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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable:
- ☐ Address change
- ☒ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
4605 MACCORKLE AVENUE SW

City or town, state or country, and ZIP + 4
SOUTH CHARLESTON, WV 25309

F Name and address of principal officer: SANDRA C. ZANDO
4605 MACCORKLE AVE. SW, SOUTH CHARLESTON, WV

D Employer identification number
55-0694220

E Telephone number
304-766-4340

G Gross receipts $ 3,507,344.

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.THOMASWV.COM

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

L Year of formation: 1989 **M** State of legal domicile: WV

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE ORGANIZATION FINANCIALLY ASSISTS THE EFFORTS OF THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	95
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	736,208.	727,873.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-255,648.	223,228.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	432,713.	-11,893.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	913,273.	939,208.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,211,826.	1,021,002.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	203,169.	248,933.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 130,797.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	50,319.	60,928.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,465,314.	1,330,863.
19	Revenue less expenses. Subtract line 18 from line 12	-552,041.	-391,655.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,979,284.	5,633,494.
21	Total liabilities (Part X, line 26)	21,984.	20,990.
22	Net assets or fund balances. Subtract line 21 from line 20	5,957,300.	5,612,504.

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Part II Signature Block

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

Sign Here

▶ Sandra C. Zando — Signature of officer — Date: 6-29-11

▶ SANDRA C. ZANDO, EXECUTIVE DIRECTOR — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: KARISSA COST	Preparer's Signature: K Cost	Date: 6/27/11	Check ☐ if self-employed	PTIN
Firm's name ▶ DIXON HUGHES GOODMAN LLP			Firm's EIN ▶	
Firm's address ▶ P.O. BOX 1556 MORGANTOWN, WV 26507-1556			Phone no. (304)292-7343	

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

3

S-17

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE ORGANIZATION'S PURPOSE IS TO RAISE FUNDS FROM COMMUNITY SUPPORT TO FINANCIALLY ASSIST THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS' EFFORTS TO IMPROVE THE HEALTH, EDUCATION, AND WELL-BEING OF THE CITIZENS RESIDING IN THE SERVICE AREA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] 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 [X] 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 $ 849,656. including grants of $ 834,050.) (Revenue $)
THE ORGANIZATION PROVIDED $834,050 TO THOMAS MEMORIAL HOSPITAL TO ASSIST IN THE COMPLETION OF THE NEW CLINICAL PAVILION THAT WILL PROVIDE PRIVATE PATIENT ROOMS.

4b (Code) (Expenses $ 103,256. including grants of $ 83,125.) (Revenue $)
THE ORGANIZATION ALSO PROVIDED $14,962 TO PURCHASE PATIENT WHEELCHAIRS AND SCALES TO WEIGH PATIENTS WHO CANNOT STAND. THIRTY-THREE CRASH CARTS WERE PURCHASED AT A COST OF $36,663 TO REPLACE EXISTING HEAVY METAL CARTS THAT WERE OVER 20 YEARS OLD. THE NEW CARTS ARE LIGHTER AND CAN TRAVEL FASTER AND EASIER TO PATIENTS IN CRISIS. THE ORGANIZATION PURCHASED A STATE-OF-THE-ART XENEX PULSE SYSTEM. THIS EQUIPMENT IS THE FASTEST, SAFEST, AND MOST EFFECTIVE METHOD FOR ADVANCED CLEANING OF OPERATING ROOMS IN THE WORLD TODAY. IT IS SCIENTIFICALLY PROVEN TO DESTROY ALL MAJOR CLASSES OF MICROORGANISMS THAT CAUSE HOSPITAL ACQUIRED INFECTIONS. THE ORGANIZATION PROVIDED FUNDING IN 2010 IN THE AMOUNT OF $31,500 AS THE DOWN PAYMENT TO PURCHASE THE FIRST XENEX PULSE SYSTEM IN WEST VIRGINIA. THE $31,500 BALANCE WILL BE PAID IN JANUARY

4c (Code) (Expenses $ 34,699. including grants of $ 27,676.) (Revenue $)
THE ORGANIZATION PROVIDED EDUCATIONAL SCHOLARSHIPS TOTALING $27,676 TO 30 THOMAS MEMORIAL HOSPITAL EMPLOYEES.

