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DLN: 93493227030272

Form **990**

Department of the Treasury

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

2010

Open to Public Inspection

							Inspection
A Fo	r the	2010 ca	lendar year, or tax year begin	nning 10-01-2010 and ending 09-30-20	11	D Employer	identification number
_		pplicable	C Name of organization SAINT MARY'S HOSPITAL FOUNDA	ATION INC			
_	ress ch	_	Doing Business As			22-2528	400
Na	me cha	inge	Doing Dubiness 15			E Telephone	number
Init	ıal retu	ım		ıf maıl ıs not delivered to street address)	Room/suite	(203)70	9-3054
Tei	mınate	ed	56 FRANKLIN STREET				
— Am	ended	return	City or town, state or country, a	nd ZIP + 4		G Gross receil	ots \$ 1,093,456
— Арі	olication	n pending	WATERBURY, CT 06706				
			F Name and address of p	principal officer	H(a) · · ·		liates? Yes V No
			MARGARET J LAWLOR	omerpar omeer	n(a) is this	a group return for affil	liates / Yes
			56 FRANKLIN STREET WATERBURY,CT 06706		H(b) Are al	l affiliates included	I?
			WATERBORT, CT 00700		If "N	o," attach a lıs	t (see instructions)
T Ta	x-exem	npt status	▼ 501(c)(3)	◀ (insert no)	H(c) Grou	up exemption n	umber ► 0928
		•		. (\dashv		
J W	ebsite	e: P WW	/W STMH ORG		<u> </u>		
K For	n of or	ganızatıon	Corporation Trust Associa	ation 🔽 Other 🕨	L Year of fo	rmation 1984	M State of legal domicile CT
Pa	rt I	Sum	mary				
Governance	!	SAINT		sion or most significant activities TION'S PRIMARY EXEMPT PURPOSE :	IS TO RAISE !	MONEY IN SUI	PPORT OF SAINT
Ē							
Š	,	Chack th	us hav W if the arganization	discontinued its operations or disposed	of more than 1	25% of its not	accatc
			•	erning body (Part VI, line 1a)		3	1
ୟ ହ				rs of the governing body (Part VI, line 1			23
₽				in calendar year 2010 (Part V, line 2a)		. 5	0
Activities &			mber of volunteers (estimate			6	20
ď			,	n Part VIII, column (C), line 12		7a	0
				e from Form 990-T, line 34		7a 7b	0
	-		Tacca basiness taxable meem		Drid	or Year	Current Year
	8	Contri	hutions and grants (Part VIII	, line 1 h)		796,212	453,825
<u>9</u>	9		- · ·	, line 2g)		, , , , , , , ,	0
Revenue	10			mn (A), lines 3, 4, and 7d)		80,789	113,108
ř	11			A), lines 5, 6d, 8c, 9c, 10c, and 11e)	·	284,835	297,677
	12			11 (must equal Part VIII, column (A), lı	ne l	20.,000	2007000
	<u> </u>		_	<u> </u>		1,161,836	864,610
	13	Grants	and similar amounts paid (P	art IX, column (A), lines 1–3)		524,702	477,650
	14			rt IX, column (A), line 4)		0	0
Ø	15			oyee benefits (Part IX, column (A), lines		344,258	358,198
Expenses	16a	5-10)		(X, column (A), line 11e)		0	0
<u>क</u>						0	
Д	b		ndraising expenses (Part IX, column	· · · · · · · · · · · · · · · · · · ·		242.612	172.402
	17 18			n), lines 11a-11d, 11f-24f)	•	242,612 1,111,572	173,493
	19			ne 18 from line 12		50,264	-144,731
eg eg	15	Nevell	ac 1633 expenses Subtract III	ne 10 nom me 12	Reginnin	g of Current	· · · · · · · · · · · · · · · · · · ·
က်ားဆို ၁၃					_	ear	End of Year
Net Assets or Fund Balances	20	Total	assets (Part X, line 16)			4,662,962	4,326,943
정말	21	Total I	iabilities (Part X, line 26) .			153,777	118,259
žĪ	22	Netas	sets or fund balances Subtra	ct line 21 from line 20		4,509,185	4,208,684
Pai	rt II	Sign	ature Block				
know		and belie		nined this return, including accompanying te. Declaration of preparer (other than offic			
		****	** hture of officer			012-08-14	
Sigr					D	ate	
Her	e		O WABLE CEO or print name and title				
	1	<u> </u>	•	I D		Chack if salf	T
_		Print/Type preparer's	name	Preparer's signature	Date	Check if self- employed ▶	PTIN
Paid	Ī		me 🕨 KPMG LLP	<u> </u>		<u> </u>	Firm's EIN
Prep		Fırm's add	dress Fone Financial Plaza				Phone no (860) 522-
Use (Only		Hartford, CT 061032608				3200 (860) 522-

May the IRS discuss this return with the preparer shown above? (see instructions)

┌ Yes ┌ No

Par		nt of Program Service A hedule O contains a response	Accomplishments to any question in this Part III		୮
1	Briefly describe th	ne organization's mission			
	NT MARY'S HOSPIT PITAL, INC	AL FOUNDATION'S PRIMA	RY EXEMPT PURPOSE IS TO RA	AISE MONEY IN SUPPORT OF S	AINT MARY'S
1103	FITAL, INC				
_	5.111				
2			rogram services during the year		es 🗸 No
	If "Yes," describe t	these new services on Schedi	ıle O		
3		on cease conducting, or make	significant changes in how it con		es 🔽 No
	If "Yes," describe t	these changes on Schedule O			
4	Section 501(c)(3)	and 501(c)(4) organizations		argest program services by expere re required to report the amount of ervice reported	
4a	(Code) (Expenses \$	866,636 including grants of \$	477,650) (Revenue \$)
	CONTRIBUTIONS ARE	RAISED FOR SPECIFIC AND NON-S	TRIBUTIONS FROM THE PUBLIC SOLELY PECIFIC PURPOSES AND DISTRIBUTED T PITAL'S PROGRAM SERVICE ACCOMPLIS	FOR THE BENEFIT OF SAINT MARY'S HOS TO THE HOSPITAL BASED ON THE HOSPITA HMENTS	SPITAL, INC AL'S NEEDS PLEASE SEE
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	·				
	(Code) (Expenses \$	including grants of \$) (Revenue \$)
т.	(couc) (Expenses \$	including grants or \$) (Nevende \$,
	Other program se	ervices (Describe in Schedule	· O)		
	(Expenses \$	· ·	grants of \$) (Revenue \$)
4e	Total program se		866,636		

Part TV	Checklist of	Required	Schedules
	CHCCKHSCOL	IXC GGII CG	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
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? <i>If</i> "Yes," complete Schedule C, Part II	4		No
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		
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 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? <i>If</i> " <i>Yes</i> ," <i>complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
С	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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If</i> "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		No
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 (see instructions)	17		No
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
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 \Box	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		N o
С	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		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section $512(b)(13)$?	35		Νo
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 \Box Yes \Box No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	
		F	orm 990	(2010)

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
.a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
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	1.		
1	gaming (gambling) winnings to prize winners?	1c		
ь	return			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
	Did the organization have unrelated business gross income of \$1,000 or more during the	2-		N.a.
,	year?	3a 3b		No
	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)?	4 a		No
)	If "Yes," enter the name of the foreign country ►			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
,	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
:	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		No
)	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7 c		No
	Did the examination receive any finds directly or indirectly to not promiting an analysis of the examination			
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
1	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
	Sponsoring organizations maintaining donor advised funds.			140
	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
1	Gross income from members or shareholders			
)	Gross income from other sources (Do not net amounts due or paid to other sources	12a		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a		
1	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	12a 13a		
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a a	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			No

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

itains a response to any question in					

_Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
14	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was	4		
5	filed? Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No No
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the			
	year by the following			1
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
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	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		N o
_	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		No
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		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶CT			
18	Section 6104 requires an organization to make its Form 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 V Upon request

- 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 See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization 🕨 RENEE WARNER 56 FRANKLIN STREET

