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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)

OMB No 1545-0047

2009

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning		, 2009, and ending		, 20
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ST. MARY'S FOUNDATION INC. Doing Business As Number and street (or P O box if mail is not delivered to street address) 477 N. LINDBERGH		Room/suite	D Employer identification number 43-1940686
	Specific Instructions City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63141			E Telephone number (608) 258-6798
	F Name and address of principal officer SR. MARY JEAN RYAN 477 NORTH LINDBERGH BLVD ST. LOUIS, MO 63141			G Gross receipts \$ 529,530.
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) ► (insert no.) 4947(a)(1) or 527			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	J Website: ► WWW.SSMHC.COM			H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions)
	K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			H(c) Group exemption number ► 0928
			L Year of formation 2000	M State of legal domicile WI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO ACTIVELY BUILD AND SUSTAIN COMMUNITY SUPPORT FOR THE HEALTHCARE AND WELLNESS INITIATIVES FOR ST. MARY'S HOSPITAL AND ST. MARY'S CARE CENTER.		
	2 Check this box ► <input type="checkbox"/> 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	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	20
	5 Total number of employees (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	
	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		
Revenue	8 Contributions and grants (Part VIII, line 1h)	657,074.	147,413.
	9 Program service revenue (Part VIII, line 2a)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,555.	23,355.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 6e, 9c, 10c, and 11e)	0.	103,174.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	696,629.	273,942.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	143,037.	379,536.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ► 8,647.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	432,098.	8,647.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	575,135.	388,183.
	19 Revenue less expenses Subtract line 18 from line 12	121,494.	-114,241.
	20 Total assets (Part X, line 16)	16,262,051.	17,807,083.
21 Total liabilities (Part X, line 26)	703,706.	656,964.	
22 Net assets or fund balances Subtract line 21 from line 20	15,558,345.	17,150,119.	
Net Assets or Fund Balances	Beginning of Year	End of Year	

Part II Signature Block

Sign Here	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			
	► <i>JUNE L PICKETT</i>	Date	7/2/10	
	Signature of officer			
	► <i>JUNE L PICKETT</i>	ASSISTANT SECRETARY		
	Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed	Preparer's identifying number (see instructions)
	► <i>Donna Johnson, CPA</i>	7/1/10	<input type="checkbox"/>	
	Firm's name (or yours if self-employed), address, and ZIP + 4	BKD, LLC 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) Yes No

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

Form 990 (2009)

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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 \$ 379,536 including grants of \$ 379,536) (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 ► 379,536.

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-securities in 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	
12A 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	12A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a Did the organization maintain an office, employees, or agents outside of the 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	
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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	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	33	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	34	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	35	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	36	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	37	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	38	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		

Form 990 (2009)

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
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
1c 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? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	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	
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
a	Enter the number of voting members of the governing body	1a	22
1b	Enter the number of voting members that are independent	1b	20
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	► WI,
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	
	<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website
	<input checked="" type="checkbox"/> 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: ► GINA STASKAL, 700 SOUTH PARK STREET MADISON, WI 53715	608-258-5675

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.

