

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

For calendar year 2011 or tax year beginning

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-0052

2011

For	calen	dar year 2011 or tax year beginning	, 201	1, and	ending		, 20
Na	me of for	undation			A Employer	identification number	
Sar	maritan	Hospital School of Nursing Alumni Association Charitab	le Foundation			14-1684557	
Nu	mber an	d street (or P.O. box number if mail is not delivered to street address)		n/suite	B Telephone	number (see instruction	ns)
221	5 Burd	lett Avenue	j		ļ	518-453-5928	•
Crty	y or towr	n, state, and ZIP code	<u>-</u>		C If exempt	tion application is pendi	no check here
	y, NY					and opposition to portal	ing, Gradienticies [
G	Check	all that apply: Initial return Initial return	n of a former public	charity	D 1. Foreig	n organizations, check l	nere ▶ 🗍
		☐ Final return ☐ Amended	return	_	ĺ	n organizations meeting	_
		Address change Name cha	<u> </u>		check	here and attach compu	tation · · ►
		type of organization: Section 501(c)(3) exempt p			E If private	foundation status was t	erminated under
		n 4947(a)(1) nonexempt chantable trust				07(b)(1)(A), check here	▶□
		arket value of all assets at J Accounting method	l: 🗌 Cash 🔲 A	ccrual	F If the four	ndation is in a 60-montl	n termination
		year (from Part II, col. (c), Other (specify)			under sea	ction 507(b)(1)(B), check	chere ▶ 🔲
_	line 16		on cash basis.)		l		
Ρ;	art i	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	expenses per books		ncome	income	purposes (cash basis only)
	-			125.00	শুদু নর্ভাগরা <u>র</u>	Mark the second	(Gasii Dasis Oilly)
	1	Contributions, gifts, grants, etc., received (attach schedule)	horization according to	Lating F		The state of the s	
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B			1 5 % () 2 4 4 4		53
	3	Interest on savings and temporary cash investments Dividends and interest from securities	6585	 	CEDE		A Company
	4		0303	'}	6585		1 (((((((((((((((((((
	5a	Gross rents	Charles and the Control	1 3 1 3 4 3 X	12 2 TEAS 3.42	\$155 "YELT VEN	2 2 2
	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	1			Part Market	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
Revenue	6a	Gross sales price for all assets on line 6a					#11 - A
ē	b 7	Capital gain net income (from Part IV, line 2)		The State of the S	. Contract Contract	And the second second	\$7.4
ě	7 8			193-2-51	-855 S.	A STATE OF THE STA	Bit of a march
; -	9	Net short-term capital gain			ALEXANDER OF THE PARTY OF THE P		Come House son
•	10a	Gross sales less returns and allowances	96 78 78 78 78 78 78 78 78 78 78 78 78 78	Contract of the	The state of the s		<u> </u>
?	b	Less: Cost of goods sold	The second state of	1		7. 7. 7. 7.	
,	C	Gross profit or (loss) (attach schedule)	es 12/35/21 5/4 3	7.5	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		ran .
	11	Other income (attach schedule)		 			
	12	Total. Add lines 1 through 11	6585	 	6585		· · · ·
_	13	Compensation of officers, directors, trustees, etc.					
Expenses	14	Other employee salaries and wages					
Ĕ	15	Pension plans, employee benefits		<u> </u>			
ğ	16a	Legal fees (attach schedule)		1			
-	ь	Accounting fees (attach schedule)	2350		0		0
<u>8</u>	С	Other professional fees (attach schedule) VED	237		0		0
<u>ta</u>	17	Interest	<u> % </u>	Ī			
<u>is</u> t	18	Taxes (attach schedule) (see instructions)	[9]				
를	19	Depreciation (attach schedule) and depletion 2012					C. 25
퉏	20		+ - 1	<u> </u>			
₹ 5	21	Travel, conferences, and meetings OGDEN, UT Printing and publications		<u> </u>			
ğ	22	Printing and publications \ . OGD					<u> </u>
<u> </u>	23	Other expenses (attach schedule)		 			<u> </u>
造	24	Total operating and administrative expenses.		1		}	
a a		Add lines 13 through 23	258	1	0	ļ	0
Operating and Administrative	25	Contributions, gifts, grants paid	3000	1	4		3000
	26	Total expenses and disbursements. Add lines 24 and 25	558	7	ISB STATES	1 2 2	3000
	27	Subtract line 26 from line 12:	N. S.	\$\$\$\$\frac{1}{2}\$\frac{1}{2}\$		A STATE OF	**
	а	Excess of revenue over expenses and disbursements	999	9		4-3-139	,
	Ь	Net investment income (if negative, enter -0-) .		<u> </u>	6586		<u> </u>
	C	Adjusted net income (if negative, enter -0-)	**************************************		13mg (8)	N/A	<u> </u>

For Paperwork Reduction Act Notice, see instructions.

