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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization ST. MARY'S HEALTH CENTER FOUNDATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 477 N. LINDBERGH BLVD. Room/suite

City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63141

D Employer identification number 43-1552945

E Telephone number (314) 994-7800

G Gross receipts $ 350,318.

F Name and address of principal officer DENNIS A HOLTER
6420 CLAYTON RD ST. LOUIS, MO 63117

H(a) Is this a group return for affiliates? Yes [X] No

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

H(c) Group exemption number ▶ 0928

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.SSMHC.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1990 **M** State of legal domicile MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT ST. MARY'S HEALTH CENTER

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	774,858.	252,388.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-36,998.	35,212.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-63,108.	507.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	674,752.	288,107.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	443,514.	378,774.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	299,319.	271,787.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	87,934.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 124,235.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	157,227.	78,062.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	987,994.	728,623.
19	Revenue less expenses Subtract line 18 from line 12	-313,242.	-440,516.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,904,124.	1,879,921.
21	Total liabilities (Part X, line 26)	246,169.	130,803.
22	Net assets or fund balances Subtract line 21 from line 20	1,657,955.	1,749,118.

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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

▶ June L. Pickett — Signature of officer — Date 11/11/10

▶ JUNE L PICKETT ASSISTANT SECRETARY — Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Donna J Larson, CPA — Date 11/10/10 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BKD, LLP
211 N. BROADWAY, SUITE 600 ST LOUIS, MO 63102-2733

EIN ▶

Phone no ▶ 314-231-5544

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

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

Form **990** (2009)

JSA
9E1010 3 000

3 G17

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

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 $ 420,592. including grants of $ 378,774) (Revenue $ _____)
SEE SCHEDULE O

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 ▶ 420,592.

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10	X	
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: X / No)	12A	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	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 United States? *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 a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	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 lines 24b through 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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *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 sections 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	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 0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		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	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	21		
b	Enter the number of voting members that are independent	1b	16		
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 organization 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	
9	Is there any officer, director, 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*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its 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. ▶ FLO KRAMPER 1195 CORPORATE LAKE ST. LOUIS, MO 63132
314-989-3634

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 Report compensation for the calendar year ending with or within the organization's tax year 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 Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- 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

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(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			
GARY R. WELKER DIRECTOR & CHAIRPERSON	2.00	X		X				0.	0	0.
KRIS PERKINS DIRECTOR	1.00	X						0.	0	0.
BRUCE GIBBS DIRECTOR	.90	X						0.	0	0.
WILLIAM HALEY DIRECTOR	1.00	X						0.	0	0.
THOMAS J. VITALE, MD DIRECTOR	.90	X						0.	593,886.	17,677.
LINDA M. WASH DIRECTOR	.90	X						0.	0	0.
RICHARD WHITING, MD DIRECTOR	1.00	X						0.	54,269.	2,791.
DARREN WETHERS, M.D. DIRECTOR	.90	X						0.	163,320.	13,406.
ROBERT JORDAN DIRECTOR & TREASURER	2.00	X		X				0.	0	0.
DR. STEPHEN KELLY DIRECTOR	1.00	X						0.	318,316.	23,585.
DR. MARY MCLENNAN DIRECTOR	1.00	X						0.	0	0.
NICK WALKER DIRECTOR	1.00	X						0.	0	0.
WILLIAM JENNINGS DIRECTOR	1.00	X						0.	428,764.	71,780.
JOY BRAY DIRECTOR	.90	X						0.	0	0.
SR. BETTY BRUCKER, FSM DIRECTOR	1.00	X						0.	0	0.
GREGORY HOWELL DIRECTOR	1.00	X						0.	0	0.

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			
ROBERT KOESTER DIRECTOR	.90	X						0.	0.	0.
MARY MCMURTREY DIRECTOR	.90	X						0.	0.	0.
DONALD REEVES DIRECTOR	.90	X						0.	0.	0.
ANDRIA SIMCKES DIRECTOR	.90	X						0.	0.	0.
MICHAEL WEST DIRECTOR	.90	X						0.	0.	0.
JUNE L. PICKETT ASSISTANT SECRETARY	.90			X				0.	207,839.	20,718.
BARRY S. NICKELSBERG EXECUTIVE DIRECTOR	40.00			X				0.	92,361.	11,788.
DENNIS HOLTER EXECUTIVE DIRECTOR	40.00			X				0.	19,002.	885.
1b Total ▶								0.	1,877,757.	162,630.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *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
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 43-1552945