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	Individual trustee	Officer	Key employee	Highest compensated			
KENNETH BALLWEG DIRECTOR	.77	X					0.	0.	0.
MARILEE GORMAN DIRECTOR	.77	X					0.	0.	0.
JO JEAN JANUS DIRECTOR	.39	X					0.	0.	0.
MARY DENIRO DIRECTOR	.39	X					0.	0.	0.
ALBERT J. MUSA, MD DIRECTOR	.39	X					0.	0.	0.
DOUG DITTMANN DIRECTOR	.77	X					0.	0.	0.
DAVID REINECKE DIRECTOR	.77	X					0.	0.	0.
ERIC LAWSON DIRECTOR	.39	X					0.	0.	0.
DALE J. HENRICKS DIRECTOR	.77	X					0.	0.	0.
PAUL O. SIMENSTAD, MD DIRECTOR	.58	X					0.	0.	0.
JOSEPH A. BRAUNGER DIRECTOR	.39	X					0.	0.	0.
FRANK BYRNE, MD PRESIDENT	2.00	X	X				0.	567,316.	68,201.
DARRELL BEHNKE DIRECTOR & SECRETARY	.39	X	X				0.	0.	0.
DAVID STEIN DIRECTOR & CHAIR	1.15	X	X				0.	0.	0.
AVE BIE DIRECTOR	.77	X					0.	0.	0.
CAROLE HALBERG ASST SECRETARY & EXEC DIRECTOR	40.00	X	X				0.	130,736.	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
PAT FREEDERS								
DIRECTOR	.39	X				0.	0.	0.
SEAN BAXTER								
DIRECTOR	.39	X				0.	0.	0.
ANNA BURISH								
DIRECTOR	.39	X				0.	0.	0.
PETIE RUDY								
DIRECTOR - VICE-CHAIR	.77	X	X			0.	0.	0.
DENES TOBIE								
DIRECTOR - TREASURER	.39	X	X			0.	0.	0.
RITA TUBBS								
DIRECTOR	.39	X				0.	0.	0.
JUNE L. PICKETT								
ASST. SECRETARY	.39		X			0.	207,839.	20,718.

1b Total					►	0.	905,891.	88,919.
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		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual								
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual								
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person								
Section B. Independent Contractors							Yes	No
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.	(A) Name and business address			(B) Description of services		(C) Compensation		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization	►			0				

Part VIII Statement of Revenue

43-1940686

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	22,000			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	125,413			
	g Noncash contributions included in lines 1a-1f \$					
h Total. Add lines 1a-1f		147,413				
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)		278,943		278,943	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0			
	6a Gross Rents.	(i) Real				
	b Less rental expenses	(ii) Personal				
	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
7a Gross amount from sales of assets other than inventory	(i) Securities					
b Less cost or other basis and sales expenses	(ii) Other					
c Gain or (loss)	255,588					
d Net gain or (loss)	-255,588					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events		0				
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 MISCELLANEOUS	900099	4,174			4,174	
b DECREASE IN BAD DEBT ALLOWANCE	900099	99,000			99,000.	
c						
d All other revenue						
e Total. Add lines 11a-11d		103,174				
12 Total Revenue. See instructions		273,942			126,529	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	379,536.	379,536.		
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	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties.	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	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 MISCELLANEOUS	8,647.			8,647.
b -----				
c -----				
d -----				
e -----				
f All other expenses -----				
25 Total functional expenses. Add lines 1 through 24f	388,183.	379,536.		8,647.
26 Joint Costs. Check here ► <input type="checkbox"/> 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	1,117,800.	28,492.	
	2 Savings and temporary cash investments	5,290,545.	5,744,587.	
	3 Pledges and grants receivable, net	2,557,425.	1,106,239.	
	4 Accounts receivable, net	9.	0.	
	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		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	7,296,272.	11	10,927,765.
	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)	16,262,051.	16	17,807,083.	
Liabilities	17 Accounts payable and accrued expenses	25,201.	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	678,505.	25	631,763.
	26 Total liabilities. Add lines 17 through 25	703,706.	26	656,964.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	7,532,669.	27	
	28 Temporarily restricted net assets	7,111,938.	28	
	29 Permanently restricted net assets	913,738.	29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> 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	15,558,345.	33	
	34 Total liabilities and net assets/fund balances	16,262,051.	34	
				17,807,083.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No			
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> 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?	2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
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:					
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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			

Form **990** (2009)

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

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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		
Total							

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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")	2,970,737	2,435,772	3,117,947	657,074	147,413	9,328,943
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	2,970,737	2,435,772	3,117,947	657,074	147,413	9,328,943
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).						40,177
6 Public support. Subtract line 5 from line 4						9,288,766

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	2,970,737	2,435,772	3,117,947	657,074	147,413	9,328,943
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	208,688	241,152	372,129	378,484	278,943	1,479,396
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) . ATCH. 1	0	0	0	0	4,174	4,174
11 Total support. Add lines 7 through 10						10,812,513
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	85.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	88.07 %
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 ► <input checked="" type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

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	%
19a 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 ► <input type="checkbox"/>		
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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2009

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
MISCELLANEOUS	0	0	0	0	4,174	4,174
TOTALS	0	0	0	0	4,174	4,174

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2009**Open to Public
Inspection**

► 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.