WATERBURY, CT 06706 (203) 709-3054

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List 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) A verage hours	Posi t				ll		(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
(1) CHAD WABLE DIRECTOR	1 0	х						0	484,746	147,315
(2) MICHAEL C CULHANE DIRECTOR	1 0	х						0	0	0
(3) DONNA DEVINO DIRECTOR	1 0	х						0	0	0
(4) PETER DOIRON DIRECTOR	1 0	х						0	0	0
(5) THERESA M DUDRICK DIRECTOR	1 0	х						0	0	0
(6) LEONARD GENOVESE DIRECTOR	1 0	х						0	0	0
(7) JACI HANRATTY-CARROLL DIRECTOR	1 0	х						0	0	0
(8) PETER J JACOBY MD DIRECTOR	3 0	х						0	436,617	30,908
(9) BRIAN JONES DIRECTOR	1 0	х						0	0	0
(10) COOKIE KEGGI DIRECTOR	1 0	х						0	0	0
(11) PAUL J LARGAY DIRECTOR	1 0	х						0	0	0
(12) JOHN PRONOVOST DIRECTOR	1 0	х						0	0	0
(13) SHARON ZILAHY RN DIRECTOR	1 0	х						0	0	0
(14) PAUL KELLY MD DIRECTOR	1 0	х						0	0	0
(15) LAURIE ST JOHN DIRECTOR	1 0	х						0	0	0
(16) CARMEN ANTHONY VACALEBRE DIRECTOR	1 0	Х						0	0	0 Earm 990 (2010)

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

(A) Name and Title		(B) Average hours		() ition (that a			ıII		(D) Reportable compensatio	n	(E) Reportable compensation		(F) Estima amount o	ated fother	
		per week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (\ 2/1099-MISO		from related organizations (W- 2/1099- MISC)		compens from s organizat relat organiza	the ion and ed	
(17) I	OHN A ZINNO JR CTOR	2 0	х							0		0		1)
(18) I	ERIC D ALBERT RMAN	2 0	х		х					0		0		ı)
(19) I	OSEPH CARLSON III	2 0	х							0		0		ı	-
(20) I	MARK C YANARELLA CHAIRMAN	2 0	х		х					0		0			-
	MARGARET J LAWLOR	19 0	х		Х					0	139,2	38		1,25	-)
(22)	GEORGE J STROBEL JR ETARY	1 0	х		Х					0		0		1	-
(23) I	EO FRANK SURER	1 0	х		х					0		0		-	- 0
												\top			-
												T			-
												T			-
												T			-
												\top			-
1b	Sub-Total				•	•		F				1			1
С	Total from continuation sheets	to Part VII, Sec	tion A				F]
d		<u> </u>						<u> </u>		0	1,060,60	L		179,473	
2	Total number of individuals (incl \$100,000 in reportable compen-					tea .	above) wno	received more	tna	n				
													Yes	No	-
3	Did the organization list any for							ee, c	or highest compe	ensa	ted employee				
	on line 1a? If "Yes," complete Sch							•		•		3		No	,
4	For any individual listed on line 1 organization and related organization individual											4	Yes		
5	Did any person listed on line 1a services rendered to the organiz						•		•	on o •	r individual for •	5		No	
	ection B. Independent Con	tuactore									•		•		-
1	Complete this table for your five		ısated ı	ndep	ende	ent c	ontra	tors	that received r	nore	than				-
	\$100,000 of compensation from	the organizatio	n								(B)		(с	1	-
NA NA	Nan	ne and business add	dress						C	escri	ption of services		Comper		-
147															
															-
															-
	Total number of independent cont \$100,000 in compensation from t	•	_	ot lın	nited	l to 1	those	liste	d above) who re	ceıv	ed more than				-

Form 9	90 (2	010)							Page 9
Part \	/III <u> </u>	Statement of	Revenue		(A)	(B)	(C)	(D)	
	ı				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512,513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaig							
g G	b	Membership dues							
ts, ⊞	C	Fundraising events		144,692					
<u> </u>	d	Related organizati							
έĒ	е	Government grants (co	ontributions) 1e						
흕	f	All other contributions, similar amounts not in	gifts, grants, and 1f cluded above	309,133					
きょうしょう しゅうしゅう しゅうしゅう しゅうしゅ しゅうしゅ しゅうしゅ しゅうしゅ しゅうしゅ しゅう しゅう	g		ıncluded ın lınes 1a-1f \$	132,797					
ξğ	_				452.025				
<u>ರ೯</u>	h	Total. Add lines 1a	a-1f	-	453,825				
ë	_			Business Code					
Yen	2a								
<u>ឧ</u>	b								
9 5 6	С								
Ser	d								
E	e								
Program Serwoe Revenue	f	All other program	service revenue						
査	g	Total. Add lines 2a	a-2f	▶	0				
	3	Investment incom	e (ıncludıng dıvıdends, ınter	rest					
			amounts)	▶	113,108	0	0	113,108	
	4	_	ent of tax-exempt bond proceeds		0				
	5	Royalties	(ı) Paal		0				
	6a	Gross Rents	(ı) Real 0	(II) Personal 0					
	ь	Less rental							
	 c	expenses Rental income	0	0					
		or (loss)			0				
	d	Net rental income	or (loss)	(II) O ther	0				
	7a	Gross amount	0	(II) O tilei					
		from sales of assets other							
	ь	than inventory Less cost or							
	"	other basis and sales expenses							
	С	Gain or (loss)	0	0					
	d	Net gaın or (loss)			0				
	8a		n fundraising events						
Ē		(not including \$ 144,692	2						
₹ .		of contributions re							
æ		See Part IV, line 1	.8 a	526,523					
Other Revenue	ь	Less direct exper	nses b	228,846					
₹	С	Net income or (los	s) from fundraising events		297,677		0	297,677	
	9a		n gaming activities See						
	ь	Part IV, line 19 . Less direct	. a	0					
		expenses							
	c	Net income or (los	b s) from gaming activities .		0				
		Gross sales of inve							
		returns and allowa							
			a						
	Ь	Less cost of good			0				
	С	Miscellaneous F	s) from sales of inventory	Business Code	0				
	11a	sectianeous r		243111633 6046					
	ь								
	d	All other revenue							
		Total. Add lines 1:							
				►	0				
	12	Total revenue. See	e Instructions	►	864,610	0	0	410,785	

	990 (2010)				Page 10
Par	Statement of Functional Expenses				
Δ	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to o			(D).	
Do no	ot include amounts reported on lines 6b, b, 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	477,650	477,650		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	130,817	130,817		
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	182,748	182,748		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	44,633	44,633		
10	Payroll taxes	0			
а	Fees for services (non-employees) Management	0			
b	Legal	0			
C	Accounting	28,200		28,200	
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	0			_
f	Investment management fees	23,327		23,327	
g	Other	0			
12	Advertising and promotion	250		150	100
13	Office expenses	59,167	13,131	26,670	19,366
14	Information technology	5,667		5,667	
15	Royalties	0			
16	Occupancy	12,504		12,504	
17	Travel	1,093		1,093	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,081		2,081	
20	Interest	771		771	
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	4,256		4,256	
23	Insurance	0			
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)				
а	PUBLIC AND EMPLOYEE RELATIONS	14,594	10,518		4,076
b	CONTRACT FEES	1,271		1,271	
c	CONSULTANT FEES	11,307		10,578	729
d	BAD DEBT EXPENSES	2,569	2,569		
е	MISCELLANEOUS	6,436	4,570	1,866	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,009,341	866,636	118,434	24,271
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				000 /3.0.1.0.\

Part X Balance Sheet (A) (B) Beginning of year End of year 1.259.940 1,150,027 1 148.817 2 127,915 2 Savings and temporary cash investments 340,000 202,457 3 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 Schedule L 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) **A**ssets 6 7 454 8 16,045 5,667 9 7,977 10a Land, buildings, and equipment cost or other basis Complete Part 49.351 VI of Schedule D 10a 10b 37.965 b Less accumulated depreciation 15,642 10c 11,386 2.864.525 2.818.284 11 11 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 12,326 15 8,443 15 16 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 4,662,962 16 4,326,943 **17** 115,709 17 81.810 Accounts payable and accrued expenses . 18 18 19 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities Complete Part X of Schedule D 38.068 25 36,449 26 153,777 26 118,259 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 Unrestricted net assets 1.555.371 27 1,137,790 Temporarily restricted net assets 1,985,925 28 2,103,005 28 Fund 967,889 967,889 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here F and complete lines 30 through 34. ŏ 30 Capital stock or trust principal, or current funds 30 Assets 31 Paid-in or capital surplus, or land, building or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds ž 4,509,185 4,208,684 33 33 Total net assets or fund balances Total liabilities and net assets/fund balances 34 4.662.962 4.326.943 34