		(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 106,387				
	d Related organizations 1d				
	e Government grants (contributions) 1e 11,216				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 134,785				
	g Noncash contributions included in lines 1a-1f $ 12,000				
	h **Total.** Add lines 1a-1f ▶	252,388.			
Program Service Revenue		**Business Code**			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ▶	0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	35,212			35,212
	4 Income from investment of tax-exempt bond proceeds ▶	0			
	5 Royalties ▶	0			
		(i) Real / (ii) Personal			
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶	0			
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶	0			
	8a Gross income from fundraising events (not including $ 106,387 of contributions reported on line 1c) See Part IV, line 18 a 62,718				
	b Less direct expenses b 62,211				
	c Net income or (loss) from fundraising events ▶	507			507
	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 ▶	0			
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory ▶	0			
	Miscellaneous Revenue	**Business Code**			
	11a				
	b				
	c				
	d All other revenue				
	e **Total.** Add lines 11a-11d ▶	0			
	12 **Total Revenue.** See instructions ▶	288,107			35,719

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	378,774.	378,774.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	223,043.	34,277.	113,500.	75,266.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	48,744.	7,541.	24,970.	16,233.
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	2,674.		2,674.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	14,061.		14,061.	
g Other	7,206.		7,206.	
12 Advertising and promotion	7,400.			7,400.
13 Office expenses	31,505.		10,933.	20,572.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	3,232.		3,133.	99.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,164.		1,164.	
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS	4,059.		4,059.	
b MISCELLANEOUS	6,761.		2,096.	4,665.
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	728,623.	420,592.	183,796.	124,235.
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	107,298.	1	184,425.
	2	Savings and temporary cash investments	624,212.	2	0.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 sale or use		8	
	9	Prepaid expenses and deferred charges	1,465.	9	0.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 13,441.			
	b	Less accumulated depreciation — 10b: 13,441.		10c	
	11	Investments - publicly traded securities	1,171,149.	11	1,695,496.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,904,124.	16	1,879,921.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial 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		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	246,169.	25	130,803.
	26	**Total liabilities.** Add lines 17 through 25	246,169.	26	130,803.
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	486,806.	27	942,839.
	28	Temporarily restricted net assets	629,137.	28	263,267.
	29	Permanently restricted net assets	542,012.	29	543,012.
		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	1,657,955.	33	1,749,118.
	34	Total liabilities and net assets/fund balances	1,904,124.	34	1,879,921.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	**Employer identification number**
ST. MARY'S HEALTH CENTER FOUNDATION	43-1552945

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 (For lines 1 through 11, check only one box)

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).**

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).**

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 supported organization(s)

(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	546,007	470,020	457,953	774,858	252,388	2,501,226
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 through 3	546,007	470,020	457,953	774,858	252,388	2,501,226
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)						832,430
6 **Public support.** Subtract line 5 from line 4						1,668,796.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	546,007	470,020	457,953	774,858	252,388	2,501,226
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	182,669	184,017	410,832	58,873	35,212	871,603
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						3,372,829
12 Gross receipts from related activities, etc (see instructions)					12	344,067

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	49.48 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	45.69 %

16a **33 1/3 % support test - 2009.** 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 - 2008.** 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 - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** 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 - 2008.** 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

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

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

2 Complete lines 2a through 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 tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, acces sion, 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 solici t 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 Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custo dian 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 XI V 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 XI V

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	675,293	701,351			
b Contributions	1,000	3,000			
c Net investment earnings, gains, and losses	30,510	-13,095			
d Grants or scholarships					
e Other expenditures for facilities and programs	138,576	15,963.			
f Administrative expenses					
g End of year balance	568,227	675,293			

2 Provide the estimated percentage of the y ear end balance held as

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 95.6000 %
- c Term endowment ▶ 4.4000 %

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

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

4 Describe in Part XIV the intended uses of t he 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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				

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		
Closely-held equity interests		
Other		
Total. *(Column (b) must 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) must 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) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
DUE TO/FROM SMHC	130,803.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	130,803.

2. FIN 48 Footnote 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 Audited Financial Statements

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

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12)*			5	

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

1	Total expenses and losses per audited financial statements			1	
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
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			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18)*			5	

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, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

USE OF ENDOWMENT FUNDS

PART V, LINE 4

ENDOWMENT FUNDS AND THEIR EARNINGS ARE USED TO SUPPORT THE OPERATIONS AND MISSION OF SSM ST MARY'S HEALTH CENTER

FIN 48 FOOTNOTE

PART X, LINE 2

THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN 2009.

