IN THE AMOUNT OF $44,230

EXECUTIVE DEFERRED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

DURING THE YEAR, THE FOLLOWING OFFICERS AND KEY EMPLOYEES LISTED ON FORM 990, PART VII, SECTION A PARTICIPATED IN THE EXECUTIVE DEFERRED RETIREMENT PLAN: MICHAEL G. SELLARDS, SISTER CELESTE LYNCH, SAC AND TODD A. CAMPBELL.

EMPLOYER AND EMPLOYEE CONTRIBUTIONS DURING THE YEAR TO THIS PLAN HAVE BEEN REPORTED, AS REQUIRED, ON SCHEDULE J, PART II COLUMNS(B)(III) AND (C). DURING 2009 FISCAL YEAR, THE FOLLOWING OFFICERS OF THE ORGANIZATION RECEIVED PAYMENTS UNDER A SUPPLEMENTAL NON-QUALIFIED RETIREMENT :

MICHAEL G. SELLARDS $ 92,800

SISTER CELESTE LYNCH, SAC $ 59,287

TODD A CAMPBELL $ 38,004

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.

COMPENSATION ARRANGEMENT

SCHEDULE J, PART I, LINE 6B

THE ORGANIZATION PLACES A CERTAIN PORTION OF AN EXECUTIVES' TOTAL AVAILABLE COMPENSATION AT RISK ANNUALLY AND A PROPORTION OF THAT AT-RISK AMOUNT IS DEPENDENT UPON THE CONSOLIDATED HEALTH SYSTEM ATTAINING CERTAIN OPERATING PERFORMANCE TARGETS BOTH FINANCIAL AND NON-FINANCIAL. DURING FISCAL YEAR 2008, CERTAIN FINANCIAL OPERATING TARGETS WHICH WERE SET BY THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, INCLUDING TOTAL NET OPERATING MARGIN WERE MET AND EXCEEDED RESULTING IN COMPENSATION UNDER THIS ARRANGEMENT PAID TO OFFICERS AND KEY EMPLOYEES DURING FISCAL YEAR 2009.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

ST. MARY'S MEDICAL CENTER

Employer Identification number

55-0357050

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROCCO MORABITO MD BOARD MEMBER	1.	X						NONE	NONE	NONE
SR MARIAN RUTH CREAMER SAC BOARD MEMBER	38.	X						NONE	NONE	NONE
MATT MILLER CHAIRMAN	1.	X						NONE	NONE	NONE
SR M CELESTE LYNCH SAC VICE CHAIRMAN	2.	X						NONE	NONE	NONE
SR M ROSELLA SPARKS SAC BOARD MEMBER	1.	X						NONE	NONE	NONE
SR M JOANNE OBROCHITA SAC BOARD MEMBER	1.	X						NONE	NONE	NONE
THOMAS HOUVOURAS SECRETARY TREASURER	1.	X						NONE	NONE	NONE
ALAN CHAMBERLAIN MD BOARD MEMBER	1.	X						NONE	NONE	NONE
SR ELIZABETH HEPTNER SAC BOARD MEMBER	1.	X						NONE	NONE	NONE
JULIA HUTCHINSON BOARD MEMBER	1.	X						NONE	NONE	NONE
RICHARD MUTH BOARD MEMBER	1.	X						NONE	NONE	NONE
MICHAEL SELLARDS PRESIDENT AND CEO OF SMH PHS	34.			X				NONE	543,647.	161,606.
SR DIANE BUSHEE VICE-PRESIDENT	34.			X				NONE	NONE	NONE
TODD A CAMPBELL SR VICE-PRES / COO	40.			X				290,555.	NONE	71,007.
SUSAN BETH MCKENZIE VICE-PRESIDENT	40.			X				200,462.	NONE	28,751.
VERA ROSE MD VICE-PRESIDENT	40.			X				236,289.	NONE	30,442.
SHELIA KYLE VICE-PRESIDENT	40.			X				121,019.	NONE	25,001.
MARY ANN BROWN VICE-PRES FINANCE / CFO	40.			X				163,076.	NONE	26,986.
TIM PARNELL VICE-PRESIDENT	40.			X				187,513.	NONE	28,140.
LIBBY BOSLEY VICE-PRESIDENT	40.			X				167,651.	NONE	27,202.
TYSON SMITH VICE-PRESIDENT	40.			X				321,326.	NONE	34,456.

SCHEDULE J-2 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the Organization

ST. MARY'S MEDICAL CENTER

Employer Identification number

55-0357050

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DEBORAH KITCHEN REGISTERED NURSE	40.					X		136,222.	NONE	25,719.
RITA BARKER MANAGER	40.					X		127,309.	NONE	25,298.
ROBERT HAY PHARMACIST	40.					X		132,117.	NONE	25,525.
CHARLES HERR PERFUSIONIST	40.					X		126,714.	NONE	25,270.
JAMES CRAIG PERFUSIONIST	40.					X		123,445.	NONE	25,116.

SCHEDULE K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

ST. MARY'S MEDICAL CENTER

Employer identification number

55-0357050

Part I **Bond Issues** *(Required for 2008)*

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
							Yes	No	Yes	No
A	WV HOSPITAL FINANCE AUTHORITY	62-1256910	956624AL4	10/01/2003	61,000,000	CONSTRUCTION		X		X
B	WV HOSPITAL FINANCE AUTHORITY	62-1256910	956624AM2	04/01/2006	35,000,000	CONSTRUCTION		X		X
C	WV HOSPITAL FINANCE AUTHORITY	62-1256910	956624AM2	06/01/2009	17,500,000	CONSTRUCTION		X		X
D										
E										

Part II **Proceeds** *(Optional for 2008)*

	A	B	C	D	E
1 Total proceeds of issue					
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion					

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III **Private Business Use** *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2 Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate been filed with respect to the bond issue?										
2 Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider										
c Term of GIC										
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an available temporary period?										
6 Did the bond issue qualify for an exception to rebate?										

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

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Name of the organization

ST. MARY'S MEDICAL CENTER

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55-0357050

Part I Excess Benefit Transacations (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27

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

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
MOUNTAIN STATE CABLING	SEE SCHEDULE O	153,149	SEE SCH O		Y

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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2008

Open to Public Inspection

Name of the organization

ST. MARY'S MEDICAL CENTER

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STATEMENT ON GAIN(LOSS) FROM SALE OF ASSETS OTHER THAN INVENTORY

PART 1, LINE 7

DESCRIPTION	SALES PRICE	COST/ADJ BASIS	GAIN/(LOSS)
PUBLICLY TRADED SECURITIES	28,494,594	31,826,956	(3,332,362)
FURNITURE AND EQUIPMENT	171,228		171,228
TOTAL	28,665,822	31,826,956	(3,161,134)

DETAILS ON FILE WITH TAXPAYER AND AVAILABLE UPON REQUEST.