Pa	Check if Schedule O contains a response to any question in this Part XI			. 🔽	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		8	364,61
2	Total expenses (must equal Part IX, column (A), line 25)	2			009,34
3	Revenue less expenses Subtract line 2 from line 1	3		- 1	144,73
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,5	509,18
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-1	155,77
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		4,2	208,68
Pai	TEXII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
1	Accounting method used to prepare the Form 990			Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were in a separate basis, consolidated basis, or both	ssued			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the i audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b		

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As Filed Data -

DLN: 93493227030272

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

SAINT MARY'S HOSPITAL FOUNDATION INC

Department of the Treasury Internal Revenue Service

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

Public Charity Status and Public Support

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

Inspection **Employer identification number**

22-2528400

Pa	rt I	Reas	on for Pu	blic Charity Stat	tus (All org	janizations	must comp	lete this pa	rt.) See in	structions		
The o	rganı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ines 1 throu	gh 11, check	only one bo	×)			
1	\vdash	A churc	ch, conventi	on of churches, or as	ssociation of	churches de	escribed in se	ection 170(b)	(1)(A)(i).			
2	\sqcap	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedu	le E)					
3	Γ	A hosp	ıtal or a coo	perative hospital sei	rvice organiz	atıon descri	bed ın sectio ı	n 170(b)(1)(A)(iii).			
4	Γ	A medi	cal research	n organization operat	ed in conjun	ction with a	hospital desc	ribed in sect	ion 170(b)(1	l)(A)(iii). Er	nter the	
		hospita	l's name, cı	ty, and state								
	_											
5	Г	Anorga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	government	al unit descr	ıbed ın	
	_			A)(iv). (Complete P								
6		A feder	al, state, or	local government or	government	al unıt descı	ribed in secti o	on 170(b)(1)	(A)(v).			
7	굣			at normally receives	a substantia	I part of its	support from	a governmer	ital unit or fro	om the gener	ral public	:
			escribed in ection 170(b)(1)(A)(vi) (Complete Part II)									
8	\vdash			described in section		1)(vi) (Com	nlete Part II)				
9	<u>'</u>								utions meml	nershin fees	and are	s s
	'	An organization that normally receives (1) more than 331/3% 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 331/3% of										
		•		oss investment inco	•	-			• •	•		
			_	janization after June				•		ax, nom bas		
10	\vdash			ganized and operated								
11	<u>'</u>	_		ganized and operated	•		•			carry out th	ne nurnos	ses of
	'			y supported organiza								
		the box	that descri	bes the ty <u>pe</u> of supp	ortıng organı	zation and c	omplete lines	s 11e throug				
	_		Type I	b Type II			- Functionall	-	d		III - Otl	
е	ı			ox, I certify that the								
			1an foundati 1 509 (a)(2)	on managers and oth	ner than one	or more pub	licly supporte	ed organizati	ons describe	a in section	509(a)(ı) or
f				received a written de	etermination	from the IRS	S that it is a 1	Type I, Type	II or Type II	II supporting	g organız	ation,
		check t	hıs box									广
g				2006, has the organi	zatıon accep	ted any gift	or contribution	on from any o	of the			
			ig persons? erson who di	rectly or indirectly c	ontrols, eithe	eralone orto	agether with r	persons desc	ribed in (ii)		Yes	No
				governing body of th						11g(110
				er of a person descril		_				11g(i		
				led entity of a persoi			bove?			11g(i		
h				ng information about								<u> </u>
						.	(- /					
				(iii)	(iv)							
				Type of	Is the	<u> </u>	(v)	6	(vi)			
	(i)		,	organization	organızatı		Dıd you not organızatı		Is the		۱ (۱	rii)
	Name suppor		(ii) EIN	(described on lines 1- 9 above	col (ı) lıst		col (i) of		organızatı col (ı) orga			unt of
	ganız		EIIN	or IRC section	your gove		suppor		in the U		sup	port
0.	gumz			(see	docume	nt '						
				instructions))	Yes	No	Yes	No	Yes	No		
											1	
				[I	I	ı		i	1	

Total

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.)

include any "unusual greats" 2 Tax revenues leved thrith operations benefit and either operations are compreded in its behalf and the property of the programation without charge 4 Total. Add lines 1 through 3 872,680 \$34,100 \$818,683 \$796,212 \$459,825 \$3.475,175 \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10		under Part III. If the	e organization f	ans to quanty u	nuer the tests i	isted below, pie	ase cor	пріесе і	Pail III.)
(1) Grits, grants, contributions, and membership fees received (Do not include any "unusual to grantship fees received (Do not include any "unusual to grantship fees received (Do not include any "unusual to or expended on its behalf" 3 The value of services or facilities furnished by a governmental unit to the facilities furnished by a governmental unit to governmental unit to governmental unit to governmental unit to governmental unit or publicly supported organization) included on line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 1 that exceeded 2% of the amounts shown on line 11, column for line 4 that exceeded 2% of the line 1 tha			T	1	 	Т		T	
1 Giffs, grants, controlutions, and membership fees received (Do not include any "unusual grants") and services of facilities from the organization without charge and the properties of the programment of the organization without charge and the properties of the pr	Cale		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2	010	(f) Total
2 Tax revenues levide 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 Fig. 3 The value of services or facilities furnished by a governmental unit to the organization without charge 5 The part of the color of the color without charge of the part of the color o	1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	872,680	534,106	818,683	796,212		453,825	3,475,506
furnished by a governmental unit to the organization without charge 4 Total. Add lines I through 3 572,680 534,100 816,683 796,212 453,825 3,475; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2°% of the amount shown on line 11, column (f) 6 Public Support. Subtract line 5 from line 4 Callendar year (or fiscal year beginning in line 1 that exceeds 2°% of the amount shown on line 11, column line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources are considered on the business is regularly carried on 10 Other income Do not include gain or loss from the selse of capital assets (Explain in Part IV) 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc. (See instructions.) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. The organization qualities as a publicly supported organization qualifies as a publicly supported organization under the facts and circumstances* test. The organization qualifies as a publicly supported organization under the Sound of the programization did not check a box on line 13, 16a, 17b, 17b, check this box and stop here. Explain in Part I		Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
### A Total. Add lines 1 through 3 872,680 534,100 818,683 796,212 453,825 3,475; ### To provide the 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) ### Public Support. Subtract line 5 from line 4 872,680 534,106 818,683 796,212 453,825 3,475; ### Section B. Total Support ### Callendar year (or fiscal year beginning in) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 11, column (f) ### A mount shown on line 13, 168, 683 796,212 453,825 3,475; ### A mount shown on line 13, 168, 789 113,108 673; ### A mount shown on line 13, 168, 789 113,108 673; ### A mount shown on line 13, 168, 789 113,108 673; ### A mount shown on line 13, 168, or 168 and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization of business is a publicly supported organization of line 13, 168, or 158 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 I by ow the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part I by ow the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part I by ow the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part I by ow the organization meets the "facts	3	furnished by a governmental unit to							
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) Public Support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total nine 4 Section B. Total Support Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part II) Total support (Add line 7 through 10) Gross receipts from related activities, etc. (See instructions.) 12 2,020,77 Total Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 13 First Five Years If the Form 99 0 is for the organization of high check this box and stop here. The organization qualifies as a publicly supported organization. Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 14 8 3 31/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 15 8 86 (28) 16 33 1/3% support test—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how 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, check this bo	4		872 680	534 106	818 683	796 212		453 825	3 475 506
International Content Inte		The portion of total contributions by each person (other than a governmental unit or publicly		331,100	010,003	730,212		133,023	3,173,330
Section B. Total Support Calendar year (or fiscal year beginning in)		line 1 that exceeds 2% of the amount shown on line 11, column							
Calendar year (or fiscal year beginning (a) 2006 (b) 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total (n)	6	Public Support. Subtract line 5 from	1						3,475,506
A mounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business activities, whether or not the business activities, whether or not the business activities, whether or not the business is regularly carned on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 15 Support Percentage for 2009 Schedule A, Part II, line 14 16 33 1/39% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/39% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 In 17 In 18 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 18 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 19 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 19 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 10 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 11 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 12 Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 13 Support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/39% or more, and if the organization did not check the box on line 13, 16a, or 16b and line 1 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									
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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 1.0) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 16 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 17 10%-facts-and-circumstances test—2010. If the organization did not check the 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how t	8	dividends, payments received on securities loans, rents, royalties and income from similar	232,073	247,191		80,789		113,108	673,161
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11 Total support (Add lines 7 through 10) 12 Gross receipts from related activities, etc (See instructions) 13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 14 83 774 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 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 16 33 1/3% support test—2009. If the organization did not check the 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 17 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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, check this box and stop here. Explain in Part IV how 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 qualifies as a publicly supported organization full part IV how the orga	10	O ther income Do not include gain or loss from the sale of capital assets (Explain in Part							
First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) Public Support Percentage for 2009 Schedule A, Part II, line 14 15 88 628 628 628 628 628 628 628 628 628	11	Total support (Add lines 7							4,148,667
Section C. Computation of Public Support Percentage 14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) 15 Public Support Percentage for 2009 Schedule A, Part II, line 14 16 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 17 by support test—2009. If the organization did not check the 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 18 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 19 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, 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 Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization or Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see	12	Gross receipts from related activiti	es, etc (See insti	ructions)			12		2,020,726
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15 Public Support Percentage for 2009 Schedule A, Part II, line 14 16 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 17 33 1/3% support test—2009. If the organization did not check the 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 18 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 19 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, 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. Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see									
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box and stop here. The organization qualifies as a publicly supported organization 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. 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. Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see		and stop here. The organization qua	alıfıes as a publıcl	y supported orga	nızatıon				▶ ✓
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. Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see		box and stop here. The organization 10%-facts-and-circumstances test is 10% or more, and if the organization medium Part IV how the organization medium.	n qualifies as a pu — 2010. If the orga tion meets the "fa	iblicly supported anization did not d acts and circums	organization check a box on line cances" test, chec	e 13, 16a, or 16t k this box and st	o and line	e 14 Explain	►
INSTRUCTIONS		10%-facts-and-circumstances test 15 is 10% or more, and if the organ Explain in Part IV how the organiza supported organization	nization meets the tion meets the "fa	e "facts and circu acts and circums	mstances" test, c cances" test The	heck this box and organization qual	d stop he ıfıes as a	e re. a publicly	·