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 CONCERT (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	106,205.	62,900.		169,105.
	2 Less Charitable contributions	76,187.	30,200.		106,387.
	3 Gross income (line 1 minus line 2)	30,018.	32,700.		62,718.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,928.	9,485.		20,413.
	7 Food and beverages	10,700.			10,700.
	8 Entertainment				
	9 Other direct expenses	14,972.	16,126.		31,098.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(62,211.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				507.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	13a %		
b	An outside facility	13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ _____			
	Address ▶ _____			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____			
c	If "Yes," enter name and address of the third party			
	Name ▶ _____			
	Address ▶ _____			
16	Gaming manager information			
	Name ▶ _____			
	Gaming manager compensation ▶$ _____			
	Description of services provided ▶ _____			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number

43-1552945

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶[ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S HEALTH CENTER 6420 CLAYTON ROAD ST LOUIS, MO 63117	43-0652681	501(C)(3)	366,971				TO FUND HEALTH CARE
ST MARY'S HEALTH CENTER 6420 CLAYTON ROAD ST LOUIS, MO 63117	43-0652681	501(C)(3)	11,803				TO FUND HEALTH CARE

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 1

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

EXPLANATION OF GRANTS MADE

PART I, LINE 2

ALL REQUESTS FOR ASSISTANCE ARE REVIEWED BY FOUNDATION STAFF TO DETERMINE IF REQUESTS MEET THE CRITERIA OF THE PROGRAMS. DOCUMENTATION SUPPORTING COSTS RELATED TO THE REQUEST IS USUALLY SUBMITTED WITH THE REQUEST.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number

43-1552945

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☐ Compensation committee	☒ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

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) Retirement and other 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)	0.	0.	0.	0.	0.	0.	0.
JUNE L. PICKETT	(ii)	184,185.	0.	23,654.	8,436.	12,282.	228,557.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
THOMAS J. VITALE, MD	(ii)	512,374.	0.	81,512.	0.	17,677.	611,563.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
DARREN WETHERS, M.D.	(ii)	148,211.	0.	15,109.	0.	13,406.	176,726.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
DR. STEPHEN KELLY	(ii)	279,107.	0.	39,209.	16,155.	7,430.	341,901.	0.
	(i)	0.	0.	0.	0.	0.	0.	0.
WILLIAM JENNINGS	(ii)	392,501.	0.	36,263.	50,732.	21,048.	500,544.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(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.

SEVERANCE PAYMENTS OR CHANGE OF CONTROL PAYMENTS

PART I, LINE 4(A)

BARRY NICKELSBERG RECEIVED $7,776.

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS

SCHEDULE J, PART I, QUESTION 4B

PENSION RESTORATION PLAN:

SSM HEALTH CARE ("SSMHC") PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THAT "RESTORES" THE BENEFITS TO HIGHLY COMPENSATED EMPLOYEES THAT WOULD HAVE BEEN PROVIDED UNDER SSMHC'S QUALIFIED PLAN IF THE REGULATIONS DID NOT IMPOSE COMPENSATION LIMITS. AN INDIVIDUAL CAN TAKE A DISTRIBUTION FROM THE PLAN AT (1) AGE 65 OR OLDER IF THE INDIVIDUAL IS STILL EMPLOYED BY SSMHC OR (2) AGE 55 OR OLDER IF THE

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

INDIVIDUAL NO LONGER IS EMPLOYED BY SSMHC.

THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 PARTICIPATED IN THE PLAN BUT DID NOT RECEIVE ANY DISTRIBUTIONS DURING 2009.

STEPHEN KELLY, MD

WILLIAM JENNINGS

CAPITAL ACCUMULATION PLAN:

SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE-LEVEL EMPLOYEES. THE ORGANIZATION CONTRIBUTES A PERCENTAGE OF THE EMPLOYEE'S BASE SALARY INTO THEIR CHOICE OF A SELECT LIST OF INVESTMENTS. THE DEPOSITS AND EARNINGS OF THE PLAN ARE OWNED BY SSMHC AND ARE TAX-DEFERRED UNTIL A DISTRIBUTION IS MADE TO THE EMPLOYEE. IN ADDITION, THE PLAN HAS SPECIAL TRUST SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY.

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

FOR CONTRIBUTIONS MADE TO THE PLAN PRIOR TO 2008, THE DISTRIBUTION DATE WILL BE THE EARLIEST OF THE FOLLOWING EVENTS: (1) A ELECTION TO TAKE A DISTRIBUTION BY AN EMPLOYEE, (2) EMPLOYEE DEATH, (3) TERMINATION OF EMPLOYMENT DUE TO DISABILITY, (4) THE EMPLOYEE'S POSITION IS ELIMINATED, (5) INVOLUNTARY TERMINATION OF EMPLOYMENT WITHOUT CAUSE, OR (6) ANY OTHER TERMINATION OF EMPLOYMENT EXCEPT TERMINATION WITH CAUSE.

FOR CONTRIBUTIONS MADE TO THE PLAN IN 2008 OR AFTER, THE DISTRIBUTION WILL OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE. ANY ACTIVE PARTICIPANT 65 YEARS OLD OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR.

THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 PARTICIPATED IN THE PLAN BUT DID NOT RECEIVE ANY DISTRIBUTIONS DURING 2009.

STEPHEN KELLY, MD

WILLIAM JENNINGS

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.

THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF THE FORM 990 RECEIVED DISTRIBUTIONS FROM THIS PLAN IN 2009. ALL DISTRIBUTIONS RECEIVED FROM THE PLAN IN THE CURRENT YEAR WERE INCLUDED IN THE INDIVIDUALS' TAXABLE COMPENSATION.

JUNE PICKETT $5,811

ATTACHMENT 1

COMMUNITY BENEFIT STATEMENT

FORM 990, PART III SUPPLEMENT

THE COMMUNITY BENEFIT CONTRIBUTION OF SSM ST. MARY'S HEALTH CENTER FOUNDATION INCLUDES PROGRAMS AND ACTIVITIES THAT IMPROVE ACCESS TO HEALTH CARE AND IMPROVE HEALTH IN OUR COMMUNITIES.

IN ORDER TO PORTRAY THE FULL BREADTH OF OUR CONTRIBUTION, OUR COMMUNITY BENEFIT INFORMATION IS DESCRIBED BELOW:

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT - DESCRIBES THE FOUNDATION'S COMMUNITY BENEFIT MISSION, HOW THE MISSION IS TRANSLATED INTO A PROACTIVE APPROACH DESIGNED TO MEET COMMUNITY HEALTH NEEDS, HOW THE FOUNDATION MEETS TAX-EXEMPT REQUIREMENTS, AND A DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS AND SERVICES THAT HIGHLIGHT THE FOUNDATION'S IMPACT ON COMMUNITY HEALTH.

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

1. ORGANIZATIONAL COMMITMENT TO PROVIDING COMMUNITY BENEFIT

A. DESCRIBE THE ORGANIZATION'S MISSION AND PRIMARY EXEMPT PURPOSE.

SINCE IT WAS FOUNDED IN 1872 BY CATHOLIC SISTERS, SSM HEALTH CARE (SSMHC) HAS EXISTED TO MEET THE HEALTH NEEDS OF THE COMMUNITIES IT SERVES. SPONSORED BY THE FRANCISCAN SISTERS OF MARY AND HEADQUARTERED IN ST. LOUIS, MISSOURI, SSMHC OWNS, MANAGES AND IS AFFILIATED WITH 20 HOSPITALS,

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

TWO NURSING HOMES AND HOME HEALTH AGENCIES IN FOUR STATES. THE HEALTH SYSTEM EMPLOYS APPROXIMATELY 22,000 PEOPLE AND IS AFFILIATED WITH MORE THAN 5,400 PHYSICIANS. IN THE TRADITION OF ITS FOUNDING SISTERS, SSMHC STRIVES TO FULFILL ITS MISSION BY PROVIDING EXCEPTIONAL HEALTH CARE TO EVERYONE WHO COMES TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY.

B. SUMMARIZE FOUNDATION'S APPROACH TO PROVIDING COMMUNITY BENEFIT.

THE FOUNDATION SUPPORTS THE PRIORITIES AND STRATEGIC DIRECTION OF THE HEALTH CENTER. FUNDING FOR PROJECTS AND PROGRAMS ARE DETERMINED BY THE FOUNDATION AND HEALTH CENTER LEADERSHIP. IF THE FUNDS BEING DISBURSED ARE BOARD DIRECTED (NOT DONOR DIRECTED) THEN THE BOARD OF TRUSTEES OF THE FOUNDATION GIVES THE FINAL APPROVAL. IF THE FUNDS BEING DISBURSED ARE TEMPORARILY RESTRICTED FUNDS (DONOR DIRECTED) THEN THE FUND DESIGNEE (CHAIR OF THE DEPARTMENT OR DONOR) DESIGNATES THE USE OF THE FUNDS THROUGH A PROJECT/CHECK REQUEST AND THE FOUNDATION'S DIRECTOR APPROVES THE USE OF THE FUNDS IN ACCORDANCE WITH THE FUND PARAMETERS (SEE FOLLOWING EXAMPLE FOR EDUCATION FUNDS.)

2. DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS

WOMEN'S WELLNESS

1) THE EMPOWER AND ENGAGE (E&E) PROGRAM - ESTABLISHED TO HELP BRIDGE THE DISPARITY GAP THAT EXISTED IN HEALTH CARE FOR THE UNDERSERVED AND

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

UNINSURED WOMEN, AGE 40 AND OLDER, RESIDING IN THE GEOGRAPHIC AREAS OF THE CITY OF ST. LOUIS, ST. LOUIS COUNTY AND RURAL MISSOURI AND ILLINOIS. SINCE ITS INCEPTION IN 2001, MORE THAN 1,000 WOMEN HAVE PARTICIPATED IN THE PROGRAM. THIS COMMUNITY-CENTERED APPROACH IS ACCOMPLISHED THROUGH THE FOLLOWING GOALS:

TO PROVIDE FREE MAMMOGRAMS AND BASIC BREAST HEALTHCARE EDUCATION;

TO PROVIDE A NURTURING ENVIRONMENT TO ELIMINATE BARRIERS AND FEAR;

TO PROVIDE NAVIGATIONAL SERVICES;

TO BUILD A COMMUNITY-APPROACH BY ENLISTING THE SERVICES OF COLLABORATING PROGRAMS/ORGANIZATIONS, IN ORDER TO PROVIDE EXCEPTIONAL HEALTHCARE WITH A FULL RANGE OF SERVICES.