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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
2a	
2b	
2c	
2d	

a Total number of conservation easements
 b Total acreage restricted by conservation easements
 c Number of conservation easements on a certified historic structure included in (a)
 d Number of conservation easements included in (c) acquired after 8/17/06
 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 No6 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
 1b 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, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

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

Part IV 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, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c	
1d	
1e	
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	8,025,486	8,486,682			
b Contributions	3,437,532.	422,002			
c Net investment earnings, gains, and losses	208,044	22,065			
d Grants or scholarships					
e Other expenditures for facilities and programs	333,435	473,165			
f Administrative expenses	0	432,098			
g End of year balance	11,337,627	8,025,486			

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

a Board designated or quasi-endowment ► %
 b Permanent endowment ► 9.0000 %
 c Term endowment ► 91.0000 %

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) 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)) Yes No

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.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)

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

Total. (Column (b) must equal Form 990, Part X, col (B) line 15)

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

3. FIN-149. Footnote: In Part XIV, provide the text of the footnote to the organization.

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

INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDSSCHEDULE D, PART VTO ADMINISTER FUNDS ACCORDING TO DONORS' WISHES BASED ON THE CRITERIA OFSPECIFIC PROJECTS.

Part XIV Supplemental Information (continued)

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.

Schedule I (Form 990) 2009

43-1940686

Page 2

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 Questions Regarding Compensation

<p>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</p> <table border="0"> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">First-class or charter travel</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Housing allowance or residence for personal use</td> </tr> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Travel for companions</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Payments for business use of personal residence</td> </tr> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Tax indemnification and gross-up payments</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Health or social club dues or initiation fees</td> </tr> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Discretionary spending account</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	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)	
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)								
<p>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</p>									
<p>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?</p>									
<p>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</p> <table border="0"> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Compensation committee</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">X</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Written employment contract</td> </tr> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">X</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">X</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Compensation survey or study</td> </tr> <tr> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Form 990 of other organizations</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">X</td> <td style="width: 50px; height: 20px; border: 1px solid black; vertical-align: top; text-align: center;">Approval by the board or compensation committee</td> </tr> </table>	Compensation committee	X	Written employment contract	X	X	Compensation survey or study	Form 990 of other organizations	X	Approval by the board or compensation committee
Compensation committee	X	Written employment contract							
X	X	Compensation survey or study							
Form 990 of other organizations	X	Approval by the board or compensation committee							
<p>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:</p>									
<p>a Receive a severance payment or change-of-control payment?</p>									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>									
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p>									
<p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>									

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?
b Any related organization?
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?
b Any related organization?
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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

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				
JUNE L. PICKETT	0.	0.	0.	0.	0.	0.	0.
(i)	184,185.	0.	23,654.	8,436.	12,282.	228,557.	0.
FRANK BYRNE, MD	0.	0.	0.	0.	0.	0.	0.
(i)	418,562.	0.	148,754.	56,539.	11,662.	635,517.	0.
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
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(xxxiv)	</td						

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.

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

INDIVIDUAL NO LONGER IS EMPLOYED BY SSMHC.

THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF FORM 990 PARTICIPATED IN

THE PLAN BUT DID NOT RECEIVE ANY DISTRIBUTIONS DURING 2009:

NAME

FRANK BYRNE, MD

CAPITAL ACCUMULATION PLAN:

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.

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.

FOR CONTRIBUTIONS MADE TO THE PLAN PRIOR TO 2008, THE DISTRIBUTION DATE WILL BE THE EARLIEST OF THE FOLLOWING EVENTS: (1) AN 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

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.

CURRENT YEAR.

THE FOLLOWING INDIVIDUALS LISTED ON PART VII OF 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.