4d Other program services (Describe in Schedule O)
(Expenses $ 95,814. including grants of $ 76,151.) (Revenue $)

4e Total program service expenses ▶ 1,083,425.

SEE SCHEDULE O FOR CONTINUATION(S)

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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5	N/A	
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	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	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*	11b		X
c	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*	11c		X
d	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*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 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		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☒ No			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file*. (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		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?		N/A 8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		N/A 9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		N/A 9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A 13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

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.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	29		
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 governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant 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*		9		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		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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 ▶ WV

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

[ ] Own website [ ] Another's website [X] 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 ▶

SANDRA C. ZANDO - 304-766-4340

4605 MACCORKLE AVENUE SW, SOUTH CHARLESTON, WV 25309

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

Check if Schedule O contains a response to any question in this Part VII ☐

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.

- 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, if any 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
SANDRA ZANDO EXECUTIVE DIRECTOR/COO	40.00			X				120,291.	0.	3,858.
THOMAS J. HURNEY, JR. PRESIDENT	1.00	X		X				0.	0.	0.
MARK O. GRIGSBY 1ST VICE PRESIDENT	1.00	X		X				0.	0.	0.
CONNIE PAXTON 2ND VICE PRESIDENT	1.00	X		X				0.	0.	0.
GARY SIMS, JR. SECRETARY	1.00	X		X				0.	0.	0.
THOMAS B. EPPS TREASURER	1.00	X		X				0.	0.	0.
OWEN HIGGINS MEMBER AT LARGE	1.00	X		X				0.	0.	0.
DOUG AMOS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
RALPH BALLARD TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
BETH BLOCH TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JOHN H. BROWN, JR. TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
ROBERT CANTRELL TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
SHARON CHAPMAN TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JOHN DERITO TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
EDWARD J. GEORGE TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
LYNNE F. GIANOLA TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
BECKI GRAFF TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PRISCILLA M. HADEN TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JAMES F. HUMPHREYS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
W. HENRY JERNIGAN, JR. TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
CARL LEE, III TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
WILLIE LEE LESTER TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
ALLAN L. MCVEY TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
CHARLES M. MATTHEWS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD MEEKS TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JOHN NEVILLE TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total ▶								120,291.	0.	3,858.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								120,291.	0.	3,858.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	408,321.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	319,552.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	727,873.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	80,293.			80,293.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2640438.				
	b Less: cost or other basis and sales expenses	2497503.				
	c Gain or (loss)	142,935.				
	d Net gain or (loss)	▶	142,935.			142,935.
	8a Gross income from fundraising events (not including $ 408,321. of contributions reported on line 1c) See Part IV, line 18	a 58,740.				
	b Less direct expenses	b 70,633.				
	c Net income or (loss) from fundraising events	▶	-11,893.			-11,893.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶				
	12 **Total revenue.** See instructions.	▶	939,208.	0.	0.	211,335.

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	993,326.	993,326.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	27,676.	27,676.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	120,291.	30,073.	30,073.	60,145.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	128,642.	32,160.	32,160.	64,322.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	16,754.		16,754.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,761.		21,761.	
g Other	8,786.		8,786.	
12 Advertising and promotion				
13 Office expenses	8,561.	7.	6,681.	1,873.
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	731.	183.	183.	365.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	204.		204.	
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____	4,131.		39.	4,092.
25 **Total functional expenses.** Add lines 1 through 24f	1,330,863.	1,083,425.	116,641.	130,797.
26 **Joint costs** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720). 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		233,210.	1	377,175.
	2	Savings and temporary cash investments		141,137.	2	116,216.
	3	Pledges and grants receivable, net		2,344,220.	3	1,634,406.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	4,000.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 52,263.			
	b	Less accumulated depreciation	10b 51,484.	983.	10c	779.
	11	Investments - publicly traded securities		3,259,734.	11	3,500,918.
	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)		5,979,284.	16	5,633,494.
Liabilities	17	Accounts payable and accrued expenses		21,984.	17	20,990.
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		21,984.	26	20,990.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,452,156.	27	2,775,585.
	28	Temporarily restricted net assets		2,417,135.	28	1,804,080.
	29	Permanently restricted net assets		1,088,009.	29	1,032,839.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		5,957,300.	33	5,612,504.
	34	Total liabilities and net assets/fund balances		5,979,284.	34	5,633,494.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	939,208.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,330,863.
3	Revenue less expenses Subtract line 2 from line 1	3	-391,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,957,300.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	46,859.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,612,504.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARIA RENDINELL TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
RICHIE ROBB TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
DOUG SKAFF, SR. TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
TOM TAKUBO, D.O. TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
PAULA VINEYARD TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
CECILIA WEHRLE TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
JOHN WELLS, III TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
GARY D. YOUNG TRUSTEE/BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