organization

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 (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total ın) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2006 **(b)** 2007 (c) 2008 (d) 2009 (e) 2010 (f) Total in) 9 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) 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 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 Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f)) 17 **17** Investment income percentage from 2009 Schedule A, Part III, line 17 18 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

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

▶□

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

DLN: 93493227030272

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

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

Open to Public

tema	al Revenue Service	► Attach to Fo	orm 990. 🟲 See separa	ite instructions.			nspec	tion
	me of the organi				Emplo	yer identification	on numb	er
SAI	NT MARY'S HOSPITA	L FOUNDATION INC			22.25	528400		
Рa	rt I Organi	izations Maintaining Donor Ac	dvised Funds or	Other Similar F			Comple	te if the
		ation answered "Yes" to Form 99					· · · · · ·	
			(a) Donor ad	vised funds	(b) Funds and oth	eraccou	ınts
L	Total number a	t end of year						
2	Aggregate cont	ributions to (during year)						
3	Aggregate gran	ts from (during year)						
1	Aggregate valu	e at end of year						
5		ration inform all donors and donor advi rganization's property, subject to the			ior advis		┌ Yes	┌ No
5	used only for c	ration inform all grantees, donors, and haritable purposes and not for the ben ermissible private benefit				purpose	┌ Yes	┌ No
Pa	rt III Conse	rvation Easements. Complete	ıf the organızatıon	answered "Yes" t	o Form	990, Part IV,	lıne 7.	
L 2	Preservati Protection Preservati Complete lines	conservation easements held by the or on of land for public use (e g , recreating of natural habitat on of open space 2a-2d if the organization held a qualing last day of the tax year	on or pleasure)	Preservation of ar Preservation of a	certified	historic structui		a
						Held at the Er	nd of the	Year
а	Total number o	f conservation easements			2a			
b	Total acreage i	restricted by conservation easements			2b			
c	Number of cons	servation easements on a certified his	toric structure includ	ed ın (a)	2c			
d	Number of cons	servation easements included in (c) a	cquired after 8/17/06		2d			
3	Number of cons	servation easements modified, transfe	rred, released, exting	juished, or terminate	ed by the	organization du	rıng	
	the taxable yea	ar ⊳						
1	Number of stat	es where property subject to conserva	ation easement is loc	ated ►				
5	Does the organ	nization have a written policy regarding the conservation easements it holds?	g the periodic monitor	·	—— dling of v	iolations, and	┌ Yes	┌ No
5	Staff and volun	teer hours devoted to monitoring, insp	ecting and enforcing	conservation easem	nents dur	ring the year ► _		
7	A mount of expe	enses incurred in monitoring, inspectii	ng, and enforcing con	servation easement	s during t	the year ► \$		
3		servation easement reported on line 2) and 170(h)(4)(B)(ii)?	(d) above satisfy the	requirements of sec	tion		┌ Yes	┌ No
9	balance sheet,	escribe how the organization reports co and include, if applicable, the text of t n's accounting for conservation easen	the footnote to the org					
aı		izations Maintaining Collection etc. If the organization answered '			or Oth	er Similar As	sets.	
La	art, historical t	tion elected, as permitted under SFAS reasures, or other similar assets held t XIV, the text of the footnote to its fin	for public exhibition,	education or resear	ch ın furt			e,
b	historical treas	tion elected, as permitted under SFAS sures, or other similar assets held for j owing amounts relating to these items	public exhibition, edu					
	(i) Revenues II	ncluded in Form 990, Part VIII, line 1				► \$		
	(ii) Assets incl	luded in Form 990, Part X				F \$		
2	If the organizat	tion received or held works of art, histonians are secured to be reported under SFA			or financi			