2) FERTILITY CARE SERVICES - A COMMUNITY BASED PROGRAM USING PROFESSIONAL INSTRUCTION AND EDUCATION IN NATURAL FAMILY PLANNING BASED ON THE CREIGHTON MODEL FERTILITY CARE SYSTEM (CRMS), A COMPREHENSIVE AND EFFECTIVE NATURAL SYSTEM OF FERTILITY REGULATION THAT ALSO MONITORS AND MAINTAINS A WOMAN'S REPRODUCTIVE HEALTH.

3) SHOW ME HEALTHY WOMEN - A COMMUNITY BASED PROGRAM IN MISSOURI THAT PROVIDES FREE BREAST AND CERVICAL SCREENING SERVICES TO ELIGIBLE LOW-INCOME UNDERINSURED OR UNINSURED MISSOURI WOMEN AGED 35-64.

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

MISSION ASSISTANCE (CHARITY CARE)

THE MISSION ASSISTANCE PROGRAM - PROVIDES FINANCIAL ASSISTANCE FOR PATIENTS WHO CANNOT AFFORD THEIR MEDICATION AND/OR TRANSPORTATION COSTS. THE POPULATION SERVED BY THIS PROGRAM IS THE UNDERSERVED AND UNINSURED POPULATION RESIDING IN THE GEOGRAPHIC AREAS OF THE CITY OF ST. LOUIS, ST. LOUIS COUNTY AND RURAL MISSOURI AND ILLINOIS.

3. LINK TO ADDITIONAL COMMUNITY BENEFIT INFORMATION

ADDITIONAL INFORMATION REGARDING SSMHC'S 2009 COMMUNITY BENEFIT REPORT CAN BE FOUND AT WWW.SSMHC.COM.

MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 6

THE CORPORATE MEMBER IS SSM HEALTH CARE ST. LOUIS

MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 7A

THE MEMBER HAS THE POWER TO APPOINT AND REMOVE BOARD OF DIRECTOR MEMBERS, WITH OR WITHOUT CAUSE, EXCEPT FOR THOSE WHO SERVE EX OFFICIO.

MEMBERS AND STOCKHOLDERS

PART VI, SECTION A, LINE 7B

THE MEMBER HAS THE FOLLOWING POWERS:

(A) TO ESTABLISH AND CHANGE THE PHILOSOPHY OF THE FOUNDATION;

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

(B) TO APPOINT THE BOARD OF TRUSTEES EXCEPT FOR THE TRUSTEES NAMED IN THE ARTICLES OF INCORPORATION FOR THEIR INITIAL TERM AND EXCEPT FOR ANY TRUSTEE WHO SERVES EX OFFICIO, AND TO REMOVE THE TRUSTEES WITH OR WITHOUT CAUSE;

(C) TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE FOUNDATION AS PROVIDED THEREIN;

(D) TO APPROVE THE BYLAWS OF THE FOUNDATION AND ANY AMENDMENTS THERETO;

(E) TO APPROVE THE MERGER, CONSOLIDATION, OR DISSOLUTION OF THE FOUNDATION;

(F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE FOUNDATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME;

(G) TO APPROVE (I) THE ACQUISITION OF REAL PROPERTY OR ANY INTEREST THEREIN OR (II) THE ACQUISITION OF STOCK OF A CORPORATION IF, AFTER THE ACQUISITION, THE FOUNDATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME;

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

(H) TO APPROVE, THE SALE, TRANSFER OR OTHER DISPOSITION ("DISPOSITION") OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE FOUNDATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE FOUNDATION WOULD NOT OWN A MAJORITY OF THE VOTING STOCK OF THE CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME;

(I) TO APPROVE ANY BORROWING OR GUARANTEES OF THE FOUNDATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME;

(J) TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, INVESTMENT, FINANCING, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS; TO REQUIRE THE PARTICIPATION OF THE FOUNDATION IN SUCH PROGRAMS; AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE FOUNDATION IN CONNECTION WITH SUCH PROGRAMS;

(K) TO APPROVE THE ACCEPTANCE OF ANY GIFT OR CONTRIBUTION WHICH, IN CONNECTION THEREWITH, WOULD IMPOSE A CONTINUING OBLIGATION UPON THE FOUNDATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR OTHERWISE, EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED BY THE MEMBER FROM TIME TO TIME; AND

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

(L) TO APPROVE OR REJECT PROPOSALS FOR EXPENDITURES OR CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE IX OF THE BYLAWS IN THE EVENT THE PRESIDENT OF THE HEALTH CENTER AND THE BOARD OF TRUSTEES DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL.