2010

Open to Public Inspection

Name of the organization	Employer identification number
THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.	55-0694220

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

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

Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

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 or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	301,743.	596,395.	3168964.	736,208.	727,873.	5531183.
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	301,743.	596,395.	3168964.	736,208.	727,873.	5531183.
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)						1230020.
6 **Public support.** Subtract line 5 from line 4						4301163.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	301,743.	596,395.	3168964.	736,208.	727,873.	5531183.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	65,267.	114,897.	88,696.	74,405.	80,293.	423,558.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						5954741.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	72.23 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	78.07 %

16a **33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number 55-0694220

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

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

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

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

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

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

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

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if the 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	1,013,181.	701,955.	921,328.		
b Contributions	21,600.	157,465.	2,337.		
c Net investment earnings, gains, and losses	-11,033.	153,761.	-207,467.		
d Grants or scholarships			14,243.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	1,023,748.	1,013,181.	701,955.		

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

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ 100.00 %
c Term endowment ▶ _____ %

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

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

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

Part VI 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		22,521.	21,742.	779.
e Other		29,742.	29,742.	0.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				779.

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 (ASC 740) 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 (ASC 740)

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

PART V, LINE 4: THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS INCLUDES EDUCATIONAL SCHOLARSHIPS FOR EMPLOYEES OF THOMAS MEMORIAL HOSPITAL, FINANCIAL ASSISTANCE TO INDIGENT/LOW INCOME PATIENTS OF THOMAS MEMORIAL HOSPITAL, EDUCATIONAL MATERIALS FOR PATIENTS AND FAMILIES, AND NEW OR REPLACEMENT EQUIPMENT FOR THE HOSPITAL'S EMERGENCY CENTER.

PART X, LINE 2: DURING 2009, THE ORGANIZATION ADOPTED THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") AUTHORATATIVE GUIDANCE ON ACCOUNTING

Part XIV Supplemental Information *(continued)*

FOR UNCERTAINTY IN INCOME TAXES, AND THE ADOPTION OF THE GUIDANCE WAS NOT MATERIAL TO THE FINANCIAL STATEMENTS. THE GUIDANCE CLARIFIES THE ACCOUNTING FOR THE RECOGNITION AND MEASUREMENT OF THE BENEFITS OF INDIVIDUAL TAX POSITIONS IN THE FINANCIAL STATEMENTS. TAX POSITIONS MUST MEET A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT IN ORDER FOR THE BENEFIT OF THOSE TAX POSITIONS TO BE RECOGNIZED IN THE FINANCIAL STATEMENTS. THE ORGANIZATION HAS DETERMINED THAT IT DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS OR OBLIGATIONS AS OF DECEMBER 31, 2010.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization: THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number: 55-0694220

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

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

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

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

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than $5,000

		(a) Event #1 CHARITY AUCTION/GALA (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	349,388.	108,208.	9,465.	467,061.
	2 Less. Charitable contributions	315,638.	92,683.		408,321.
	3 Gross income (line 1 minus line 2)	33,750.	15,525.	9,465.	58,740.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	25,247.	17,475.		42,722.
	8 Entertainment	2,300.			2,300.
	9 Other direct expenses	18,061.	7,550.		25,611.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(70,633.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	-11,893.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party.