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

le organization's accession and other heck all that apply) lic exhibition olarly research servation for future generations a description of the organization's content of the organization solicity of the year, did the organization solicity of the year, did the organization solicity of the sold to raise funds rather than excrow and Custodial Arrangart IV, line 9, or reported an aimpanization an agent, trustee, custodion Form 990, Part X? If explain the arrangement in Part XI and balance organization include an amount on Form solutions during the year declaration include an amount on Form solutions during the arrangement in Part XI and the arrang	or receive donations to be maintained as gements. Complemount on Form 99 dian or other interments. To and complete the form 990, Part X, lin V	d e in how s of art part o ete if 00, Pa ediary following	they to the or the or trick, for corong tab	Loan or Other further to origaniza rganiza line 21 ntribution	exchang the organ easures of tion's col ation and ons or oth	e program	exempt imilar 'Yes" to s not	purpose i	n Yes	┌ No
olarly research servation for future generations a description of the organization's content of the organization solicity of the year, did the organization solicity of the sold to raise funds rather than the serow and Custodial Arrangement IV, line 9, or reported an air granization an agent, trustee, custors on Form 990, Part X? If explain the arrangement in Part XI and balance the during the year strong during the year strong during the arrangement in Part XI and owners for the arrangement in Part XI and owners for the arrangement in Part XI and owners funds. Complete	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the form 990, Part X, link V If the organization (a)Current Year	e of art part o ete if 90, Pa ediary	they for the or	further to prical tree programiza rganiza line 21 ntribution	the organ easures of tion's col ation and ons or oth	or other sollection? swered ner asset	exempt Imilar 'Yes" to s not	Form 9	Yes 90,	
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he year, did the organization's control be sold to raise funds rather than scrow and Custodial Arrangart IV, line 9, or reported an air ganization an agent, trustee, custon on Form 990, Part X? explain the arrangement in Part XI and balance organization include an amount on Fexplain the arrangement in Part XI balance organization include an amount on Fexplain the arrangement in Part XI andowment Funds. Complete	or receive donations to be maintained as gements. Complemount on Form 99 dian or other intermed. V and complete the form 990, Part X, link V If the organization (a)Current Year	ete if 20, Pa ediary followi	the or th	orical tro organiza rganiza line 21 ntribution	easures (tion's col ation and ons or oth	or other sillection? swered ner asset	'Yes" to	Form 9	Yes 90,	
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explain the arrangement in Part XI ndowment Funds. Complete ng of year balance	of the organization (a)Current Year	n ans			to Forn	2 000 E		J	- v	
ndowment Funds. Complete	If the organization (a)Current Year				to Forn	2 000 - 0			Yes	│ No
ng of year balance	(a)Current Year				uu FArn		~ rt T\/	line 10		
	- ` `	(-)		cai i				IINE 10. Years Back	(e)Four	Years Back
	—		1,0	080,380		1,059,146	(=)	Datek	(=), 541	
nent earnings or losses	-14,014			86,655		33,734				
prischolarships										
xpenditures for facilities				76,729		12,500				
trative expenses										
earbalance	1,076,292		1,0	90,306		1,080,380				
the estimated percentage of the yea	ar end balance held a	as								
esignated or quasi-endowment 🕨	0 %									
ent endowment 🕨 90 000 %										
40.000										
	ession of the organiz	atıon t	hat ar	e held a	ınd admır	nistered f	or the			
tion by		_		-					Yes	No
ated organizations			•					<u>`</u>		No
										No
_	•							. <u> </u> 3b	<u>' </u>	
) Doet V	/ line 1	`			
nvesunents—Land, Building	ıs, anu cquipme	11t. 50				•			. T	
Description of investment									1 (d)	Book value
									\bot	
		•							\bot	
d improvements		•							\bot	
		•			0	49,3	49	37,9	63	11,386
nt										
	· · · · · ·		1 1						1	11,386
e central e e e e e e e e e e e e e e e e e e e	signated or quasi-endowment Intendowment Intendowment Intendowment Intendoment Interpose to the possestion by the action by the action by the action of the possestion by the action of the possestion in Part XIV the intended uses of the possestion Intended uses of the possestion of	signated or quasi-endowment nt endowment 90 000 % dowment 10 000 % e endowment funds not in the possession of the organization by ated organizations	nt endowment 90 000 % dowment 10 000 % endowment funds not in the possession of the organization to the organization to the organizations of the organization	nt endowment 90 000 % dowment 10 000 % e endowment funds not in the possession of the organization that are tion by ated organizations	nt endowment 90 000 % dowment 10 000 % e endowment funds not in the possession of the organization that are held a tion by ated organizations	nt endowment 90 000 % dowment 10 000 % e endowment funds not in the possession of the organization that are held and admiration by ated organizations	Intendowment 90 000 % Idowment 10 000 % Idometrian 10 000 % Idometri	Intendowment 90 000 % Intendowment 10 000 % Intend	nt endowment ▶ 90 000 % downent ▶ 10 000 % de endowment funds not in the possession of the organization that are held and administered for the tion by ated organizations	signated or quasi-endowment

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	
(a) Description of security or category (including name of security)	(b) Book value	od of valuation f-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990, Part X, line	
(a) Description of investment type	(b) Book value	od of valuation f-year market value
		, , , , , , , , , , , , , , , , , , , ,
Total. (Column (b) should equal Form 990. Part X. col (B) line 13)		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line		
(a) Descrip		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1	5)	
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
DUE TO SAINT MARY'S HOSPITAL I	33,406	
CHARITABLE GIFT ANNUITIES	2,703	
DUE TO SLOCUM CORP	340	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	26 440	
(Solution (B) Should equal Folin 350, Falt A, COI (B) IIIIE 25)	36,449	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	its	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	864,610
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,009,341
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-144,731
4	Net unrealized gains (losses) on investments	4	-155,770
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-155,770
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-300,501
Par	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Retur	n
1	Total revenue, gains, and other support per audited financial statements	1	937,686
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	-155,770
3	Subtract line 2e from line 1	3	1,093,456
4	A mounts 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		
Ь	Other (Describe in Part XIV)		
- с -	Add lines 4a and 4b	4c	-228,846
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5 Por Pot	864,610
1	Total expenses and losses per audited financial	per keu	1,238,187
_	statements	1	1,230,107
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	228,846
3	Subtract line 2e from line 1	3	1,009,341
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b	4c	1 000 011
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,009,341

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS		THE ENDOWMENT FUNDS OF THE FOUNDATION INCLUDE PERMANENT AND TERM RESTRICTED INVESTMENTS THE PERMANENT ENDOWMENT FUNDS INCLUDE VARIOUS WILLS AND ESTATES WHEREBY THE ORIGINAL GIFT IS PERMANENTLY RESTRICTED AND THE INCOME GENERATED IS UNRESTRICTED AND USED TO SUPPORT HOSPITAL OPERATIONS THE TERM RESTRICTED FUNDS INCLUDE A TOTAL OF 74 FUNDS RESTRICTED AS TO USE THESE FUNDS ARE ORGANIZED INTO ELEVEN CATEGORIES, BASED UPON THE INTENDED USE OF THE FUND THE CATEGORIES ARE CARDIOLOGY, CHILDREN AND FAMILY HEALTH CLINICS, EMERGENCY DEPARTMENT, DEPARTMENT OF SURGERY, NURSING DEPARTMENTS, CLINICAL DEPARTMENTS, NON-CLINICAL DEPARTMENTS, MEDICAL/SURGICAL EDUCATION, SPECIAL FUNDS, SCHOLARSHIP FUNDS AND EDUCATION FUNDS THE FUNDS ARE USED BASED ON THE DONOR STIPULATED RESTRICTIONS
OTHER REVENUE INCLUDED ON RETURN BUT NOT IN THE FINANCIAL STATEMENTS		FUNDRAISING EXPENSE (\$228,846)
OTHER EXPENSES INCLUDED IN THE FINANCIAL STATEMENTS BUT NOT ON RETURN	PART XIII, LINE 2D	FUNDRAISING EXPENSE \$228,846

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DLN: 93493227030272

OMB No 1545-0047

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. F See separate instructions.

Open to Public Inspection

Name of the organization SAINT MARY'S HOSPITAL	EQUINDATION INC				Employer	identification number
SAINI MARY S HUSPITAL	FOUNDATION INC				22-2528	400
Part I Fundraising	Activities. Complet	e if the c	organiza	tion answered "Yes"	to Form 990, Par	t IV, line 17.
 a Mail solicitations b Internet and e-mail c Phone solicitations d In-person solicitat 2a Did the organization had or key employees liste b If "Yes," list the ten high 	s tions ive a written or oral agre d in Form 990, Part VII	eement wit) or entity rentities (e f g th any ind in conne (fundraise	Solicitation of noi Solicitation of gov Special fundraising dividual (including office action with professional agreem	n-government grant vernment grants ng events rs, directors, truste fundraising services ents under which th	es 5 ⁷ Yes N o e fundraiser is
(i) Name and address of Individual or entity (fundraiser)	(ii) Activity	fundrais custo cont	Did ser have ody or rol of utions?	(iv) Gross receipts from activity	(v) A mount paid (or retained by) fundraiser listed col (i)	(or retained by)
Total			.			
3 List all states in which licensing	the organization is regis	stered or l	licensed t	o solicit funds or has be	een notified it is exe	empt from registration or