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

RELATIONSHIP OF ACTIVITIES

PART VIII

ST. MARY'S MEDICAL CENTER PROVIDES HIGH QUALITY HEALTHCARE SERVICES TO RESIDENTS OF HUNTINGTON, WEST VIRGINIA AND THE SURROUNDING AREA. DURING THE FISCAL YEAR WHICH ENDED SEPTEMBER 30, 2009, ST. MARY'S MEDICAL CENTER PROVIDED 96,718 DAYS OF INPATIENT CARE TO 16,286 PATIENTS AND TREATED APPROXIMATELY 259,357 PATIENTS IN THE EMERGENCY OR OUTPATIENT SETTINGS. PATIENT SERVICE REVENUE, NET OF CONTRACTUAL ADJUSTMENTS, ASSOCIATED WITH THIS PATIENT CARE EQUALED $337,023,411. THE HOSPITAL RECOGNIZES AN OBLIGATION TO PROVIDE AN EDUCATIONAL OPPORTUNITY FOR PERSONS INTERESTED IN PURSUING A CAREER IN NURSING AND ALLIED HEALTH PROFESSIONS. TUITION REVENUE OF $1,108,893 WAS RECOGNIZED FROM THE SCHOOL OF NURSING AND SCHOOL OF RADIOLOGY. ADDITIONAL COSTS OF PROGRAMS WERE SUBSIDIZED BY THE HOSPITAL. THROUGH PROMPT PAYMENT FOR SUPPLIES PURCHASED AND USED IN THE PROVISION OF PATIENT SERVICES, THE HOSPITAL RECOGNIZED INCOME OF $961,088 IN PURCHASE DISCOUNTS. THE MEDICAL RECORDS DEPARTMENT OF ST. MARY'S MEDICAL CENTER HAS NUMEROUS REQUESTS FROM OTHER HEALTHCARE PROVIDERS AND LAWYERS FOR COPIES OF MEDICAL RECORDS. DURING FISCAL 2008, $28,665 WAS RECEIVED BY THE HOSPITAL AS PAYMENT FOR COPIES OF PATIENT MEDICAL INFORMATION. ST. MARY'S MEDICAL CENTER BELIEVES THAT, IN MEETING THE COMMUNITY'S HEALTH NEEDS, NEW ADVANCES IN TECHNOLOGY MUST BE INCORPORATED INTO THE RESOURCES AVAILABLE IN THE RENDERING OF PATIENT CARE. NEW TECHNOLOGY IS OFTEN QUITE EXPENSIVE AND THERE MAY BE LIMITED POTENTIAL CANDIDATES FOR TREATMENT. RECOGNIZING THAT RESPONSIBLE UTILIZATION OF FINANCIAL RESOURCES IS ALSO A COMMUNITY SERVICE, ST. MARY'S MEDICAL CENTER ENTERED A JOINT VENTURE WITH ANOTHER LOCAL NOT-FOR-PROFIT HOSPITAL FOR THE ACQUISITION AND OPERATION OF MAGNETIC RESONANCE IMAGING TECHNOLOGY

Name of the organization: ST. MARY'S MEDICAL CENTER

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(MRI). INCOME FROM THIS UNCONSOLIDATED AFFILIATE WAS $371,912 FOR THE FISCAL YEAR ENDED SEPTEMBER 30, 2009. AS PART OF THE HOSPITAL'S EMPLOYEE BENEFIT PROGRAM, ST. MARY'S EMPLOYEES ARE ABLE TO PURCHASE PRESCRIPTION DRUGS THROUGH THE HOSPITAL PHARMACY AT COST PLUS A MINOR DISPENSING FEE. PROGRAM REVENUE, INCLUDED ON LINE 2A, FROM THIS ACTIVITY EQUALS $705,976. THROUGH THE HOSPITAL'S COMMUNITY WELLNESS PROGRAMS AND CORPORATE EAP PROGRAM, HEALTH SCREENINGS AND MINOR COUNSELING IS PROVIDED. PROGRAM REVENUE RELATED TO THESE ACTIVITIES, FOR THE YEAR ENDED SEPTEMBER 30, 2009, WAS $46,210. THE HOSPITAL RECEIVES $16,800 PER YEAR FOR RENT FROM ITS PARENT CORPORATION, PALLOTTINE HEALTH SERVICES.

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

PROGRAM SERVICE ACCOMPLISHMENTS

PART III

ST. MARY'S MEDICAL CENTER WAS ESTABLISHED IN 1924 AND, BASED ON THE CORE VALUES OF COMPASSION, HOSPITALITY, REVERENCE, TRUST, INTERDEPENDENCY, AND STEWARDSHIP, CONTINUES TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO RESIDENTS OF HUNTINGTON, WEST VIRGINIA AND THE SUPROUNDING AREA. SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENT'S RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP. FURTHERMORE, WHILE REIMBURSEMENT FOR CARE PROVIDED IS CRUCIAL TO THE CONTINUED OPERATION OF ST. MARY'S MEDICAL CENTER, IT IS RECOGNIZED THAT CIRCUMSTANCES EXIST WHICH RENDER CERTAIN PARTIES UNABLE TO PAY FOR NEEDED SERVICES, AND NO PATIENT IS DENIED SERVICES DUE TO THE LACK OF ABILITY TO PAY. DURING THE FISCAL YEAR WHICH ENDED SEPTEMBER 30, 2009, ST. MARY'S MEDICAL CENTER PROVIDED 96,718 DAYS OF INPATIENT CARE TO 16,286 PATIENTS AND TREATED AN ADDITIONAL 209,357 PATIENTS IN THE EMERGENCY AND OUTPATIENT SETTINGS. APPROXIMATELY SEVENTY-ONE PERCENT OF THE INPATIENTS SERVED WERE COVERED BY GOVERNMENTAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID. A SIMILAR PERCENTAGE IS APPLICABLE TO OUTPATIENT SERVICES. SINCE CARE PROVIDED TO MEDICARE AND MEDICAID BENEFICIARIES IS SUBJECT TO CONTRACTUAL REIMBURSEMENT RESTRICTIONS, PAYMENT RECEIVED FOR SERVICES PROVIDED IS OFTEN SIGNIFICANTLY BELOW THE ACTUAL COST OF THE SERVICES. ST. MARY'S MEDICAL CENTER HAS ESTABLISHED CHARITY CARE POLICIES AND GUIDELINES, USED TO HELP IDENTIFY THOSE PATIENTS WHO GENUINELY DO NOT HAVE THE RESOURCES TO PAY FOR SERVICES RECEIVED. DURING FISCAL 2009, THE HOSPITAL PROVIDED APPROXIMATELY $10.1 MILLION DOLLARS IN CHARITY CARE SERVICES, REPRESENTING CARE PROVIDED AT REDUCED PRICES OR COMPLETELY FREE OF CHARGE. THESE SERVICES INCLUDE INPATIENT SERVICES, AN ADULT OUTPATIENT

Name of the organization: ST. MARY'S MEDICAL CENTER

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CLINIC, A HANDICAPPED CHILDREN'S CLINIC, AND A SPECIALTY PREGNANCY CLINIC. ALSO, ST. MARY'S MEDICAL CENTER EXCEEDS THE GUIDELINES ESTABLISHED FOR THE WEST VIRGINIA AD VALOREM STATUTE. IN ADDITION TO THOSE PATIENTS WITHOUT THE WHEREWITHAL TO PAY FOR SERVICES RENDERED, WE ASSIST IN THE RELIEF OF BURDEN OF GOVERNMENT FOR SEVERAL PROGRAMS. A STRONG AUXILIARY ORGANIZATION EXISTS, WHICH CONTRIBUTES HEAVILY TO ACTIVITIES OF ST. MARY'S MEDICAL CENTER. DURING FISCAL 2009, THE AUXILIARY MADE CASH DONATIONS OF APPROXIMATELY $600,000. IN ADDITION, VOLUNTEERS PROVIDED OVER 41,000 HOURS OF SERVICE VALUABLE TO PROMOTING THE MISSION AND ACTIVITIES OF THE HOSPITAL. ST. MARY'S MEDICAL CENTER ALSO RECOGNIZES THAT CARRYING OUT ITS MISSION OF COMMUNITY SERVICE IS NOT CONFINED TO THE WALLS OF THE HOSPITAL'S BUILDINGS AND THAT THERE ARE RESIDENTS IN NEED OF SERVICES WHO MAY NEVER BE A REGISTERED PATIENT OF THE HOSPITAL. IN MEETING THE NEEDS OF THESE INDIVIDUALS AND GROUPS, ST. MARY'S MEDICAL CENTER PROVIDES OR PARTICIPATES IN NUMEROUS EDUCATIONAL ACTIVITIES, SUPPORT GROUPS AND HEALTH SCREENINGS AND PROVIDES HUMAN RESOURCES, AS APPROPRIATE, TO SUPPORT OTHER CHARITABLE ORGANIZATIONS. A SUMMARY OF THESE COMMUNITY SERVICES AS PREPARED BY THE HOSPITAL'S MISSION INTEGRATION DEPARTMENT FOR THE CATHOLIC HEALTH ASSOCIATION, IS ATTACHED.