PROCESS FOR REVIEW OF 990

PART VI, SECTION A, LINE 11B

ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE 990. THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION. THE INFORMATION IS THEN SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORMS 990 FROM THE SSMHC INFORMATION. THE OUTSIDE PREPARER CONDUCTS AT LEAST TWO LEVELS OF REVIEW FOR EACH FORM 990. PRIOR TO FINALIZING THE RETURNS, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL. UPON SSMHC APPROVAL, THE OUTSIDE PREPARER FORWARDS THE COMPLETED FORMS 990 TO SSMHC FOR THE APPROPRIATE SIGNATURES AND FILING ACTION. THE GOVERNING BODY RECEIVES A COPY OF THE 990 AFTER THE DOCUMENT IS FILED. THIS PROCESS IS USED BECAUSE OF THE TIMING OF THE BOARD MEETINGS.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12(C)

BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY, AND IT IS USUALLY DONE AT THE ANNUAL BOARD MEETINGS. THE CHAIRPERSONS AND SECRETARIES TO THE BOARDS OVERSEE COMPLIANCE WITH THIS REQUIREMENT.

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE. PERIODICALLY THROUGH THE YEAR, EACH ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR (COI) SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE. RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT EACH ENTITY. THEIR SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END, OFTEN IN CONJUNCTION WITH THE PERFORMANCE REVIEW PROCESS.

PROCESS FOR DETERMINING COMPENSATION

PART VI, SECTION B, LINE 15 EXPLANATION

A. EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH LIKE POSITIONS IN THE MARKET. THIS PROCESS IS DONE BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS. (THE SAME COMPARATIVE PROCESS IS PERFORMED INTERNALLY FOR EMPLOYEES.)

B. THE SALARY DATA AND POTENTIAL ADJUSTMENTS, FOR THE PRESIDENT/CEO OF THE SYSTEM, THE EXECUTIVE VICE PRESIDENT/COO AND THE SENIOR VICE PRESIDENTS, ARE PRESENTED TO THE BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE OR MODIFY.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED

Name of the organization: ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number: 43-1552945

ATTACHMENT 1 (CONT'D)

QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE. SSMHC DOES NOT MAKE THE CONFLICT OF INTEREST POLICY OR GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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
SSM HEALTH CARE CORPORATION 46-6029223N 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	11 - I	N/A
SSM EMPLOYEE HEALTH CARE FUND 43-1328934 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	BENEFIT PLANS	MO	501(C)(9)	N/A	N/A
SSMHCS LIABILITY TRUST I 43-6331003 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	INSURANCE	MO	501(C)(3)	11 - I	N/A
SSM CONSOLIDATED HEALTH SERVICES 43-1473657 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	11 - I	N/A
SSM POLICY INSTITUTE 43-1788151 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(4)	N/A	N/A
SSM PORTFOLIO MANAGEMENT CO. 43-1825256 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MANAGEMENT	MO	501(C)(3)	11 - I	N/A
SSM HEALTH CARE ST. LOUIS 43-1343281 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	3	N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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
SSM SJ ENDOSCOPY, 27-0046559 ST LOUIS, MO 63141	SURGERY SERVICES	MO	N/A	N/A							
SJHK MED CO-MGMT, 26-1895667 ST LOUIS, MO 63141	MANAGEMENT	MO	N/A	N/A							
SSM/CDI IMAGING, 26-3791858 BRIDGETON, MO 63044	IMAGING SERVICES	MO	N/A	N/A							
SSM SELECT REHAB, 26-3694972 MECHANICSBURG, PA 17055	HEALTH CARE	MO	N/A	N/A							
SA MT AMB SURG, 73-1528341 OKLAHOMA CITY, OK 73103	SURGERY SERVICES	OK	N/A	N/A							
B&J HOSPITAL, 76-0828314 OKLAHOMA CITY, OK 73103	HEALTH CARE	OK	N/A	N/A							
B&J MB OFF BUILD, 73-1533449 OKLAHOMA CITY, OK 73103	MOB	OK	N/A	N/A							