			(a) Event #1 GALA	(b) Event #2 GOLF TOURNY	(c) Other Events	(d) Total Events (Add col (a) through col (c))
			(event type)	(event type)	(total number)	
₽	1	Gross receipts	341,640	265,540	64,035	671,215
Reveilue	2	Less Charitable contributions	80,764	55,801	8,127	144,692
	3	Gross income (line 1 minus line 2)	260,876	209,739	55,908	526,523
	4	Cash prizes				
မွ	5	Non-cash prizes	12,731	0	0	12,731
Expenses	6	Rent/facility costs				
요 -	7	Food and beverages				
Direct	8	Entertainment				
ੂ	9	Other direct expenses .	92,070	87,646	36,399	216,115
	10	Direct expense summary Add lir	nes 4 through 9 ın column	(d)		228,846
	11	Net income summary Combine Ii	ines 3 and 10 in column (c	d)	🛌	297,677
Part	***	Gaming. Complete if the o	rganization answered "	'Yes" to Form 990, Pai	rt IV, line 19, or repo	
		\$15,000 on Form 990-EZ, lı	ne 6a.	·		
⊈			(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Revenue			1	bingo/progressive bingo		(Add col (a) through col (c))
Reveix	1	Gross revenue	1	bingo/progressive bingo		
		Gross revenue		bingo/progressive bingo		
	2			bingo/progressive bingo		
Expenses	2	Cash prizes		bingo/progressive bingo		(Add col (a) through col (c))
	2 3 4	Cash prizes		bingo/progressive bingo		
Expenses	2 3 4 5	Cash prizes Non-cash prizes Rent/facility costs		Yes		
Expenses	2 3 4 5 6	Cash prizes		Г Yes%	厂 No	
Expenses	2 3 4 5 6	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor		Г Yes%	厂 No	
Expenses	2 3 4 5 6 7 8 Ente	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organiza	Yes%_ No s 2 through 5 in column (continue lines 1 and 7 in column ation operates gaming act		厂 No	col (c))
o e o Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization licensed to operate	Yes%_ No s 2 through 5 in column (continue lines 1 and 7 in columation operates gaming activities in each			col (c)
o e o Direct Expenses	2 3 4 5 6 7 8 Enter Is the	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization discensed to operate the companization licensed to operate the companion of the companization licensed to operate the companization licensed the compani	Yes%_ No s 2 through 5 in column (on the lines 1 and 7 in column ation operates gaming activities in each	<pre></pre>	Γ No	· Fyes No
o e o Direct Expenses	2 3 4 5 6 7 8 Enter	Cash prizes Non-cash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary Add line Net gaming income summary Comer the state(s) in which the organization licensed to operate	Yes% No s 2 through 5 in column (continue lines 1 and 7 in columation operates gaming act agaming activities in each	<pre></pre>	Γ No	· Fyes F No
b Pirect Expenses	2 3 4 5 6 7 8 Enter Is till If "N	Cash prizes	Yes%_ No s 2 through 5 in column (conbine lines 1 and 7 in columation operates gaming activities in each gaming activities gaming ga	Yes	No ▶	· Fyes No

11	Does the organization operate ga	aming activities with nonmembers? .		$\Gamma_{ m Yes}$ $\Gamma_{ m No}$
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	ber of a partnership or other entity	
	formed to administer charitable of	gaming?		. Г _{Yes} Г _{No}
13	Indicate the percentage of gamin	ng activity operated in		
а	The organization's facility		13a	
b	An outside facility		13b	
14	Provide the name and address of records	f the person who prepares the organiza	tion's gaming/special events books and	
	Name 🟲			
	Address 🟲			
15a	Does the organization have a co	ntract with a third party from whom the	organization receives gaming	
	-	· ·		. Γ_{Yes} Γ_{No}
b			tion 🟲 \$ and the	, , , , , , , , , , , , , , , , , , , ,
	amount of gaming revenue retain	ned by the third party 🟲 \$		
c	If "Yes," enter name and address	s		
	Name 🟲			
	Address ►			
16	Gaming manager information			
	Name 🟲			
	Gaming manager compensation I	> \$		
	Description of services provided			
	Director/officer	□ Employee	Independent contractor	
17	Mandatory distributions			
а		er state law to make charitable distribu		
				Tyes No
b		required under state law distributed t	o other exempt organizations or spent	
D		activities during the tax year \$	reconnect to question on Cohedule C./	
Pa	t IV Complete this part to proceed instructions.)	provide additional information for	responses to question on Schedule G (see
	Identifier	ReturnReference	Explanation	

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Schedule I (Form 990)

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

DLN: 93493227030272

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

22-2528400

Form 990, Part I	er Assistance to V, line 21 for any	o Governments and recipient that received eded	Organizations in more than \$5,000.	the United States Check this box if n	o one recipient rece	ived more than \$5,0	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of gran or assistance
) SAINT MARY'S OSPITAL INC56 RANKLIN STREET ATERBURY, CT 57061281	06-0646844	501(c)(3)	477,650				VARIOUS

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.
	Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation
GRANTS OR ASSISTANCE TO ORGANIZATIONS IN	1	SAINT MARY'S HOSPITAL FOUNDATION, INC RAISES CONTRIBUTIONS FROM THE PUBLIC SOLELY FOR THE BENEFIT OF SAINT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND ARE DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS
THEUS		

DLN: 93493227030272

OMB No 1545-0047

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, question 23. ► Attach to Form 990. ► See separate instructions. Open to Public Inspection

Name	e of	the	organiz	zati	ion	
SAINT	MAR	Y'S F	IOSPITAL	. F0	UNDATION	INC

Employer identification number

22-2528400

Pa	rt I Questions Regarding Compensation					
					Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Γ	Housing allowance or residence for personal use			
	Travel for companions	\sqcap	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describe			1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive D					
	officers, directors, trustees, and the CLO/Executive D	necu	or, regarding the items thetked in line 1a.	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		у			
	Compensation committee		Written employment contract			
	Independent compensation consultant	V	Compensation survey or study			
	Form 990 of other organizations	<u> </u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Pai or a related organization	t VII	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymen	nt from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplementa	l non	qualified retirement plan?	4b	Yes	
C	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4 c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provi	de th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	comi	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of					
а	The organization?			5a		Νo
b	Any related organization?			5b		Νο
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	e 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, lir payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, paid subject to the initial contract exception described in R					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow the resection 53 $4958-6(c)$?	ebutt	able presumption procedure described in Regulations	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					(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation reported in prior
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	penents	(0)(1)-(0)	Form 990 or Form 990-EZ
(1) CHAD WABLE	(I) (II)	0 346,909	0 124,475	0 13,362	0 122,675	0 24,640	0 632,061	0 0
	(I) (II)	0 435,429	0 0	0 1,188	0 19,600	0 11,308	0 467,525	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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

Identifier	Return Reference	Explanation
	PART I - LINE	SAINT MARY'S HOSPITAL FOUNDATION, INC TOP MANAGEMENT OFFICIALS COMPENSATION ARE DETERMINED UNDER THE COMPENSATION POLICIES OF SAINT MARY'S HEALTH SYSTEM WHICH INCLUDE A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
		CHAD WABLE PARTICIPATED IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN NO PAYMENT WAS RECEIVED BY THIS INDIVIDUAL DURING THE FISCAL YEAR ENDING 2011 FROM THIS PLAN

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493227030272

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

Open to Public **Inspection**

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

22-2528400

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	(d) Method of determining o amounts	ncash co	ontributi	ion
	Art—Works of art			1g				
	Art—Historical treasures							
	Art—Fractional interests							
	Books and publications Clothing and household							
3000 1000	_							
•	Cars and other vehicles .							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded							
	Securities—Closely held stock							
11	Securities—Partnership,							
	LLC, or trust interests .							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts .							
	FUNDRAISING							
25	RAFFLE Other►(<u>CONTRIBUTIONS</u>)	x	325	132,797	EM\/			
	· · · · · · · · · · · · · · · · · · ·	 ^ 	323	132,737	1 11 V			
	Other►() Other►()							
	Other ► ()							
20 29	Number of Forms 8283 received b	v the ora:	anization during the tay yea	r for contributions				
23	for which the organization complete	-			29			0
	, ,		,	J	•		Yes	No No
30a	During the year, did the organization	n receive	e by contribution any prope	rty reported in Part I, lines	1-28 that it			
	must hold for at least three years f	rom the c	late of the initial contribution	on, and which is not require	d to be used			
	for exempt purposes for the entire			·		30a		No
ь	If "Yes," describe the arrangement							
31	Does the organization have a gift a			eview of any non-standard	contributions?	31		Νο
32a	Does the organization hire or use t	hırd partı	es or related organizations	to solicit, process, or sell i	non-cash			
	contributions?					32a		No
h	If "Yes," describe in Part II					J20		110
33 33		venuesi	n column (c) for a type of p	operty for which column (a) is checked			
	describe in Part II		co.anim (c) for a cype of pr	opole, for milen column (a	, is alleaked,			
	addanbe in raict1							