Name of the organization	Employer identification number
ST. MARY'S MEDICAL CENTER	55-0357050

ACCESS TO ORGANIZATIONAL DOCUMENTS

PART VI, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST AT ITS OFFICE AT 2900 FIRST AVENUE, HUNTINGTON, WV 25702. A NOMINAL FEE IS CHARGED IF COPIES ARE REQUESTED.

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

ORGANIZATION'S MEMBER & MEMBER'S RIGHTS

PART VI, LINE 6, 7A & 7B

PART VI, QUESTION 6 - THE ORGANIZATION IS A MEMBERSHIP (NOT A STOCK) CORPORATION UNDER WEST VIRGINIA STATE LAW. THE ORGANIZATION'S SOLE CORPORATE MEMBER IS PALLOTTINE HEALTH SERVICES, A RELATED NOT-FOR-PROFIT ORGANIZATION.

PART VI, QUESTION 7A - IN ACCORDANCE WITH THE TERMS AND REQUIREMENTS OF ITS GOVERNING DOCUMENTS (I.E. BYLAWS), ON AN ANNUAL BASIS, THE ORGANIZATION'S CURRENT BOARD MEMBERS RECOMMEND THE LIST OF CANDIDATES FOR MEMBERSHIP TO THE GOVERNING BODY FOR THE SUBSEQUENT TERM TO THE ST. MARY'S MEDICAL CENTER BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVE AND ELECT THESE CANDIDATES TO SERVE AS THE ORGANIZATIONS BOARD OF DIRECTORS.

PART VI, QUESTION 7B - PALLOTTINE HEALTH SERVICES, AS THE SOLE CORPORATE MEMBER, ALSO HAS THE RIGHT TO APPROVE OR RATIFY SIGNIFICANT DECISIONS OF THE ORGANIZATION'S GOVERNING BODY INCLUDING THE AMENDMENT OF BYLAWS AND CHARTERS, REMOVAL OF MEMBERS OF THE GOVERNING BODY, AND THE DECISION TO DISSOLVE THE ORGANZATION.

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

REVIEW PROCESS FOR FORM 990

PART VI, LINE 10

THE FORM 990 IS REVIEWED BY THE ORGANIZATION'S MANAGEMENT (A TEAM COMPRISED OF REPRESENTATIVES OF THE FINANCE, HUMAN RESOURCES, AND LEGAL DEPARTMENTS) IN CONSULTATION WITH THE ORGANIZATION'S TAX ADVISORS, ERNST & YOUNG. THE FINANCIAL REVIEW IS BASED ON THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS FOR THE RELEVANT TIME PERIOD. BEFORE THE FORM 990 IS FILED WITH THE IRS, THE FINANCE COMMITTEE OF THE ORGANIZATION'S BOARD OF DIRECTORS REVIEWS THE FORM 990 AND PROVIDES A COPY OF THE SAME TO THE ORGANIZATION'S FULL BOARD OF DIRECTORS.

Name of the organization: ST. MARY'S MEDICAL CENTER

Employer identification number: 55-0357050

CONFLICT OF INTEREST POLICY

PART VI, LINE 12C

UPON EMPLOYMENT AND ANNUALLY THEREAFTER EACH KEY EMPLOYEE AND OFFICER OF THE ORGANIZATION IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST AND DISCLOSURE FORM, PROVIDING SUFFICIENT INFORMATION ABOUT HIS/HER PERSONAL INTERESTS AND RELATIONSHIPS SO THE ORGANIZATION CAN (1) DETERMINE WHETHER ANY POTENTIAL OR ACTUAL CONFLICTS OF INTEREST MAY EXIST, AND (2) MONITOR WORK OR SERVICE ASSIGNMENTS TO AVOID PLACING THE KEY EMPLOYEE, OFFICER OR DIRECTOR IN A POSITION WHERE THERE MAY BE AN APPEARANCE, POTENTIAL OR ACTUAL, OF A CONFLICT OF INTEREST OR A QUESTION OF OBJECTIVITY. THE COMPLETED CONFLICTS OF INTEREST AND DISCLOSURE FORMS FOR DIRECTORS ARE RETURNED TO THE ORGANIZATION.

Name of the organization	Employer identification number
ST. MARY'S MEDICAL CENTER	55-0357050

COMPENSATION APPROVAL PROCESS

PART VI, LINE 15A & 15B

ON A REGULAR BASIS, THE ORGANIZATION PROVIDES DOCUMENTATION TO THE COMPENSATION COMMITTEE OF THE BOARD WITH RESPECT TO THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES FOR REVIEW AND APPROVAL. SUCH INFORMATION INCLUDES COMPARABLE DATA FROM SIMILAR SIZE TAX-EXEMPT ORGANIZATIONS IN THE HUNTINGTON, WEST VIRGINIA COMMUNITY AS WELL AS COMPENSATION FOR THESE POSITIONS (AS DISCLOSED ON FORM 990) WITH OTHER ORGANIZATIONS IN THE HEALTH CARE INDUSTRY THAT ARE OF SIMILAR SIZE, DEMOGRAPHICS, AND GEOGRAPHY. REVIEW AND APPROVAL OF THE COMPENSATION ARRANGEMENT BY THE OFFICERS/EXECUTIVE COMMITTEE IS DOCUMENTED.

Name of the organization	Employer identification number
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FIN 48 FOOTNOTE

SCHEDULE D, PART X

THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS DO NOT REPORT ANY LIABILITY OR HAVE ANY FOOTNOTE REPORTING THE ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER FIN 48.

Name of the organization: ST. MARY'S MEDICAL CENTER

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BUSINESS TRANSACTIONS INVLOVING INTERESTED PERSONS

SCHEDULE L, PART IV

MARY ANN BROWN, CFO AND VICE-PRESIDENT OF FINANCE, IS THE 51% OWNER AND SECRETARY/TREASURER OF MOUNTAIN STATE CABLING SYSTEMS. ST. MARY'S MEDICAL CENTER PAID IN THE NORMAL COURSE OF BUSINESS $153,149 FOR CABLING SERVICES TO THIS COMPANY.

Name of the organization: ST. MARY'S MEDICAL CENTER

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EVALUATION PROCESS FOR JOINT VENTURE

FORM 990, PART VI, SECTION B, QUESTION 16B

THE ORGANIZATION HAS NOT ADOPTED A FORMAL WRITTEN POLICY OR PROCEDURE REQUIRING THE ORGANIZATION TO EVALUATE ITS PARTICIPATION IN JOINT VENTURE ARRANGEMENTS. HOWEVER, THE NORMAL DUE DILIGENCE PROCESS FOR ANALYZING ANY SUCH ARRANGEMENTS UNDERTAKEN IN CONJUNCTION WITH THE ORGANIZATION'S EXTERNAL LEGAL COUNSEL, ACCOUNTANTS AND OTHER BUSINESS ADVISORS DOES INCLUDE A REVIEW TO DETERMINE THE FOLLOWING:

1) THE IMPACT OF THE ARRANGEMENT UNDER APPLICABLE FEDERAL AND STATE LAW

2) WHETHER THE ARRANGEMENT WILL JEOPARDIZE THE ORGANIZATION'S EXEMPT STATUS AS A SECTION 501(C)(3) CHARITABLE ORGANIZATION - HOSPITAL

3) WHETHER THE ARRANGEMENT WILL RESULT IN ANY UNRELATED BUSINESS TAXABLE INCOME

4) THE IMPACT OF THE ARRANGEMENT ON ANY EXISTING CONTRACTUAL AGREEMENTS OR OTHER BUSINESS RELATIONSHIPS AND

5) WHETHER THE ARRANGEMENT WILL RESULT IN ANY CONFLICTS OF INTEREST.

IF THERE ARE CONCERNS WITH RESPECT TO ANY OF THE ABOVE MATTERS, THE ORGANIZATION WILL TAKE APPROPRIATE STEPS TO ENSURE THAT, IF THE JOINT VENTURE IS PURSUED, THE ARRANGEMENT WILL BE IN COMPLIANCE WITH APPLICABLE FEDERAL AND STATE LAW AND TO SAFEGUARD THE ORGANIZATIONS TAX-EXEMPT STATUS. A FORMAL WRITTEN POLICY AND PROCEDURE HAS BEEN DRAFTED AND IS CURRENTLY IN THE APPROVAL PROCESS; THE ORGANIZATION EXPECTS THIS FORMAL POLICY TO BE IN PLACE EFFECTIVE FOR THE 2009 TAX YEAR AND FORWARD.