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions)

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number 55-0694220

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	834,050.	0.			CLINICAL PAVILION
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	6,050.	0.			GAP PROGRAM FOR INDIGENT PATIENTS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	5,000.	0.			INFANT CAR SEAT PROGRAM
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	5,000.	0.			BABY BED PROJECT
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	15,000.	0.			KIDOODLE KIDS' DAY
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	13,304.	0.			FLU-SHOT PROGRAM

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

3 Enter total number of other organizations ▶ 0.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	4,000.	0.			HOME HEALTH HOLIDAY BASKETS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	36,663.	0.			CRASH CARTS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	14,962.	0.			WHEELCHAIRS AND SCALES
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	1,848.	0.			HOSPITAL DIRECTIONAL MAPS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	31,500.	0.			XENEX PULSE SYSTEM
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	1,500.	0.			HOLIDAY BASKETS FOR LONG-TERM PATIENTS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	2,500.	0.			BREAST CANCER AWARENESS
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	17,215.	0.			SANTA'S SECRET ELVES PROGRAM
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	1,750.	0.			EMPLOYEE ASSISTANCE FUND

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	1,200.	0.			IN-PATIENT WOUND CARE
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	1,224.	0.			MEMORIAL GARDEN BENCH
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	500.	0.			CHILDBIRTH CLASSES
HERBERT J. THOMAS MEMORIAL HOSPITAL - 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309	55-0404900	501(C)3	60.	0.			CORE RECEPTION

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
EDUCATIONAL SCHOLARSHIP GRANTS	30	27,676.	0.		

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

SCHEDULE I, PART I, LINE 2: EMPLOYEES APPLYING FOR SCHOLARSHIPS MUST COMPLETE THE APPLICATION AND HAVE THEIR SUPERVISOR AND THEIR DEPARTMENT MANAGER APPROVE THE APPLICATION. EMPLOYEES MUST BE FULL-TIME AND HAVE WORKED FOR THOMAS MEMORIAL HOSPITAL FOR A MINIMUM OF ONE YEAR. EMPLOYEES MUST PROVIDE A COPY OF THEIR GRADES AND TRANSCRIPTS WHEN THE CLASS(ES) ARE COMPLETED. CHECKS FOR ALL OTHER GRANTS THAT BENEFIT THOMAS MEMORIAL HOSPITAL ARE MADE PAYABLE TO THOMAS MEMORIAL HOSPITAL AND DELIVERED TO THE CHIEF FINANCIAL OFFICER. THE ORGANIZATION'S EXECUTIVE DIRECTOR WORKS CLOSELY WITH THOMAS MEMORIAL HOSPITAL'S PURCHASING MANAGER TO COORDINATE

Part IV Supplemental Information

PURCHASES OF EQUIPMENT FUNDED BY THE ORGANIZATION.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number: 55-0694220

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies 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				
1 SANDRA ZANDO	(i)	120,291.	0.	0.	1,440.	2,418.	124,149.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

SANDRA ZANDO RECEIVES COMPENSATION FROM THOMAS MEMORIAL HOSPITAL FOR SERVICES RENDERED TO THE ORGANIZATION IN THE CAPACITY OF THE EXECUTIVE DIRECTOR. HER 2010 COMPENSATION FOR THESE SERVICES WAS $120,291. THE ORGANIZATION REIMBURSES THOMAS MEMORIAL HOSPITAL FOR THIS AMOUNT.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization: THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number: 55-0694220

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

AS OF SEPTEMBER 9, 2010, THE ORGANIZATION WILL SUPPORT BOTH THOMAS MEMORIAL AND ST. FRANCIS HOSPITALS' EFFORTS TO IMPROVE THE HEALTH, EDUCATION, AND WELL-BEING OF THE CITIZENS RESIDING IN THE SERVICE AREA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

2011 WHEN THE EQUIPMENT ARRIVES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE ORGANIZATION PROVIDED FUNDING FOR THE FOLLOWING OTHER THOMAS MEMORIAL HOSPITAL SERVICES AND PROGRAMS:

GAP FUND - IN 2010, THIS FUND PROVIDED $6,050 OF FINANCIAL SUPPORT TO PATIENTS WHO ARE DISCHARGED FROM THE HOSPITAL AND CANNOT AFFORD MEDICAL CARE NEEDS TO CONTINUE RECOVERY AT HOME.