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
SSM MANAGED CARE ORGANIZATION, LLC 43-1708511 477 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH PROMOTION	MO	N/A	C			
FPP, INC 43-1465174 477 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
DIVERSIFIED HEALTH SERVICES CORP 43-1369305 477 N LINDBERGH BLVD ST LOUIS, MO 63141	MEDICAL EQUIPMENT	MO	N/A	C			
SSM CARDIO AND THORACIC SERVICES, INC 26-0286559 477 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
SSM PROPERTIES, INC 43-1462486 477 N LINDBERGH BLVD ST LOUIS, MO 63141	PROPERTY SERVICES	MO	N/A	C			
SSM DEPAUL MEDICAL GROUP INC 43-1715106 477 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
SSM ST CHARLES CLINIC MED GROUP INC 43-0626408 477 N LINDBERGH BLVD ST LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C			

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

			Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(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	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization
ST. MARY'S HEALTH CENTER FOUNDATION

Employer identification number
43-1552945

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **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
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL 43-0738490 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	3	N/A
GLENNON HOSPITAL GUILD 43-1030299 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	9	N/A
CARDINAL GLENNON CHILDREN'S FOUNDATION 43-1754347 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
SSM DEPAUL HEALTH CENTER FOUNDATION 43-1776109 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
SSM REHAB FOUNDATION 43-1544988 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
SSM ST. JOSEPH FOUNDATION 43-1591556 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
ST. CLARE HEALTH CENTER FOUNDATION 43-1273310 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
SSM HEALTH CARE OF OKLAHOMA, INC. 73-0657693 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	OK	501(C)(3)	3	N/A
LEE DEWEY CORPORATION 73-1279603 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MOB	OK	501(C)(3)	11 - I	N/A
ST. ANTHONY HOSPITAL FOUNDATION, INC. 73-6104300 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	OK	501(C)(3)	7	N/A
SSM HEALTH CARE OF WISCONSIN, INC. 43-0688874 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	WI	501(C)(3)	3	N/A
DELLS MEDICAL BUILDING, INC. 39-1613292 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MOB	WI	501(C)(2)	N/A	N/A
ST. MARY'S HOSPITAL AUXILIARY 23-7083559 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	WI	501(C)(3)	11 - III-FI	N/A
ST. MARY'S FOUNDATION, INC. 43-1940686 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	WI	501(C)(3)	7	N/A
ST. CLARE HEALTH CARE FOUNDATION, INC. 43-1940683 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	WI	501(C)(3)	7	N/A
HOME HEALTH UNITED, INC. 39-1539827 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WI	501(C)(3)	9	N/A
HOME CARE UNITED, INC. 39-1776340 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WI	501(C)(3)	9	N/A
HHU XTRA CARE, INC. 39-1705111 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WI	501(C)(3)	9	N/A

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
SSM REGIONAL HEALTH SERVICES 44-0579850 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	3	N/A
ST. FRANCIS HOSPITAL FOUNDATION 43-1099253 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
ST. MARY'S HEALTH CENTER FOUNDATION 43-1575307 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	11 - II	N/A
GOOD SAMARITAN REGIONAL HEALTH CENTER 43-0653587 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	IL	501(C)(3)	3	N/A
ST. MARY'S HOSPITAL 37-0662580 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	IL	501(C)(3)	3	N/A
CENTRALIA MEDICAL SERVICES BUILD. ASSOC. 23-7408025 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	IL	501(C)(3)	11 - II	N/A
ST. MARY'S - GOOD SAMARITAN, INC. 36-4170833 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	IL	501(C)(3)	11 - I	N/A
GOOD SAMARITAN REG. HEALTH CENTER FOUND. 26-2884795 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	IL	501(C)(3)	7	N/A
ST. MARY'S HOSPITAL FOUNDATION 36-4636691 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	IL	501(C)(3)	7	N/A
SSM HEALTH BUSINESSES 43-1333488 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	501(C)(3)	3	N/A
SSM HOSPICE & HOME CARE FOUNDATION 30-0012246 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MO	501(C)(3)	7	N/A
FRANCISCAN SISTERS OF MARY 43-1012492 1100 BELLEVUE AVE. ST. LOUIS, MO 63117	RELIGIOUS OR	MO	501(C)(3)	1	N/A