Name of the organization	Employer identification number
ST. MARY'S MEDICAL CENTER	55-0357050

HOURS DEVOTED TO RELATED ORGANIZATIONS

FORM 990, SCHEDULE J-2, PART I

THE FOLLOWING INDIVIDUALS LISTED ON SCHEDULE J-2, PART I, COLUMN A DEVOTED THE FOLLOWING HOURS TO RELATED ORGANIZATIONS:

MICHAEL SELLARDS - 6 HOURS (PHS, SJH AND SMF)

SR. CELESTE LYNCH - 38 HOURS (PHS AND SMF)

SR. DIANE BUSHEE - 6 HOURS (PHS, SJH AND SMF)

SR. MARIAN RUTH CREAMER - 2 HOURS (PHS)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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2008

Open to Public Inspection

Name of the organization

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ST. MARY'S MEDICAL MANAGEMENT LLC 20-8017790 2900 FIRST AVENUE HUNTINGTON, WV 25702	MEDICAL PRACT	WV	8,489,603.	4,061,527.	SMMC

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
PALLOTTINE HEALTH SERVICES 55-0688201 2900 FIRST AVENUE HUNTINGTON, WV 25702	PARENTO-SIGHT	WV	501(C)(3)	11	PMS
PALLOTTINE MISSIONARY SISTERS 43-1783315 2900 FIRST AVENUE HUMTINGTON, WV 25702	CHURCH	MO	501(C)(3)	1	N/A
ST. MARY'S MEDICAL CENTER FOUNDATION 14-1887211 2900 FIRST AVENUE HUNTINGTON, WV 25702	FOUNDATION	WV	501(C)(3)	11	SMMC
ST. JOSEPH'S HOSPITAL OF BUCKHANNON 55-0356996 ONE AMALIA DRIVE BUCKHANNON, WV 26201	HOSPITAL	WV	501(C)(3)	3	PHS
ST. JOSEPH'S FOUNDATION OF BUCKHANNON 55-0727650 ONE AMALIA DRIVE BUCKHANNON, WV 26201	FOUNDATION	WV	501(C)(3)	11	SJH

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner? Yes	(J) No
ST MARY'S OCCUPATIONAL HEALTH 2900 FIRST AVENUE	MEDICAL SERVICES	WV	SMMC	RELATED	2,508	184,006		X	NONE	X	
TRI STATE CYBERKNIFE 20-574472 2900 FIRST AVENUE	MEDICAL SERVICES	WV	SMMC	RELATED	-314,526	1,669,774		X	NONE	X	
TRI STATE MRI 55-0669726 PO BOX 3108	MEDICAL SERVICES	WV	SMMC	RELATED	228,573	1,460,249		X	NONE	X	
CLAIRE FRANCES HEALTH SERVICES 200 MALL ROAD, SUITE 3	MEDICAL SERVICES	WV	SMMC	RELATED	471,684	894,408.		X	NONE	X	
HUNTINGTON AREA MRS SERVICES L 2900 FIRST AVENUE	MEDICAL SERVICES	WV	SMMC	RELATED	412,146	1,796,312		X	NONE	X	

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
VANGUARD FINANCIAL SERVICES 45-0496141 2900 FIRST AVENUE HUNTINGTON, WV 25702	COLLECTION AGENCY	WV	SMMC	C CORP	134,515	393,544	100.0000

Part V Transactions With Related Organizations

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

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

	(A) Name of other organization(s)	(B) Transaction type (a–r)	(C) Amount involved
(1)	SEE SCHEDULE R-1		
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Schedule R (Form 990) 2008

JSA
8E1310 1 000

Part II **Continuation of Identification of Related Tax-Exempt Organizations**

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

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

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

Part IV Continuation of 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

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7) ST MARY'S MEDICAL CENTER FOUNDATION	C	1,194,651.
(8) ST. MARY'S MEDICAL MANAGEMENT	N	709,361.
(9) TRI-STATE CYBERKNIFE	I	121,600.
(10) TRI-STATE CYBERKNIFE	N	218,306.
(11) PALLOTTINE HEALTH SERVICES	N	789,285.
(12) PALLOTTINE HEALTH SERVICES	O	605,477.
(13) PALLOTTINE MISSIONARY SISTERS	O	375,188.
(14) PALLOTTINE HEALTH SERVICES	D	4,728,397.
(15) ST. MARY'S MEDICAL CENTER FOUNDATION	D	2,311,795.
(16) ST. MARY'S MEDICAL CENTER FOUNDATION	N	169,169.
(17) VANGUARD FINANCIAL SERVICES	A(I)	710.
(18) ST. MARY'S OCCUPATIONAL HEALTH CENTER	A(I)	6,605.
(19) CLAIRE FRANCES HEALTH SERVICES PLLC	R	180,000.
(20) HUNTINGTON AREA MRI SERVICES LLC	D	162,573.
(21)		
(22)		
(23)		
(24)		

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

ST. MARY'S MEDICAL CENTER WAS ESTABLISHED IN 1924 AND, BASED ON THE CORE VALUES OF COMPASSION, HOSPITALITY, REVERENCE, TRUST, INTERDEPENDENCY, AND STEWARDSHIP, CONTINUES TO PROVIDE HIGH QUALITY HEALTHCARE SERVICES TO RESIDENTS OF HUNTINGTON, WEST VIRGINIA AND THE SURROUNDING AREA. SERVICES ARE PROVIDED WITHOUT REGARD TO THE PATIENT'S RACE, CREED, SEX, NATIONAL ORIGIN, AGE, OR HANDICAP. FURTHERMORE, WHILE REIMBURSEMENT FOR CARE PROVIDED IS CRUCIAL TO THE CONTINUED OPERATION OF ST. MARY'S MEDICAL CENTER, IT IS RECOGNIZED THAT CIRCUMSTANCES EXIST WHICH RENDER CERTAIN PARTIES UNABLE TO PAY FOR NEEDED SERVICES, AND NO PATIENT IS DENIED SERVICES DUE TO THE LACK OF ABILITY TO PAY. DURING THE FISCAL YEAR WHICH ENDED SEPTEMBER 30, 2009, ST. MARY'S MEDICAL CENTER PROVIDED 96,718 DAYS OF INPATIENT CARE TO 16,286 PATIENTS AND TREATED AN ADDITIONAL 259,357 PATIENTS IN THE EMERGENCY AND OUTPATIENT SETTINGS. APPROXIMATELY SEVENTY-ONE PERCENT OF THE INPATIENTS SERVED WERE COVERED BY GOVERNMENTAL PROGRAMS, SUCH AS MEDICARE AND MEDICAID. A SIMILAR PERCENTAGE IS APPLICABLE TO OUTPATIENT SERVICES. SINCE CARE PROVIDED TO MEDICARE AND MEDICAID