NAME	AMOUNT
JUNE PICKETT	\$5,811

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

NAME
FRANK BYRNE, MD

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

ATTACHMENT 2

2009 COMMUNITY BENEFIT REPORT

IRS FORM 990, SUPPLEMENT PART III

THE COMMUNITY BENEFIT CONTRIBUTION OF ST. MARY'S HOSPITAL 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

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 15 HOSPITALS,
THREE 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. ST.
MARY'S FOUNDATION HAS DEVELOPED PROGRAMS AND SPONSORED OTHERS' ACTIVITIES

Name of the organization ST. MARY'S FOUNDATION INC.	Employer identification number 43-1940686
<u>ATTACHMENT 2 (CONT'D)</u>	

AS A WAY TO GIVE BACK TO THE COMMUNITY. THE FOUNDATION ASSISTS HEALTH

CARE PROFESSIONALS BY PROVIDING SCHOLARSHIPS TO AID AND ADVANCE THEIR

EDUCATION. THE FOUNDATION PROVIDES FINANCIAL ASSISTANCE FOR DEAN

HEALTHWORKS COURSES TO ENCOURAGE HEALTH AND WELLNESS AWARENESS.

2. DESCRIPTION OF COMMUNITY BENEFIT PROGRAMS IN 2009, ST. MARY'S FOUNDATION ENGAGED IN THE FOLLOWING COMMUNITY HEALTH ACTIVITIES: 1) MADE FUNDS AVAILABLE FOR PRESCRIPTION MEDICATION FOR NEEDY PEOPLE WHO HAVE NO OTHER RESOURCES; 2) ASSISTED QUALIFYING PATIENT FAMILIES WITH ROOM, BOARD, AND TRANSPORTATION NEEDS; 3) MADE FUNDS AVAILABLE FOR THE HOSPITAL AND CARE CENTER FOR EQUIPMENT THAT BENEFITED PATIENTS AND RESIDENTS.

3. LINK TO ADDITIONAL COMMUNITY BENEFIT INFORMATION ADDITIONAL INFORMATION REGARDING SSMHC'S 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 OF WISCONSIN, INC

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:

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

ATTACHMENT 2 (CONT'D)

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

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

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

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

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

(F) TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION 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

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

ATTACHMENT 2 (CONT'D)

ACQUISITION, THE CORPORATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER FROM TIME TO TIME;

(H) TO APPROVE THE SALE, TRANSFER OR OTHER DISPOSITION ("DISPOSITION") OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE CORPORATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE CORPORATION 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 CORPORATION 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 CORPORATION IN SUCH PROGRAMS; AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE CORPORATION 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 CORPORATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR UNDERTAKE ANY OTHER OBLIGATIONS,

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

ATTACHMENT 2 (CONT'D)

EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED

BY THE MEMBER FROM TIME TO TIME; AND

(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 HOSPITAL AND THE BOARD OF DIRECTORS DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL.

PROCESS TO REVIEW FORM 990

PART VI, SECTION B, LINE 11A

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 SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORM 990 FROM THE SSMHC INFORMATION. THE OUTSIDE PREPARER CONDUCTS AT LEAST TWO LEVELS OF REVIEW FOR EACH 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.

PRACTICE FOR MONITORING COMPLIANCE

PART VI, SECTION B, LINE 12

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

Name of the organization ST. MARY'S FOUNDATION INC.	Employer identification number 43-1940686
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ATTACHMENT 2 (CONT'D)

THIS REQUIREMENT. 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 ON 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.

COMPENSATION REVIEW

PART VI, SECTION B, LINE 15

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 CEO OF THE SYSTEM, THE 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.

GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH CARE

Name of the organization

ST. MARY'S FOUNDATION INC.

Employer identification number

43-1940686

ATTACHMENT 2 (CONT'D)

SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE.

SCHEDULE R
(Form 990)

Department of the Treasury

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.

Name of the organization ST. MARY'S FOUNDATION INC.

Classification number

43-1940686

Part I Identification of Disease

Part I

(Complete if the organization answered "Yes" on Form 990, Part V, line 33.)