43-1552945

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
B&J MANAGEMENT, 36-4645813 OKLAHOMA CITY, OK 73102	MANAGEMENT	OK	N/A	N/A							
WIITTS, LLC, 39-2016715 MADISON, WI 53713	MED INF SYSTEMS	WI	N/A	N/A							
SHARED IMAGING, 39-1971378 PRAIRIE DU SAC, WI 53578	DIAG SERVICES	WI	N/A	N/A							
SC IMAGING, 20-0122365 BARABOO, WI 53913	DIAG SERVICES	WI	N/A	N/A							
MEADOW RIDGE, 39-1991403 BARABOO, WI 53913	ASST LIVING	WI	N/A	N/A							
DEAN HEALTH HOLD, 26-1594709 MADISON, WI 53717	IT SERVICES	WI	N/A	N/A							
NAVITUS HEALTH SOL, 04-3608530 MADISON, WI 53717	DRUG PROVIDER	WI	N/A	N/A							
MV RAD THERAPY, 20-1382620 ST LOUIS, MO 63141	RADIATION THERAPY	IL	N/A	N/A							
SLEEP/NEURO SO IL, 20-8468195 ST LOUIS, MO 63141	DIAG SERVICES	IL	N/A	N/A							
SMHC SURG CO-MGMT, 20-8929305 JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A							
SMHC CARD CO-MGMT, 20-8929381 JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A							
SMHC MUSC CO-MGMT, 20-8929237 JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A							
CHOW/SMGSI, 37-1383861 ST LOUIS, MO 63141	MOB	MO	N/A	N/A							
COMP CANCER CARE, 20-1382727 ST LOUIS, MO 63141	MOB	IL	N/A	N/A							
CLASSEN ASSOCIATES, 73-1158158 OKLAHOMA CITY, OK 73103	MOB	OK	N/A	N/A							
M&C REALTY, 62-1851447 WENTZVILLE, MO 63385	MOB	MO	N/A	N/A							
SURG CNTR MW CITY, 23-2697171 MIDWEST CITY, OK 73110	SURGERY SERVICES	OK	N/A	N/A							

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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
SSM WELLBRIDGE, 43-1794814 DENVER, CO 80290	FITNESS CENTER	MO	N/A	N/A							
MIA AT ST CHARLES, 42-2125740 ST CHARLES, MO 63301	DIAG SERVICES	MO	N/A	N/A							
MEADOW RIDG MEMORY, 20-3163929 BARABOO, WI 53913	HEALTH CARE	WI	N/A	N/A							
SSM BER-EK IMAGING, 20-5039552 ST LOUIS, MO 63141	IMAGING SERVICES	MO	N/A	N/A							
HPI-OKC, LLC, 20-5144487 OKLAHOMA CITY, OK 73134	HEALTH CARE	OK	N/A	N/A							
VASCULAR INSTITUTE DP, 20-5511 BRIDGETON, MO 63044	VASCULAR CLINIC	MO	N/A	N/A							
SSM SC SURG CNTR, 26-1439695 ST LOUIS, MO 63141	SURGERY SERVICES	MO	N/A	N/A							

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
HEALTH FIRST PHYS MANAGEMEN 73-1534336 477 N LINDBERGH BLVD ST LOUIS, MO 63141	MEDICAL SERVICES	MO	N/A	C			
SSMHCS LIABILITY TRUST II 81-6128118 477 N LINDBERGH BLVD ST LOUIS, MO 63141	INSURANCE	MO	N/A	C			
SSM NEUROSCIENCES, INC 26-3413981 477 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
SSM MEDICAL GROUP INC 43-1664107 477 N LINDBERGH BLVD ST LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C			
SSMHC INSURANCE COMPANY 03-0310431 477 N LINDBERGH BLVD ST LOUIS, MO 63141	INSURANCE	CA	N/A	C			

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)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(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 on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ X
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)* Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	**Employer identification number**
File by the due date for filing your return See instructions	ST. MARY'S HEALTH CENTER FOUNDATION	43-1552945
	Number, street, and room or suite no If a P O box, see instructions 477 N. LINDBERGH BLVD.	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST. LOUIS, MO 63141	

Check type of return to be filed (file a separate application for each return)

X	Form 990	☐	Form 990-T (corporation)	☐	Form 4720
☐	Form 990-BL	☐	Form 990-T (sec 401(a) or 408(a) trust)	☐	Form 5227
☐	Form 990-EZ	☐	Form 990-T (trust other than above)	☐	Form 6069
☐	Form 990-PF	☐	Form 1041-A	☐	Form 8870

- The books are in the care of ▶ FLO KRAMPER

Telephone No ▶ 314 989-3634 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . ▶ ☐ . If it is for part of the group, check this box . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2010, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ X calendar year 2009 or
▶ ☐ tax year beginning _____, _____, and ending _____, _____

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance Due.** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ X

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return See instructions	ST. MARY'S HEALTH CENTER FOUNDATION	43-1552945
	Number, street, and room or suite no If a P O box, see instructions 477 N. LINDBERGH BLVD.	For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions ST. LOUIS, MO 63141	

Check type of return to be filed (File a separate application for each return)

X Form 990	Form 990-PF	Form 1041- A	Form 6069
Form 990-B L	Form 990-T (sec. 401(a) or 408(a) tr ust)	Form 4720	Form 8870
Form 990-E Z	Form 990-T (trust other than above)	Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ FLO KRAMPER
  Telephone No ▶ 314 989-3634 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . ▶ ☐ If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/2010

5 For calendar year 2009 , or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS(Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶

Form **8868** (Rev 4-2009)

BKD, LLP
211 N. BROADWAY, SUITE 600
ST. LOUIS, MO 63102-2733