BENEFICIARIES IS SUBJECT TO CONTRACTUAL REIMBURSEMENT RESTRICTIONS, PAYMENT RECEIVED FOR SERVICES PROVIDED IS OFTEN SIGNIFICANTLY BELOW THE ACTUAL COST OF THE SERVICES. ST. MARY'S MEDICAL CENTER HAS ESTABLISHED CHARITY CARE POLICIES AND GUIDELINES, USED TO HELP IDENTIFY THOSE PATIENTS WHO GENUINELY DO NOT HAVE THE RESOURCES TO PAY FOR SERVICES RECEIVED. DURING FISCAL 2009, THE HOSPITAL PROVIDED APPROXIMATELY $10.1 MILLION DOLLARS IN CHARITY CARE SERVICES, REPRESENTING CARE PROVIDED AT REDUCED PRICES OR COMPLETELY FREE OF CHARGE. THESE SERVICES INCLUDE INPATIENT SERVICES, AN ADULT OUTPATIENT CLINIC, A HANDICAPPED CHILDREN'S CLINIC, AND A SPECIALTY PREGNANCY CLINIC. ALSO, ST. MARY'S MEDICAL CENTER EXCEEDS THE GUIDELINES ESTABLISHED FOR THE WEST VIRGINIA AD VALOREM STATUTE. IN ADDITION TO THOSE PATIENTS WITHOUT THE
WHEREWITHAL TO PAY FOR SERVICES RENDERED, WE ASSIST IN THE RELIEF OF BURDEN OF GOVERNMENT FOR SEVERAL PROGRAMS. A STRONG AUXILIARY ORGANIZATION EXISTS, WHICH CONTRIBUTES HEAVILY TO ACTIVITIES OF ST.
MARY'S MEDICAL CENTER. DURING FISCAL 2009, THE AUXILIARY MADE CASH DONATIONS OF APPROXIMATELY $600,000. IN ADDITION, VOLUNTEERS PROVIDED OVER 41,000 HOURS OF SERVICE VALUABLE TO PROMOTING THE MISSION AND ACTIVITIES OF THE HOSPITAL. ST. MARY'S MEDICAL CENTER ALSO RECOGNIZES THAT CARRYING OUT ITS MISSION OF COMMUNITY SERVICE IS NOT CONFINED TO THE WALLS OF THE HOSPITAL'S BUILDINGS

FORM 990, PART III - PROGRAM SERVICES

AND THAT THERE ARE RESIDENTS IN NEED OF SERVICES WHO MAY NEVER BE A REGISTERED PATIENT OF THE HOSPITAL. IN MEETING THE NEEDS OF THESE INDIVIDUALS AND GROUPS, ST. MARY'S MEDICAL CENTER PROVIDES OR PARTICIPATES IN NUMEROUS EDUCATIONAL ACTIVITIES, SUPPORT GROUPS AND
HEALTH SCREENINGS AND PROVIDES HUMAN RESOURCES, AS APPROPRIATE, TO SUPPORT OTHER CHARITABLE ORGANIZATIONS. A SUMMARY OF THESE COMMUNITY SERVICES AS PREPARED BY THE HOSPITAL'S MISSION INTEGRATION DEPARTMENT FOR THE CATHOLIC HEALTH ASSOCIATION, IS ATTACHED.

7/10/2010
St. Mary's Medical Center
Executive Summary Including Non Community Benefit (Medicare and Bad Debt)
For period from 10/1/2008 through 9/30/2009

	Persons	Benefits
Community Health Improvement Services (A)		
Community Health Education (A1)	13,294	88,113
****** Community Health Improvement Services**	13,294	88,113
Health Professions Education (B)		
Physicians/Medical Students (B1)	0	4,291,021
Nurses/Nursing Students (B2)	0	3,664,928
Other Health Professional Education (B3)	0	1,422,806
Scholarships/Funding for Professional Education (B4)	0	163,763
****** Health Professions Education**	0	9,542,518
Subsidized Health Services (C)		
Emergency and Trauma Services (C1)	0	4,377,370
****** Subsidized Health Services**	0	4,377,370
Financial and In-Kind Contributions (E)		
Cash Donations (E1)	0	323,673
In-kind Donations (E3)	569	2,448
Cost of Fundraising for Community Programs (E4)	500	3,362
****** Financial and In-Kind Contributions**	1,069	329,483
Community Building Activities (F)		
Other (F9)	0	42,000
****** Community Building Activities**	0	42,000
Traditional Charity Care		
Traditional Charity Care	2,959	4,783,449
****** Traditional Charity Care**	2,959	4,783,449
Government Sponsored Health Care		
Unpaid Cost of Medicaid	0	14,595,038
****** Government Sponsored Health Care**	0	14,595,038
Totals - Community Benefit	17,322	33,757,971
Totals Including Medicare and Bad Debt	17,322	33,757,971

7/10/2010
St. Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

			Monetary Inputs			Outputs
	Title / Description	User	Expenses	Offsets	Benefit	Persons
	Community Partnerships					
9/30/09	PATH Project	pgarren	10,000	0	10,000	Unknown
8/1/09	SMMC Triathalon	pgarren	10,000	0	10,000	Unknown
8/1/09	SMMC Kids Try-Athalon	pgarren	2,000	0	2,000	Unknown
4/18/09	AHA Start Heart Walk	pgarren	20,000	0	20,000	Unknown
	Totals Community Partnerships		**42,000**	**0**	**42,000**	**Unknown**
	Community Presentations					
9/18/09	Coaches Clinic	pgarren	0	0	0	14
8/25/09	My Back Hurts!	pgarren	25	0	25	18
4/21/09	Stroke Risk Assessments/ Stroke Info	pgarren	15	0	15	25
4/21/09	Working Woman's Luncheon	pgarren	10	0	10	50
3/31/09	Community Stroke Awareness	pgarren	10	0	10	20
12/31/08	Transportation Injury Prevention and Saf	pgarren	46,427	13,733	32,694	4,556
12/8/08	Heritage Nursing Home and Rehab	pgarren	25	0	25	20
12/8/08	Huntington Rotary	pgarren	10	0	10	45
11/10/08	AARP Meeting	pgarren	50	0	50	65
10/1/08	Healthy Heart Presentation	pgarren	194	245	(51)	350
	Totals Community Presentations		**46,766**	**13,978**	**32,788**	**5,163**
	Community Presentations/Disease Education					
9/21/09	World Alzheimer' Day	pgarren	0	0	0	8
5/19/09	Dining With Diabetes	pgarren	0	0	0	30
2/24/09	Stroke Awareness Presentation	pgarren	25	0	25	20
2/24/09	Stroke Awarneness Presentation	pgarren	10	0	10	9
1/8/09	Stroke Awareness Presentation	pgarren	183	0	183	90
	Totals Community Presentations/Disease Educatio		**218**	**0**	**218**	**157**
	Fundraisers for non-profit organizations/needy families					
9/30/09	Ebenezer	pgarren	0	0	0	100
3/30/09	Staff members husband killed	pgarren	0	0	0	3
3/12/09	Red Cross Blood Drive	pgarren	750	0	750	76
12/30/08	Helping Needing Family for christmas	pgarren	0	0	0	11
12/16/08	Donation to the food bank	pgarren	0	0	0	125
12/8/08	Mitten Tree	pgarren	0	0	0	110
11/21/08	Adopted Needy Family for Thanksgiving	pgarren	0	0	0	5
10/25/08	Faith Mission	pgarren	100	0	100	Unknown
10/1/08	Red Cross Blood Drive	pgarren	2,512	0	2,512	70
	Totals Fundraisers for non-profit organizations		**3,362**	**0**	**3,362**	**500**
	Health Fairs/Screenings/Programs					
9/26/09	New Life Church Health Fair	pgarren	182	0	182	5
9/26/09	SMMC Diabetic Health Screening	pgarren	948	0	948	29
9/26/09	Health Fair, New Life Victory Church	pgarren	652	0	652	26
9/26/09	Health Fair, New Life Church	pgarren	115	0	115	10
9/26/09	New Life Victory Church Blanket Drive an	pgarren	383	0	383	10
9/26/09	Joslin Open House/Screening	pgarren	213	0	213	30
9/16/09	Health Fair, Pepso Distribution Center	pgarren	240	0	240	25
9/16/09	Health Fair, Guyan Country Club	pgarren	0	0	0	20
9/16/09	Health Fair, Pepsi Plant	pgarren	829	0	829	25
9/16/09	Pepsi Health Fair	pgarren	174	0	174	25
9/11/09	Annual Prostate Cancer Screening	pgarren	1,607	0	1,607	13

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St Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