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

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990

Scheidung B (Ergaenzung 990) 2009

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 allocation?	(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?
Yes	No								
<u>SSM SU ENDOSCOPY</u> , 27-0046559 ST LOUIS, MO 63141	SURGERY SERVICES	MO	N/A						
<u>SAHK MED CO-MGMT</u> , 26-1895667 ST LOUIS, MO 63141	MANAGEMENT	MO	N/A						
<u>SSM/CDI IMAGING</u> , 26-3791858 BRIDGETON, MO 63044	IMAGING SERVICES	MO	N/A						
<u>SSM SELECT REHAB</u> , 26-3694972 MECHANICSBURG, PA 17055	HEALTH CARE	MO	N/A						
<u>SA MT AMB SURG</u> , 23-1528341 OKLAHOMA CITY, OK 73103	SURGERY SERVICES	OK	N/A						
<u>OKLAHOMA CITY, OK 73103</u>									
<u>BJJ MB OFF BUILD</u> , 73-1533449 OKLAHOMA CITY, OK 73103	MOB	OK	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
<u>SSM MANAGED CARE ORGANIZATION</u> , 43-1708511 417 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH PROMOTION	MO	N/A	C			
<u>FFP INC</u> , 43-1465174 417 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
<u>DIVERSIFIED HEALTH SERVICES CORP</u> , 43-1369305 417 N LINDBERGH BLVD ST LOUIS, MO 63141	MEDICAL EQUIPMENT	MO	N/A	C			
<u>SSM CARDIO AND THORACIC SERVICES INC</u> , 26-0261559 417 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
<u>SSM PROPERTIES INC</u> , 43-1462486 417 N LINDBERGH BLVD ST LOUIS, MO 63141	PROPERTY SERVICES	MO	N/A	C			
<u>SSM DEPAUL MEDICAL GROUP INC</u> , 43-1715106 417 N LINDBERGH BLVD ST LOUIS, MO 63141	HEALTH CARE	MO	N/A	C			
<u>SSM ST CHARLES CLINIC MED GROUP INC</u> , 43-0626408 417 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

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?

	Yes	No
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)	(b)	(c)
Name of other organization	Transaction type (a-r)	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.