INFANT CAR SEAT PROGRAM - THE ORGANIZATION PAYS FOR INDIGENT/LOW INCOME FAMILIES TO RECEIVE AN INFANT CAR SEAT IF THEIR BABY IS BORN AT THOMAS MEMORIAL HOSPITAL. IN 2010, THE ORGANIZATION PROVIDED $5,000 TO THIS PROGRAM.

SANTA'S SECRET ELVES PROGRAM - THOMAS MEMORIAL HOSPITAL EMPLOYEES ELECT TO HAVE PAYROLL DEDUCTIONS THAT PROVIDE FINANCIAL SUPPORT TO FELLOW EMPLOYEES IN FINANCIAL CRISIS. THE HUMAN RESOURCES DEPARTMENT AT THOMAS MEMORIAL HOSPITAL SCREENS THE APPLICANTS. IN 2010, THE ORGANIZATION PROVIDED $17,215 TO THIS PROGRAM.

Name of the organization THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number 55-0694220

BABY BED PROJECT - $5,000 WAS PROVIDED TO PURCHASE BABY BEDS FOR INDIGENT/LOW INCOME FAMILIES WHO CANNOT AFFORD TO PURCHASE A BABY BED FOR THEIR BABY WHO WAS BORN AT THOMAS MEMORIAL HOSPITAL.

KIDOODLE KIDS' DAY CHILDREN'S HEALTH AND SAFETY FAIR - THIS EVENT ATTRACTS OVER 1,000 ADULTS AND CHILDREN EVERY YEAR. CHILDREN RECEIVE FREE HEALTH SCREENINGS, AND OVER 750 CHILDREN'S BICYCLE HELMETS ARE DISTRIBUTED EVERY YEAR. CHILDREN IDENTIFIED WITH HEARING OR SIGHT PROBLEMS ARE REFERRED TO A DOCTOR. THE ORGANIZATION PROVIDED $15,000 TOWARDS THE COST OF THE FAIR.

AT A COST OF $13,304, THE ORGANIZATION PROVIDED 1,000 FREE FLU SHOTS FOR THE ELDERLY AGE 65 AND OLDER AND AT RISK LIVING IN THE COMMUNITY.

THE HOME HEALTH DEPARTMENT RECEIVED $4,000 FOR PREPARING HOLIDAY BASKETS TO HOME BOUND PATIENTS WHO ARE LOW-INCOME AND CANNOT AFFORD BASIC NECESSITIES.

FUNDS IN THE AMOUNT OF $1,848 WERE PROVIDED TO THOMAS MEMORIAL HOSPITAL TO PURHCASE HOSPITAL DIRECTIONAL MAPS FOR PATIENTS AND VISITORS.

FUNDS IN THE AMOUNT OF $2,500 FOR BREAST CANCER AWARENESS WERE PROVIDED TO THOMAS MEMORIAL HOSPITAL.

$1,500 WAS PROVIDED FOR HOLIDAY GIFT BASKETS FOR LONG-TERM PATIENTS IN THE HOSPITAL OVER THE HOLIDAYS.

Name of the organization THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number 55-0694220

$1,750 WAS PROVIDED FOR EMPLOYEE ASSISTANCE TO ASSIST THOMAS MEMORIAL HOSPITAL EMPLOYEES EXPERIENCING FINANCIAL DIFFICULTY.

FUNDS IN THE AMOUNT OF $1,200 WERE PROVIDED FOR THE PURCHASE OF IN-PATIENT WOUND CARE MODELS.

$500 WAS DONATED TO BENEFIT CHILDBIRTH CLASSES AT THOMAS MEMORIAL HOSPITAL.

$1,224 WAS DONATED TO PURCHASE A BENCH IN THE MEMORIAL GARDEN FOR PATIENTS, FAMILIES, AND EMPLOYEES.