			Monetary Inputs			Outputs
Title / Description		User	Expenses	Offsets	Benefit	Persons
8/30/09	Health Fair	pgarren	670	0	670	42
8/29/09	Health Fair, Valley of Decison Church	pgarren	2,199	0	2,199	114
8/29/09	Health Fair, Valley Decision Chrch	pgarren	42	0	42	70
8/15/09	Health Fair, Kemp Family Medical	pgarren	1,194	0	1,194	55
8/15/09	Kemp Health Fair	pgarren	84	0	84	Unknown
8/15/09	Kemp Health Fair	pgarren	153	0	153	26
8/15/09	Kemp Medical Center Health Fair	pgarren	0	0	0	26
8/15/09	Kemp Medical Center Health Fair	pgarren	0	0	0	26
8/15/09	Health Fair	pgarren	42	0	42	30
8/12/09	Free Lab Tests	pgarren	2,000	0	2,000	15
8/11/09	WV Dept of Highways Employee Health Fair	pgarren	150	0	150	1
7/28/09	Huntington Health and Wellness Health Fa	pgarren	111	0	111	50
7/28/09	Health Fair, Barnett Center (Weed & Seed	pgarren	575	0	575	22
7/28/09	Barnett Center Health Fair	pgarren	151	0	151	30
7/28/09	Health Fair, Barnett Center	pgarren	15	0	15	15
7/28/09	Barnett Child Care Center	pgarren	0	0	0	1
7/28/09	Barnett Child Care Health fair	pgarren	115	0	115	20
7/18/09	Health Far, WYNGATE	pgarren	134	0	134	1
7/18/09	Health Fair, Wyngate	pgarren	856	0	856	38
7/18/09	Wyngate Annual Health Fair	pgarren	213	0	213	30
7/18/09	Health Fair, Wyngate	pgarren	144	0	144	10
7/18/09	Wyngate Health Fair	pgarren	211	0	211	30
7/18/09	Health Fair, Wyngate	pgarren	0	0	0	30
7/15/09	Health Fair, Wayne DHHR	pgarren	171	0	171	18
6/30/09	Ironton Cummunity Health Fair	pgarren	91	0	91	1
6/30/09	Ironton Health Fair	pgarren	505	0	505	32
6/30/09	Ironton Community health Fair	pgarren	0	0	0	1
6/30/09	Ironton Health Fair	pgarren	377	0	377	30
6/25/09	Health Fair, Chick-Fil-A	pgarren	419	0	419	18
6/25/09	Health Fair, Chick-Fil-A	pgarren	115	0	115	6
6/25/09	Health Fair Chick-Fil-A	pgarren	0	0	0	6
6/25/09	Health Fair , Chick-Fil-A	pgarren	0	0	0	6
6/20/09	HIMG Health Fair	pgarren	148	0	148	2
6/20/09	Health Fair, HIMG	pgarren	3,267	0	3,267	97
6/20/09	HIMG Health Fair	pgarren	213	0	213	54
6/20/09	HIMG Health Fair	pgarren	147	0	147	100
6/20/09	HIMG Health Fair	pgarren	101	0	101	1
6/20/09	HIMG Health Fair	pgarren	134	0	134	36
6/20/09	HIMG Health Fair	pgarren	556	0	556	100
6/2/09	American Cancer Society Meeting	pgarren	0	0	0	30
5/15/09	Vaccine Donation	pgarren	1,900	0	1,900	100
5/13/09	HIMG Health Fair	pgarren	104	0	104	10
5/11/09	AAPR Health Fair	pgarren	58	0	58	170
5/11/09	AARP Health Screening	pgarren	124	0	124	75
5/5/09	Skin Cancer Screening	pgarren	155	0	155	94
5/3/09	family Health & Wellness Expo Health Fai	pgarren	114	0	114	1,000
5/3/09	Big Sandy Arena Magic Family Health Expo	pgarren	0	0	0	30
5/3/09	Magic Family Expo	pgarren	115	0	115	30
4/21/09	Health Fair, WKEE Womans's Expo	pgarren	1,544	0	1,544	73
3/31/09	Cox Landing Elem Screening	pgarren	350	0	350	35
3/30/09	Healthy Heart	pgarren	150	0	150	16
3/28/09	Health Fair, Lawrence Co MRDD Chilifest	pgarren	0	0	0	100

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St Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

			Monetary Inputs			Outputs
Title / Description		User	Expenses	Offsets	Benefit	Persons
3/28/09	Health Fair, Coal Grove High School	pgarren	1,180	0	1,180	91
3/26/09	Home Safety In-service to Senior Citizen	pgarren	0	0	0	60
3/21/09	Cox Landing UM Church Health Fair	pgarren	0	0	0	18
3/2/09	Central City Elem Screening	pgarren	400	0	400	40
3/1/09	Milton Elem Screenig	pgarren	1,000	0	1,000	100
2/12/09	Health Fair, Fairland West Elem	pgarren	100	0	100	75
2/10/09	Nichols Elem Screening	pgarren	250	0	250	25
2/9/09	Highlawn Elem Screening	pgarren	400	0	400	40
2/4/09	Health Fair, Heart Center	pgarren	3,139	0	3,139	211
2/4/09	SMMC Employee Health Fair	pgarren	0	0	0	300
2/4/09	SMMC Employee Health Fair	pgarren	147	0	147	Unknown
1/30/09	Meadows Elem Screening	pgarren	250	0	250	30
1/27/09	Employee Benefit Day, VA Medical Center	pgarren	0	0	0	300
1/26/09	Spring Hill Elem Screening	pgarren	400	0	400	50
12/18/08	Chesapeake Middle School Screening	pgarren	1,800	5,250	(3,450)	300
12/10/08	Heart Champions	pgarren	7,648	0	7,648	16
12/6/08	Health Fair, Huntington Arts & Craft Sho	pgarren	155	0	155	Unknown
12/6/08	Lions Club Health Fair	pgarren	5,186	0	5,186	209
12/6/08	Lions Club Arts & Craft Fair	pgarren	0	0	0	45
12/6/08	lions Club Arts & Crafts Show	pgarren	172	0	172	82
12/6/08	Lion's Club Arts & Craft Festival	pgarren	556	0	556	207
12/4/08	Altizer Elem Screening	pgarren	0	0	0	25
11/21/08	Health Fair, Central City Elementary	pgarren	378	0	378	14
11/20/08	Highlawn Elem Health Fair	pgarren	120	0	120	100
11/20/08	Chesapeake Elem Health Talk	pgarren	70	0	70	100
11/19/08	Martha Elem Screening	pgarren	500	0	500	55
11/14/08	Village of Barboursville Screening	pgarren	850	0	850	100
11/14/08	Health Talk at 14th St W Boys/Girls Clu	pgarren	70	0	70	20
11/13/08	Employee Benefits Day	pgarren	0	0	0	350
11/13/08	Health Talk at Westmoreland Boys/Girls C	pgarren	32	0	32	45
11/13/08	Southside Elem Screening	pgarren	500	0	500	60
11/13/08	Ona Heart Screening	pgarren	525	1,000	(475)	70
11/12/08	Health Talk at Guyandotte Boys/Girls Clu	pgarren	80	0	80	80
11/8/08	Health Fair, Heart Center	pgarren	1,343	0	1,343	39
11/8/08	Community Health Fair and Screening	pgarren	0	0	0	45
11/8/08	Joslin Diabetes Health Fair	pgarren	134	0	134	25
11/8/08	Diabetes Health Fair	pgarren	231	0	231	19
11/5/08	Culloden Elem Screening	pgarren	275	0	275	30
11/1/08	Oral Cancer Screening	pgarren	0	0	0	40
11/1/08	Oral Cancer Screening	pgarren	766	0	766	37
10/27/08	Davis Creek Elem Screening	pgarren	400	640	(240)	40
10/24/08	Salt Rock Screening	pgarren	470	720	(250)	50
10/18/08	Health Fair, Sugar Creek Academy	pgarren	847	0	847	26
10/18/08	Sugar Creek Missionary Academy	pgarren	0	0	0	20
10/18/08	Health Fair	pgarren	178	0	178	20
10/18/08	Sugar Creek Chnstian Academy Health Fai	pgarren	125	0	125	20
10/18/08	Sugar Creek Health Fair	pgarren	115	0	115	20
10/18/08	Sugar Creek Health Fair	pgarren	56	180	(124)	12
10/14/08	Symmes Valley Screening	pgarren	344	595	(251)	35
10/11/08	Health Fair, Civic Center	pgarren	3,723	0	3,723	173
10/11/08	Herald Dispatch Health Expo	pgarren	0	0	0	50
10/11/08	Wellness Fair, Big Sandy Super Arena	pgarren	295	0	295	70