Schedule R (Form 990) 2009

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 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-0738490	HEALTH CARE	MO	501(C) (3)	3	N/A
GLENNON HOSPITAL GUILD 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1030299	FUNDRAISING	MO	501(C) (3)	9	N/A
CARDINAL GLENNON CHILDREN'S FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1754347	FUNDRAISING	MO	501(C) (3)	7	N/A
SSM DEPAUL HEALTH CENTER FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1776109	FUNDRAISING	MO	501(C) (3)	7	N/A
SSM REHAB FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1544988	FUNDRAISING	MO	501(C) (3)	7	N/A
SSM ST. JOSEPH FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1591556	FUNDRAISING	MO	501(C) (3)	7	N/A
ST. CLARE HEALTH CENTER FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1273310	FUNDRAISING	MO	501(C) (3)	7	N/A
SSM ST. MARY'S HEALTH CENTER FOUNDATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1552945	FUNDRAISING	MO	501(C) (3)	7	N/A
SSM HEALTH CARE OF OKLAHOMA, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 73-0657693	HEALTH CARE	OK	501(C) (3)	3	N/A
LEE DEWEY CORPORATION 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 73-1279603	MOB	OK	501(C) (3)	11 - I	N/A
ST. ANTHONY HOSPITAL FOUNDATION, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 73-6104300	FUNDRAISING	OK	501(C) (3)	7	N/A
SSM HEALTH CARE OF WISCONSIN, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-0688874	HEALTH CARE	WI	501(C) (3)	3	N/A
DELLS MEDICAL BUILDING, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 39-1613292	MOB	WI	501(C) (2)	N/A	N/A
ST. MARY'S HOSPITAL AUXILIARY 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 23-7083559	FUNDRAISING	WI	501(C) (3)	11 - III-FI	N/A
ST. CLARE HEALTH CARE FOUNDATION, INC. 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141 43-1940683	FUNDRAISING	WI	501(C) (3)	7	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
HOME HEALTH UNITED, INC. 4639 HAMMERSLEY ROAD	39-1539827 MADISON, WI 53713	HEALTH CARE WI	501 (C) (3)	9	N/A
HOME CARE UNITED, INC. 4639 HAMMERSLEY ROAD	39-1776340 MADISON, WI 53713	HEALTH CARE WI	501 (C) (3)	9	N/A
HHU XTRA CARE, INC. 4639 HAMMERSLEY ROAD	39-1705111 MADISON, WI 53713	HEALTH CARE WI	501 (C) (3)	9	N/A
SSM REGIONAL HEALTH SERVICES 477 N. LINDBERGH BLVD.	44-0579850 ST. LOUIS, MO 63141	HEALTH CARE MO	501 (C) (3)	3	N/A
ST. FRANCIS HOSPITAL FOUNDATION 477 N. LINDBERGH BLVD.	43-109253 ST. LOUIS, MO 63141	FUNDRAISING MO	501 (C) (3)	7	N/A
ST. MARY'S HEALTH CENTER FOUNDATION 477 N. LINDBERGH BLVD.	43-1575307 ST. LOUIS, MO 63141	FUNDRAISING MO	501 (C) (3)	11 - II	N/A
GOOD SAMARITAN REGIONAL HEALTH CENTER 477 N. LINDBERGH BLVD.	43-0653587 ST. LOUIS, MO 63141	HEALTH CARE IL	501 (C) (3)	3	N/A
ST. MARY'S HOSPITAL 477 N. LINDBERGH BLVD.	37-0662580 ST. LOUIS, MO 63141	HEALTH CARE IL	501 (C) (3)	3	N/A
CENTRALIA MEDICAL SERVICES BUILD. ASSOC. 477 N. LINDBERGH BLVD.	23-7408025 ST. LOUIS, MO 63141	HEALTH CARE IL	501 (C) (3)	11 - II	N/A
ST. MARY'S - GOOD SAMARITAN, INC. 477 N. LINDBERGH BLVD.	36-4170833 ST. LOUIS, MO 63141	HEALTH CARE IL	501 (C) (3)	11 - I	N/A
GOOD SAMARITAN REG. HEALTH CENTER FOUND. 477 N. LINDBERGH BLVD.	26-2884795 ST. LOUIS, MO 63141	FUNDRAISING IL	501 (C) (3)	7	N/A
ST. MARY'S HOSPITAL FOUNDATION 477 N. LINDBERGH BLVD.	36-4636691 ST. LOUIS, MO 63141	FUNDRAISING IL	501 (C) (3)	7	N/A
SSM HEALTH BUSINESSES 477 N. LINDBERGH BLVD.	43-1333488 ST. LOUIS, MO 63141	HEALTH CARE MO	501 (C) (3)	3	N/A
SSM HOSPICE & HOME CARE FOUNDATION 477 N. LINDBERGH BLVD.	30-0012246 ST. LOUIS, MO 63141	FUNDRAISING MO	501 (C) (3)	7	N/A
FRANCISCAN SISTERS OF MARY 1100 BELLEVUE AVE.	43-1012492 ST. LOUIS, MO 63117	RELIGIOUS OR MO	501 (C) (3)	1	N/A

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

43-1940686

(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 subcensus?	(i) Code V-JBI amount on box 20 of K-1	(j) General or managing partner?
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
BLJ MANAGEMENT, 36-4645813 OKLAHOMA CITY, OK 73102	MANAGEMENT	OK	N/A	N/A					
BLITZ, 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, 04-1608530 MADISON, WI 53717	DRUG PROVIDER	WI	N/A	N/A					
WV RAD THERAPY, 20-1382520 ST. LOUIS, MO 63141	RADIATION THERAPY	IL	N/A	N/A					
SLEEP/NEURO SO, 1L, 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 SMGSL, 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					
MCC REALTY, 62-1851447 WENTZVILLE, MO 63385	MOB	MO	N/A	N/A					
SURG CNTR MM CITY, 23-2697171 MIDWEST CITY, OK 73110	SURGERY SERVICES	OK	N/A	N/A					

Schedule R-1 (Form 990) 2009

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

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

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

Schedule B-1 (Form 990) 2009

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ►
- 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 Form 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 ST. MARY'S FOUNDATION INC.	Employer identification number 43-1940686
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 477 N. LINDBERGH	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions ST. LOUIS, MO 63141	

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

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► GINA STASKAL,

Telephone No ► 608 258-5675 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

- 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)