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2010

DLN: 93493227030272

OMB No 1545-0047

Inspection

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990 or 990-EZ

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

22-2528400

ldentifier	Return	Explanation
	Reference	
PROGRAM SERVICE ACCOMPLISHMENTS	990 PART III - LINE 4A	BANT MARY'S HOSPITAL FOUNDATION INC RAISES CONTRIBUTIONS FROM THE PLBILIC SOLELY FOR THE BENEFIT OF SANT MARY'S HOSPITAL, INC CONTRIBUTIONS ARE RAISED FOR SPECIFIC AND NON-SPECIFIC PURPOSES AND DISTRIBUTED TO THE HOSPITAL BASED ON THE HOSPITAL'S NEEDS SAINT MARY'S HOSPITAL HAS MANY IMPORTANT SERVICE ACCOMPLISHMENTS IN THE AREAS OF IMPATIENT SERVICES THE HOSPITAL ALSO PROVIDED MANY COMMUNITY BENEFITS SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS AND MANY'S REMAINS COMMUNITY BENEFITS SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS SAINT MARY'S REMAINS COMMUNITY BENEFITS SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS SAINT MARY'S REMAINS COMMUNITY BENEFITS SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS SAINT MARY'S REMAINS COMMUNITY BENEFITS SAINT MARY'S HOSPITAL, INPATIENT SERVICE ACCOMPLISHMENTS SAINT MARY'S REMAINS COMMUNITY BENEFITS SAINT MARY'S HORE LARGEST PROGRAMS ARE SURGERY, CARDIOLOGY AND MEDICINE. IN 2011, 1,303 PATIENTS CHOSE STO HAVE SURGERY AT SAINT MARY'S ATYLYNG AT THE HOSPITAL FOR A TOTAL OF 8,401 DAY'S AND GENERATED \$22 MILLION IN REVENUE, 1,339 PATIENTS CHOSE SAINT MARY'S FOR CARDIAC CARE, STAYNG IN THE HOSPITAL FOR A TOTAL OF 5,757 DAY'S AND GENERATING \$17 7 MILLION IN REVENUE, AND 1,973 PATIENTS RECEIVED INPATIENT MEDICAL CARE, STAYNG IN THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND GENERATING \$18 MILLION IN REVENUE, AS THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND GENERATING \$18 MILLION IN REVENUE, STAYLING IN THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND GENERATING \$18 MILLION IN REVENUE, STAYLING IN THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND MENERATING \$18 MILLION IN REVENUE, STAYLING IN THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND MENERATING \$18 MILLION IN REVENUE, STAYLING IN THE HOSPITAL FOR A TOTAL OF 9,521 DAY'S, AND MENERATING \$18 MILLION IN REVENUE, STAYLING IN THE REGION, IT HAS GARRIERDED RECOCCIVITION FROM STATE AND NATIONAL STANDARD HOSPITAL FOR THE HOSPITAL HOSPITAL FOR THE

Identifier	Return Reference	Explanation
SAINT MARY'S HOSPITAL, OUTPATIENT SERVICE ACCOMPLISHMENTS	990 PART III - LINE 4A CONTINUED	SAINT MARY'S HEALTH SYSTEM EXTENDS FROM WATERBURY TO WOLCOTT, NAUGATUCK, SOUTHBURY AND PROSPECT IN 2011, 224,449 PATIENTS CHOSE SAINT MARY'S FOR OUTPATIENT CARE. THE HEALTH SYSTEMS TWO LARGEST PROGRAMS ARE ITS EMERGENCY DEPARTMENT, WHICH PROVIDED TREATMENT FOR 61,019 PATIENTS IN 2011, GENERATING \$20 MILLION IN REVENUE, AND AMBULATORY SURGERY IN 2011, 6,435 PATIENTS CHOSE TO HAVE OUTPATIENT SURGERY AT SAINT MARY'S, GENERATING \$16 6 MILLION IN REVENUE OUTPATIENT SERVICES INCLUDE BUT ARE NOT. LIMITED TO MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY LIMITED TO MEDICAL IMAGING, BLOOD DRAW AND LAB SERVICES, CARDIAC AND PULMONARY INCLUDE HEALTH AND WILLIASS CENTERS RROV DISING WALK: IN HEALTH CARE, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK AND WOLCOTT, OUTPATIENT REHABILITATION THERAELTH AND WILLIASS CENTERS RROV DISING WALK: IN HEALTH CARE, BLOOD DRAW STATIONS AND X-RAY SERVICES IN NAUGATUCK AND WOLCOTT, OUTPATIENT REHABILITATION THERAPY OFFICES IN WATERBURY, WOLCOTT THE BREAST & ONCOLOGY CENTERS IN SOUTHBURY AND PROSPECT, AND OCCUPATIONAL THERAPY IN WATERBURY. SAINT MARY'S HAS BEEN RECOGNIZED AT THE STATE AND NATIONAL LEVELS AS A DISTINGUISHED PROVIDED OF OUTPATIENT SERVICES SAINT MARY'S IS AMONG THE LARGEST AND BUSEST EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VERTARMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY VERTARMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY DEPARTMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY DEPARTMENTS IS A CERTIFIED TO EXPERCENCY DEPARTMENTS IN THE STATE OF CONNECTICUT IN FACT, WITH APPROXIMATELY 70,000 EMERGENCY DEPARTMENTS IS A CERTIFIED TO EXPERCENCY DEPARTMENTS IN THE STATE OF CONNECTICUT AND WELL AFFECD OF DEPARTMENTS IS A CERTIFIED TO EXPERCENCY DEPARTMENTS IS A CERTIFIED TO A SAINT MA

ldentifier	Return Reference	Explanation
PROCESS TO ELECT MEMBERS OF THE GOVERNING BODY	990 PART VI SECTION A LINE 7A	SAINT MARY'S HEALTH SYSTEM, INC IS THE SOLE MEMBER OF SAINT MARY'S HOSPITAL FOUNDATION, INC AND APPOINTS THE BOARD OF DIRECTORS

ldentifier	Return Reference	Explanation
ARE THE DECISIONS OF THE GOVERNING BODY SUBJECT TO APPROVAL	990 PART VI SECTION A LINE 7B	PURSUANT TO THE PROVISIONS OF SECTION 33-1080(B) OF THE CONNECTICUT REVISED NON-STOCK CORPORATION ACT AND THE AMENDED AND RESTATED CERTIFICATE OF INCORPORATION OF THE CORPORATION, THERE SHALL BE RESERVED TO THE ARCHBISHOP OF THE HARTFORD ROMAN CATHOLIC ARCHDIOCESE OF HARTFORD (UNLESS SPECIFICALLY DELEGATED BY HIM) THE FOLLOWING RIGHTS AND POWERS (A)TO APPROVE THE MISSION OR PURPOSE AND THE PHILOSOPHY OF THE CORPORATION AND OF ANY SAINT MARY'S SUBSIDIARIES (B)TO APPROVE THE ACQUISITION, ALIENATION OR CONVEY ANCE OF THE REAL PROPERTY OF THE CORPORATION THAT IS VALUED AT AN AMOUNT GREATER THAN THAT ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW OR TO PLACE A MORTGAGE ON SUCH PROPERTY OR TO BORROW FUNDS IN AMOUNTS GREATER THAN THOSE ESTABLISHED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS PURSUANT TO CANON LAW, WHETHER IN A SINGLE TRANSACTION OR A SERIES OF RELATED TRANSACTIONS (C)TO APPROVE THE DISPOSAL OF ALL OR SUBSTANTIALLY ALL OF THE PHYSICAL ASSETS OF THE CORPORATION AND TO APPROVE THE MERGER OR CONSOLIDATION OF THE CORPORATION (D)TO APPROVE THE AMENDMENT OF THE CERTIFICATE OF INCORPORATION OR THE BYLAWS OF THE CORPORATION

ldentifier	Return Reference	Explanation
FORM 990 REVIEW PROCESS	PART VI, SECTION B, QUESTION 11A	THE FORM 990 WAS DISTRIBUTED TO BOARD MEMBERS AND THE ORGANIZATION'S FINANCE COMMITEE FOR THEIR REVIEW PRIOR TO FILING TO ENSURE ACCURACY AND COMPLETENESS