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St. Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

			Monetary Inputs			Outputs
	Title / Description	User	Expenses	Offsets	Benefit	Persons
10/11/08	Herald Dispatch Wellness	pgarren	153	0	153	60
10/6/08	Health Fair, Guyan Country Club	pgarren	0	0	0	20
10/6/08	Health Fair, Guyan Golf Club	pgarren	480	0	480	20
10/6/08	St Mary's Foundation Golf Tournament	pgarren	0	0	0	22
10/4/08	Health Fair, Super Value	pgarren	1,336	0	1,336	54
10/4/08	Super Value Health Fair	pgarren	89	0	89	45
10/4/08	Super Value Health Fair	pgarren	0	0	0	45
10/4/08	Super Value Health Fair	pgarren	0	0	0	30
10/4/08	Super Value Health Fair	pgarren	115	0	115	45
	Totals Health Fairs/Screenings/Programs		**62,643**	**8,385**	**54,258**	**7,501**
	Health Professional Education					
9/30/09	Educational Training- Management offsite	pgarren	16,045	0	16,045	Unknown
9/30/09	Physician/Medical Education	pgarren	4,274,976	0	4,274,976	Unknown
	Totals Health Professional Education		**4,291,021**	**0**	**4,291,021**	**Unknown**
	In-Kind Donations					
9/30/09	Tude Feeding Donation	pgarren	94	0	94	4
9/1/09	Tube Feeding Donation	pgarren	219	0	219	10
7/31/09	Tube Feeding Donation	pgarren	165	0	165	7
7/15/09	Donation	pgarren	59	0	59	50
7/1/09	Tude Feeding Donation	pgarren	362	0	362	14
6/16/09	Donation	pgarren	31	0	31	60
6/1/09	Tube Feeding Donation	pgarren	168	0	168	8
5/16/09	Donation	pgarren	31	0	31	50
2/2/09	Tube Feeding Donation	pgarren	277	0	277	10
1/2/09	Tube Feeding Donation	pgarren	283	0	283	16
12/1/08	Tube Feeding Donation	pgarren	205	0	205	11
11/17/08	Donation	pgarren	15	0	15	300
10/30/08	Tube Feeding Donation	pgarren	254	0	254	14
10/2/08	Tube Feeding Donation	pgarren	285	0	285	15
	Totals In-Kind Donations		**2,448**	**0**	**2,448**	**569**
	Nursing Education					
9/30/09	Nurse/Nursing Students	pgarren	3,664,928	0	3,664,928	Unknown
	Totals Nursing Education		**3,664,928**	**0**	**3,664,928**	**Unknown**
	Scholarships					
9/30/09	Professional Education	pgarren	163,763	0	163,763	Unknown
	Totals Scholarships		**163,763**	**0**	**163,763**	**Unknown**
	Sponsorships					
9/30/09	Greater Huntington Park Board	pgarren	500	0	500	Unknown
9/30/09	Marshall Artists Series	pgarren	10,000	0	10,000	Unknown
9/30/09	Scott Orthopedic Center	pgarren	500	0	500	Unknown
9/30/09	Chili Willi's	pgarren	5,000	0	5,000	Unknown
9/30/09	Big Sandy Superstore Arena	pgarren	1,200	0	1,200	Unknown
9/30/09	Rahall Transportation Institute	pgarren	10,000	0	10,000	Unknown
8/31/09	Ponderosa Elementary School	pgarren	250	0	250	Unknown
8/31/09	MU Quarterback Club	pgarren	200	0	200	Unknown
8/31/09	WV Kids Count Fund	pgarren	1,000	0	1,000	Unknown
8/31/09	WV Center for Nursing	pgarren	5,000	0	5,000	Unknown

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St. Mary's Medical Center

Occurrences - Selected Activities

For period from 10/1/2008 through 9/30/2009

			Monetary Inputs			Outputs
Title / Description		User	Expenses	Offsets	Benefit	Persons
7/31/09	Family Medicine Foundation	pgarren	2,500	0	2,500	Unknown
7/31/09	Health Huntington org	pgarren	11,500	0	11,500	Unknown
7/31/09	Ironton-Lawrence Co Area	pgarren	2,000	0	2,000	Unknown
7/31/09	Enc Fossell	pgarren	140	0	140	Unknown
7/31/09	Huntington Museum of Art	pgarren	5,000	0	5,000	Unknown
6/30/09	American Red Cross	pgarren	1,000	0	1,000	Unknown
6/30/09	Greater Huntington Park Board	pgarren	500	0	500	Unknown
6/30/09	Huntington Regional Chamber of Commerce	pgarren	500	0	500	Unknown
6/30/09	Huntington Outdoor Theater	pgarren	500	0	500	Unknown
6/30/09	Kellogg Elementary	pgarren	500	0	500	Unknown
6/30/09	Huntington Area Habitat for Humanity	pgarren	5,000	0	5,000	Unknown
6/30/09	West Virginia University	pgarren	1,000	0	1,000	Unknown
6/30/09	Marshall Global Medical	pgarren	1,000	0	1,000	Unknown
6/30/09	World Changers of Huntingotn	pgarren	500	0	500	Unknown
5/31/09	Greater Lawrence Co Area Chamber	pgarren	1,200	0	1,200	Unknown
5/31/09	Huntington Symphony Orchestra	pgarren	1,500	0	1,500	Unknown
5/31/09	Ironton Physical Therapy	pgarren	2,500	0	2,500	Unknown
5/31/09	MU Athletic Department	pgarren	250	0	250	Unknown
5/31/09	Huntington Area Habitat for Humanity	pgarren	100	0	100	Unknown
5/31/09	American Lung Association Mid-Atlantic	pgarren	500	0	500	Unknown
5/31/09	Team for WV Children	pgarren	1,800	0	1,800	Unknown
5/31/09	Enc Fossell	pgarren	140	0	140	Unknown
5/31/09	Allegheny Design Works	pgarren	20	0	20	Unknown
5/31/09	Huntington Office Management	pgarren	200	0	200	Unknown
4/30/09	United Way of the River Cities	pgarren	60	0	60	Unknown
4/30/09	American Heart Association	pgarren	13,000	0	13,000	Unknown
4/30/09	Huntington Area Autism	pgarren	500	0	500	Unknown
4/30/09	March of Dimes	pgarren	500	0	500	Unknown
4/30/09	Sixteenth Street Baptist Church	pgarren	25	0	25	Unknown
3/31/09	Big Green Scholarship Foundation	pgarren	2,000	0	2,000	Unknown
3/31/09	Big Brothers Big Sisters	pgarren	1,000	0	1,000	Unknown
3/31/09	Jeffrey George Comfort House	pgarren	150	0	150	Unknown
3/31/09	Troy Brown Fantasy Football	pgarren	1,000	0	1,000	Unknown
3/31/09	Enc Fossell	pgarren	70	0	70	Unknown
3/31/09	Huntington Regional Chamber of Commerce	pgarren	7,500	0	7,500	Unknown
2/28/09	Huntington High School	pgarren	150	0	150	Unknown
2/28/09	Cabell County Public Library	pgarren	700	0	700	Unknown
2/28/09	St. Mary's Regional Heart Ctr	pgarren	105	0	105	Unknown
2/28/09	1st and 10 Foundation	pgarren	1,500	0	1,500	Unknown
2/28/09	1st and 10 Foundation	pgarren	2,500	0	2,500	Unknown
2/28/09	WV Health Occupations	pgarren	1,000	0	1,000	Unknown
2/28/09	Ironton High School	pgarren	300	0	300	Unknown
2/28/09	Hurncan Little League	pgarren	1,200	0	1,200	Unknown
2/28/09	Cabell County Deputy Sheriff	pgarren	250	0	250	Unknown
2/28/09	Developmental Therapy Center	pgarren	100	0	100	Unknown
2/28/09	Fellowship Baptist Church	pgarren	100	0	100	Unknown
2/28/09	Hospice of Huntington	pgarren	10,000	0	10,000	Unknown
2/28/09	Ironton-Lawrence County CAO	pgarren	120,000	0	120,000	Unknown
1/31/09	Alzheimer's Association	pgarren	500	0	500	Unknown
1/31/09	Cabell Midland High School	pgarren	100	0	100	Unknown
1/31/09	Enslow Middle School	pgarren	200	0	200	Unknown
1/31/09	Ironton High School	pgarren	2,500	0	2,500	Unknown