$60 WAS DONATED FOR A CORE RECEPTION TO HONOR THOSE WHO HAD DONATED ORGANS AT THEIR DEATH.

EXPENSES $ 95,814. INCLUDING GRANTS OF $ 76,151. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 4: ON SEPTEMBER 24, 2010, THE ORGANIZATION FILED ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION TO CHANGE THE NAME OF THE ORGANIZATION TO "THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC."

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNANCE COMMITTEE, COMPRISED OF MEMBERS OF THE BOARD OF DIRECTORS, WILL REVIEW FORM 990 PRIOR TO PRESENTATION TO THE BOARD MEMBERS. THE ORGANIZATION'S BOARD OF DIRECTORS WILL RECEIVE A COPY OF THE COMPLETED FORM PRIOR TO THE PRESENTATION AND WILL HAVE AN OPPORTUNITY TO MEET AND DISCUSS ANY ITEMS PRIOR TO VOTING FOR ACCEPTANCE.

Name of the organization THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

Employer identification number 55-0694220

FORM 990, PART VI, SECTION B, LINE 12C: THE EXECUTIVE DIRECTOR IS AWARE OF ALL DEALINGS WITH THE ORGANIZATION AND WOULD RECOGNIZE A CONFLICT IF IT AROSE. IF A CONFLICT WOULD ARISE, THE EXECUTIVE COMMITTEE IS NOTIFIED AND DETERMINES WHETHER OR NOT FURTHER ACTION IS NECESSARY.

THE ORGANIZATION DOES NOT COMPENSATE THE EXECUTIVE DIRECTOR. THE SALARY OF THE EXECUTIVE DIRECTOR IS DETERMINED BY THOMAS MEMORIAL HOSPITAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 46,859.

FORM 990, PART XII, LINE 2C:

A GOVERNANCE COMMITTEE, COMPRISED OF A FEW OF THE ORGANIZATION'S BOARD MEMBERS, OVERSEES THE REVIEW AND SELECTION OF AN INDEPENDENT ACCOUNTANT.

FORM 990, PART IX, LINE 5 & 7

THE SALARIES REPORTED RELATE TO THOSE EMPLOYEES OF THOMAS MEMORIAL HOSPITAL WHO PERFORM SERVICES FOR THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC. AT THE END OF EACH MONTH, THE ORGANIZATION REIMBURSES THOMAS MEMORIAL HOSPITAL FOR THOSE SALARIES.

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State of the State of West Virginia, hereby certify that

Articles of Amendment to the Articles of Incorporation of

THOMAS MEMORIAL HOSPITAL FOUNDATION, INC.

are filed in my office as required by the provisions of West Virginia Code are found to conform to law. Therefore, I issue this

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF INCORPORATION

Given under my hand and the Great Seal of the State of West Virginia on this day of September 24, 2010

Natalie E. Tennant

Secretary of State

FILED

SEP 24 2010

IN THE OFFICE OF
SECRETARY OF STATE

ARTICLES OF AMENDMENT
TO
ARTICLES OF INCORPORATION
OF
THOMAS MEMORIAL HOSPITAL FOUNDATION, INC.

Pursuant to the provisions of W. Va. Code §§ 31E-10-1003 and 31E-10-1005, the undersigned Corporation hereby adopts the following Articles of Amendment to the Articles of Incorporation for such Corporation, FILED IN DUPLICATE:

FIRST: The name of the Corporation is Thomas Memorial Hospital Foundation, Inc.

SECOND: The following amendments to the Articles of Incorporation were adopted by the Board of Directors of the Corporation on September 9, 2010, in the manner prescribed by W. Va. Code § 31E-10-1003:

> RESOLVED, that Article I of the Articles of Incorporation of the Corporation be, and it hereby is, amended in its entirety to read as follows:
>
> "I. The name of the Corporation is The Foundation for the Thomas Memorial and Saint Francis Hospitals, Inc. (hereinafter "Corporation")."
>
> RESOLVED FURTHER, that Article III of the Articles of Incorporation of the Corporation be, and it hereby is, amended in its entirety to read as follows:
>
> "III. This Corporation is organized and at all times hereinafter shall be operated exclusively for charitable, scientific, and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, and the corresponding provisions of any similar law subsequently enacted (hereinafter the "Code"), by supporting, operating for the benefit of, or carrying out the purposes of the Herbert J. Thomas Memorial Hospital Association and Charleston Hospital, Inc. d/b/a Saint Francis Hospital, which are both qualified as tax-exempt organizations under Section 501(c)(3) of the Code (hereinafter the "Association" and "Saint Francis", respectively). If either the Association or Saint Francis ceases to meet the requirements of Section 501(c)(3) of the Code, the Corporation shall be operated

exclusively for the benefit of, to support, or to carry out the purposes of the remaining qualifying tax-exempt organization under Section 501(c)(3) of the Code. If both the Association and Saint Francis cease to meet the requirements of Section 501(c)(3) of the Code, the Corporation shall be operated exclusively for the benefit of, to support, or to carry out the purposes of such other qualifying tax-exempt organization or organizations under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code as shall be selected by the Board of Directors of the Corporation."

FURTHER RESOLVED, that Article V(a) of the Articles of Incorporation of the Corporation be, and it hereby is, amended in its entirety to read as follows:

"V(a). There shall be no more than thirty-five (35) members of the Board of Directors of the Corporation. A minimum of three (3) of the Directors shall be elected from the membership of the Board of Directors of Thomas Health System, Inc."

RESOLVED FURTHER, that Article V(e) of the Articles of Incorporation of the Corporation be, and it hereby is, amended in its entirety to read as follows:

"V(e). In the event of dissolution of the Corporation, after payment of all necessary expenses thereof, all the remaining assets and property of the Corporation shall be distributed to the Association and Saint Francis as the Board of Directors may determine. If either the Association or Saint Francis ceases to meet the requirements of Section 501(c)(3) of the Code, the remaining assets of the Corporation shall be distributed to the remaining qualifying tax-exempt organization under Section 501(c)(3) of the Code. If both the Association and Saint Francis cease to meet the requirements of Section 501(c)(3) of the Code, the remaining assets of the Corporation shall be distributed consistent with the purposes of this Corporation to such other organization or organizations as then qualify for tax-exempt status under Sections 501(c)(3) and 509(a)(1) or 509(a)(2) of the Code as the Board of Directors may determine."

THIRD: These Articles of Amendment as set forth herein were adopted and approved by the Board of Directors of the Corporation on September 9, 2010, as required under W. Va. Code § 31E-10-1003. The Corporation has no Members.

FOURTH: These Articles of Amendment as set forth herein were adopted and approved

by a vote of a majority of the Board of Directors present at the meeting of the Board at which a quorum was present held on September 9, 2010, as required under W. Va. Code 31E-10-1002. The Corporation has no Members. Accordingly, the approval of these Articles of Amendment set forth herein by the Board of Directors was sufficient for approval in accordance with W. Va. Code §§ 31E-10-1003 and 31E-10-1005.

FIFTH: The undersigned does hereby make and file these Articles of Amendment to the Articles of Incorporation of the Corporation and has accordingly hereto set his hand as of this 9th day of September, 2010.

THOMAS MEMORIAL HOSPITAL FOUNDATION, INC.

now renamed as

THE FOUNDATION FOR THE THOMAS MEMORIAL AND SAINT FRANCIS HOSPITALS, INC.

By: _____
Its: President

PREPARED BY:
James W. Thomas, Esq.
Jackson Kelly PLLC
1600 Lee Street East, Suite 1600
P.O. Box 553
Charleston, WV 25322

Form **8868**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

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

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

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.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	THOMAS MEMORIAL HOSPITAL FOUNDATION, INC.	55-0694220
	Number, street, and room or suite no. If a P O box, see instructions 4605 MACCORKLE AVENUE SW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. SOUTH CHARLESTON, WV 25309	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ SANDRA C. ZANDO 4605 MACCORKLE AVENUE SW - SOUTH CHARLESTON, WV 25309
  Telephone No ▶ 304-766-4340 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011, to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning _____, and ending _____

2 If the tax year entered in line 1 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	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	$ 0.

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.