ldentifier	Return Reference	Explanation
OF SINTEREST C	PART VI, SECTION B, QUESTION 12C	ANNUALLY, EACH DIRECTOR, OFFICER, AND BOARD COMMITTEE MEMBER OF SMHS AND ANY OF ITS AFFILIATES, AS APPROPRIATE, WILL SIGN A STATEMENT WHICH AFFIRMS THAT THE PERSON 1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, 2) HAS READ AND UNDERSTANDS THE POLICY, AND 3) HAS AGREED TO COMPLY WITH THE POLICY THE STATEMENTS WILL BE DISTRIBUTED ANNUALLY BY THE COMPLIANCE OFFICER AND RETURNED TO THE CEO OR DELEGATED PERSON, WHERE THEY WILL BE RECORDED, REVIEWED, SUMMARIZED AND PRESENTED TO THE CHAIRPERSON OF THE BOARD, AS WELL AS TO THE AUDIT AND GOVERNANCE COMMITTEES, WHERE THEY EXISTS CONFLICT OF INTEREST STATEMENTS WILL BE MAINTAINED FOR A MINIMUM OF SEVEN YEARS BY THE COMPLIANCE OFFICER CONFLICT OF INTEREST FORMS PROVIDED BY OFFICERS, DIRECTORS AND BOARD COMMITTEE MEMBERS WILL BE FORWARDED TO THE COMPLIANCE OFFICER, ALONG WITH A STATEMENT OF IMPACT AS TO THE EFFECT OF THE CONFLICT OF INTEREST ON THE BUSINESS AND ANY ACTION TAKEN TO MINIMIZE THE EFFECT THEY WILL BE MAINTAINED BY THE COMPLIANCE OFFICER FOR A MINIMUM OF SEVEN YEARS

ldentifier	Return Reference	Explanation
COMPENSATION POLICY	PART VI, SECTION B, QUESTION 15A & 15B	THE PROCESS FOR DETERMINING THE COMPENSATION OF THE FOUNDATION'S TOP MANAGEMENT OFFICIALS, INCLUDING THE CEO, ALL OFFICERS, AND KEY EMPLOYEES, IS THE RESPONSIBILITY OF THE HEALTH SYSTEM'S EXECUTIVE COMPENSATION COMMITTEE. THE COMMITTEE IS APPOINTED BY THE HEALTH SYSTEM'S BOARD OF DIRECTORS FOR THE PURPOSE OF ASSISTING THE BOARD IN FULFILLING ITS RESPONSIBILITY TO THE FOUNDATION AND THE COMMUNITY TO ENSURE THE COMPENSATION IS IN ACCORDANCE WITH THE FOUNDATION'S POLICIES. THE COMMITTEE IS COMPRISED OF SIX DIRECTORS WHO ARE INDEPENDENT OF MANAGEMENTS AND SAINT MARY'S HEALTH SYSTEM AND FREE OF ANY CONFLICTS OF INTEREST THAT WOULD INTERFERE WITH THEIR EXERCISE OF INDEPENDENT JUDGMENT THE COMMITTEE CONTACTS AN INDEPENDENT COMPENSATION CONSULTANT AND UTILIZES LOCAL AND NATIONAL COMPENSATION SURVEYS TO SET COMPENSATION LEVELS.

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	PART VI, SECTION C, QUESTION 19	COPIES OF THE GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	PART XI - LINE 5	UNREALIZED LOSS ON INVESTMENTS (155,770)

ldentifier	Return Reference	Explanation
ORGANIZATIONS FINANCIAL STATEMENTS	990 PART XII - LINES 2B 2C	SAINT MARY'S HOSPITAL FOUNDATION IS AUDITED AS PART OF THE CONSOLIDATED FINANCIAL STATEMENTS OF SAINT MARY'S HEALTH SYSTEM ADDITIONALLY, THE FOUNDATION ALSO RECEIVES SEPARATE AUDITED FINANCIAL STATEMENTS

ldentifier	Return Reference	Explanation				
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME CHAD WABLE TITLE DIRECTOR HOURS 40				

ldentifier		Return Reference	Explanation				
	HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOSEPH CARLSON III TITLE DIRECTOR HOURS 4				

DLN: 93493227030272

OMB No 1545-0047

Open to Public

Employer identification number

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

SCHEDULE R

Inspection

AINT MARY'S HOSPITAL FOUNDATION INC					22-2528400			
Part I Identification of Disregarded Entities (C	omplete	ıf the organizatio	n answered "Yes'	on Form 990, Pa	rt IV, line 33.)			
(a) Name, address, and EIN of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) e Total income	(e) End-of-year assets	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Of or more related tax-exempt organizations du			ıf the organızatıor	n answered "Yes" (on Form 990, Part	: IV, line 34 becau	se it had	one
(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 cont	trolled nization
(1) SAINT MARY'S HOSPITAL INC							Yes	No
56 FRANKLIN STREET	HOSP	ΠAL	СТ	501(C)(3)	3	SM HEALTHSYS		
WATERBURY, CT 06706 06-0646844				(-)(-)				
(2) HEART CENTER OF GREATER WATERBURY INC								
PO BOX 2153	MANA	AGEMENT	СТ	501(C)(3)	11A	ST MARY HOSP		
WATERBURY, CT 06722 83-0416893								
(3) HAROLD LEVER REGIONAL CANCER CENTER								
1075 CHASE PARKWAY	TREA	TMENT CTR	СТ	501(C)(3)	3	ST MARY HOSP		
WATERBURY, CT 06708 06-1548409								
(4) SAINT MARY S HEALTH SYSTEM INC								
56 FRANKLIN STREET	HOLD	ING CO	СТ	501(C)(3)	11B	NA		
WATERBURY, CT 06703 22-2528399								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income		(h Disprop allocat	rtionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or iging	(k) Percentage ownership
							Yes	No		Yes	No	
(1) NAUGATUCK VALLEY SURGICAL CENTER LP 160 ROBBINS STREET WATERBURY, CT06708 06-1152998	surgery	СТ	ST MARY'S HOSP	RELATED	0	0		No	0		No	0 %
(2) DIAGNOSTIC IMAGING OF SOUTHBURY LLC 385 MAIN ST SOUTH SOUTHBURY, CT06488 06-1487582	IMAGING CENTE	СТ	ST MARY'S HOSP	RELATED	0	0		No	0		No	0 %
Doub TV Television	instinut of Bolok		aninationa Tarr			C - 1				F-		00 D= -+ TV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) FRANKLIN MEDICAL GROUP PC 56 FRANKLIN STREET WATERBURY, CT06703 06-1470493	PHYSICIAN OFFICE	СТ	ST MARY'S HOSP	C CORP	0	0	0 %
(2) SCOVILL MEDICAL GROUP PC 56 FRANKLIN STREET WATERBURY, CT06703 06-1470495	PHYSICIAN OFFICE	СТ	ST MARY'S HOSP	C CORP	0	0	0 %
(3) SAINT MARY'S PHO 56 FRANKLIN STREET WATERBURY, CT06703 06-1461285	MANAGEMENT	СТ	NA	C CORP	0	0	0 %
(4) PRIMARY CARE PARTNERS PC 56 FRANKLIN STREET WATERBURY, CT06703 26-3677154	PHYSICIAN OFFICE	СТ	ST MARY'S HOSP	C CORP	0	0	0 %
						Schodulo D (E	Form 000\ 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Y	'es" on Form 990, Pai	rt IV, line 34, 35, 3	5A, or 36.)							
Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No					
f 1 During the tax year, did the orgranization engage in any of the following transactions with one or more related org	janizations listed in Part	s II-IV?								
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity										
b Gift, grant, or capital contribution to other organization(s)	1b	Yes								
c Gift, grant, or capital contribution from other organization(s)										
d Loans or loan guarantees to or for other organization(s)			1d		No					
e Loans or loan guarantees by other organization(s)										
f Sale of assets to other organization(s)			1f		No					
g Purchase of assets from other organization(s)			1 g		No					
h Exchange of assets										
i Lease of facilities, equipment, or other assets to other organization(s)										
j Lease of facilities, equipment, or other assets from other organization(s)			<u>1j</u>		No					
k Performance of services or membership or fundraising solicitations for other organization(s)			1k		No					
Performance of services or membership or fundraising solicitations by other organization(s)										
m Sharing of facilities, equipment, mailing lists, or other assets										
n Sharing of paid employees			1n	Yes						
• Reimbursement paid to other organization for expenses			10	Yes						
p Reimbursement paid by other organization for expenses			1 p	Yes						
q Other transfer of cash or property to other organization(s)			1 q		No					
r Other transfer of cash or property from other organization(s)			1r		No					
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line	, including covered relat	ionships and transact	ion thresholds							
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determi involve		ount					
(1)										
(2)										
(3)			<u> </u>							
(4)										
(5)										
(6)			-							

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

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

(a) Name, address, and EIN of entity	(state or foreign country)		(d) (e) Are all Share of partners end-of-year section assets 501(c)(3) organizations?			(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No	
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Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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Schedule R (Form 990) 2010