7/10/2010
St. Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

Title / Description	User	Monetary Inputs			Outputs
		Expenses	Offsets	Benefit	Persons
1/31/09 XFC Warriors	pgarren	100	0	100	Unknown
1/31/09 Cabell County Board of Education	pgarren	6,250	0	6,250	Unknown
1/31/09 Huntington Little League	pgarren	8,333	0	8,333	Unknown
12/31/08 Ebeneezer Medical Outreach	pgarren	1,500	0	1,500	Unknown
12/31/08 Huntington Museum of Art	pgarren	2,000	0	2,000	Unknown
12/31/08 St Joseph High School	pgarren	1,000	0	1,000	Unknown
12/31/08 St Joseph High School	pgarren	200	0	200	Unknown
12/31/08 OLBH Foundation	pgarren	600	0	600	Unknown
12/31/08 Dress for Success River Cities	pgarren	250	0	250	Unknown
12/31/08 Highlawn Elementary	pgarren	100	0	100	Unknown
12/31/08 WV Advanced Practice Nurses	pgarren	1,000	0	1,000	Unknown
12/31/08 Swinefest	pgarren	200	0	200	Unknown
12/31/08 Fairland High School	pgarren	100	0	100	Unknown
12/31/08 Fraternal Order of Police	pgarren	200	0	200	Unknown
12/31/08 Ironton Catholic Schools	pgarren	1,000	0	1,000	Unknown
12/31/08 Community Mission Outreach	pgarren	300	0	300	Unknown
11/30/08 Covenant School	pgarren	500	0	500	Unknown
11/30/08 Guyandotte Civil War Day	pgarren	150	0	150	Unknown
11/30/08 Beverly Hills Middle School	pgarren	200	0	200	Unknown
11/30/08 Childrens Place	pgarren	100	0	100	Unknown
11/30/08 Ceredo Volunteer Fire Dept	pgarren	200	0	200	Unknown
11/30/08 MU Fitness Club	pgarren	200	0	200	Unknown
11/30/08 Ebeneezer Community Outreach	pgarren	50,000	0	50,000	Unknown
10/31/08 Huntington High School	pgarren	180	0	180	Unknown
10/31/08 Saturday Night Jamboree	pgarren	500	0	500	Unknown
10/31/08 Huntington Museum of Art	pgarren	3,000	0	3,000	Unknown
10/31/08 Tri State Airport Authority	pgarren	5,000	0	5,000	Unknown
Totals Sponsorships		**323,673**	**0**	**323,673**	**Unknown**
Subsidized Health Services					
9/30/09 Health Net	pgarren	665,239	0	665,239	Unknown
9/30/09 Hosp Outpatient Services	pgarren	3,712,131	0	3,712,131	Unknown
Totals Subsidized Health Services		**4,377,370**	**0**	**4,377,370**	**Unknown**
Support Groups					
9/22/09 Weight Loss Surgery Support Group	pgarren	0	0	0	1
9/18/09 Grief Support Group	pgarren	0	0	0	11
8/25/09 Weight Loss Surgery Support Group	pgarren	25	0	25	2
8/7/09 Grief Support Group	pgarren	0	0	0	8
7/28/09 Weight Loss Surgery Support Group	pgarren	50	0	50	2
7/17/09 Grief support group	pgarren	1	0	1	1
6/19/09 Grief Support Group	pgarren	2	0	2	2
5/19/09 Diabetes Support Group Meetings	pgarren	0	0	0	12
5/14/09 Arthritis Support Group Meeting	pgarren	0	0	0	11
4/28/09 Fibromyalgia Support Group Meeting	pgarren	0	0	0	10
4/26/09 Fibromyalgia Support Group Meeting	pgarren	0	0	0	9
4/21/09 Diabetes Support Group Meetings	pgarren	0	0	0	12
4/9/09 Arthritis Support Group Meeting	pgarren	0	0	0	10
3/24/09 Fibromyalgia Support Group Meeting	pgarren	0	0	0	9
3/20/09 Grief Support Group	pgarren	21	0	21	23
3/17/09 Diabetes Support Group Meetings	pgarren	0	0	0	14
3/12/09 Arthritis Support Group Meeting	pgarren	0	0	0	12

7/10/2010
St Mary's Medical Center
Occurrences - Selected Activities
For period from 10/1/2008 through 9/30/2009

Title / Description	User	Monetary Inputs			Outputs
		Expenses	Offsets	Benefit	Persons
2/24/09 Fibromyalgia Support Group Meeting	pgarren	0	0	0	9
2/20/09 Gnef Support Group	pgarren	18	0	18	21
2/17/09 Diabetes Support Group Meetings	pgarren	0	0	0	12
2/12/09 Arthritis Support Group Meeting	pgarren	0	0	0	9
2/12/09 Arthritis Support Group	pgarren	20	0	20	8
12/18/08 Arthritis Support Group Meeting	pgarren	0	0	0	12
12/16/08 Weight Loss Surgery Support Group	pgarren	150	0	150	25
11/25/08 Weight Loss Surgery Support Group	pgarren	150	0	150	27
11/25/08 Fibromyalgia Support Group Meeting	pgarren	0	0	0	11
11/21/08 Gried Support Group	pgarren	18	0	18	20
11/20/08 Arthritis Support Group Meeting	pgarren	0	0	0	10
11/13/08 Arthritis Support Group Meeting	pgarren	0	0	0	12
11/11/08 Weight Loss Surgery Support Group	pgarren	350	0	350	14
10/29/08 Gnef Support Group	pgarren	19	0	19	60
10/28/08 Weight Loss Surgery Support Group	pgarren	25	0	25	37
10/28/08 Fibromyalgia Support Group Meeting	pgarren	0	0	0	15
10/21/08 Diabetes Support Group Meetings	pgarren	0	0	0	22
Totals Support Groups		**849**	**0**	**849**	**473**
Technician Education					
9/30/09 Technicians	pgarren	1,422,806	0	1,422,806	Unknown
Totals Technician Education		**1,422,806**	**0**	**1,422,806**	**Unknown**
Number of Occurrences 296	**Grand Totals**	**14,401,847**	**22,363**	**14,379,484**	**14,363**

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
UNIVERSITY PHYSICIANS 1600 MEDICAL CENTER DR B501 HUNTINGTON, WV 25701	MEDICAL	2,671,260.
AMERICAN RED CROSS 4 CHASE METROTECH CENTER 7TH FL E BROOKLYN, NY 11245	MEDICAL	3,561,233.
TRISTATE NEUROSCIENCE 2900 FIRST AVE HUNTINGTON, WV 25702	MEDICAL	1,513,731.
BBL CARLTON 900 LEE STREET CHARLESTON, WV 25301	CONSTRUCTION	2,861,971.
NEIGHBORGALL CONSTRUCTION 1216 7TH AVENUE HUNTINGTON, WV 25702	CONSTRUCTION	2,255,498.
TOTAL COMPENSATION		12,863,693.

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	1,113,228.			1,113,228
TOTALS	1,113,228.			1,113,228.

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
ASSETS WHOSE USE IS LIMITED	52,116,664.	51,968,907.	COST
TOTALS	52,116,664.	51,968,907.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: LEASES PAYABLE	
BEGINNING BALANCE DUE	1,627,106.
ENDING BALANCE DUE	812,730.
LENDER: NOTES PAYABLE	
BEGINNING BALANCE DUE	180,971.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,808,077.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	812,730.