Cat. No. 11289X

Form **990-PF** (2011)

Pa	art II	Balance Sheets	should be for end-of-year amounts only. (See instructions.)	Beginning of year	End o	of year
	1	Cash-non-interest-		(a) Book Value	(b) Book Value	(c) Fair Market Value
	2			3324	6202	6202
	3	Accounts receivable	ary cash investments			
		Accounts receivable	double 1		20 TO 12 TO	100 mg 3 - 25 mg 1
	4	Pladas resemble	nondrini accounts	i		1
	, "	Pledges receivable			製造技術についる。	编建工作
	_	Constant and the control of the cont	JOUDITUI ACCOUNTS			· ·
	5 6	Grants receivable.				
	۰	disqualified names	m officers, directors, trustees, and other			
	_		(attach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule) ▶		MARIN TOWN	Salar Service
		Less: allowance for dou	ubtful accounts			- Market 17 11 11 11 11 11 11 11 11 11 11 11 11
Assets	8	inventories for sale o	ruse			
SS	9		nd deferred charges			
⋖	10a		state government obligations (attach schedule)			
	b		rate stock (attach schedule)	11025	31031	29892
		Investments—corpor	rate bonds (attach schedule)	3019		3105
1	11	Investments—tand, build	lings, and equipment: basis ▶			
		Less: accumulated depre	ciation (attach schedule) ▶			
	12		age loans			
	13		attach schedule)	110681	88609	59010
	14	Land, buildings, and eq	uipment: basis ►	参加了不可能与基		
ł		Less: accumulated depr	reciation (attach schedule) ▶			
ĺ	15	Other assets (describ) be			·
Į	16	instructions Also se	be completed by all filers—see the			
			e page 1, item I)	128049	129048	98209
	17		d accrued expenses			
S	18		· · · · · · · · · · · · · · · · · · ·			
Liabilities	19	Deferred revenue .				
豆	20		ectors, trustees, and other disqualified persons			
Ë	21		notes payable (attach schedule)			
$^{-}$	22	Other liabilities (described and described a	ribe ►) lines 17 through 22)			的 "我们,我们们
	23	Total Habilities (add	lines 17 through 22)	0	0	And the second
g			llow SFAS 117, check here ▶ □			
Balances		-	24 through 26 and lines 30 and 31.			
<u>a</u>	24	Unrestricted				
Ba	25	Temporarily restricted		11291	11291	
ן ס	26	•	ed	116758	117757	
Net Assets or Fun			o not follow SFAS 117, check here ▶ □			
		and complete lines				
ွ	27		rincipal, or current funds			
ti di	28	•	plus, or land, bldg., and equipment fund			
SS	29		umulated income, endowment, or other funds	400040	400040	a No.
÷	30		fund balances (see instructions)	128049	129048	
ž	31		nd net assets/fund balances (see	*****	129048	A WAR A A
				128049	129048	1. B. 1. W. 1. 1.
Рą	rt III		nges in Net Assets or Fund Balances	mn (a) line 20 /mile	at agree with	
1			palances at beginning of year—Part II, colu			400040
_			d on prior year's retum)			128040
2		r amount from Part I, I				999
3						129048
4	_		Line O (the mine) b		4	129048
5	Decr	reases not included in	line 2 (itemize) ► alances at end of year (line 4 minus line 5)—	Part II column /h) li	ne 30 6	129048
	iota	net assets of fund ba	arances at end or year time 4 fillius line 5)—	rati, wiuiiii (0), ii	116 JU D	Form 990-PF (2011)

Part	V Capital Gains and	d Losses for Tax on Investn	nent Income				- ago -
	(a) List and describe the	ne kind(s) of property sold (e.g., real estatuse; or common stock, 200 shs MLC Co.		(b) How acquired P—Purchase D—Donation		te acquired ., day, yr.)	(d) Date sold (mo , day, yr.)
<u> 1a</u>	попе						
<u>b</u>							
c							
<u>d</u>							
e							
	(e) Gross sales price (f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale						n or (loss) f) minus (g)
<u>a</u> b							
C							
d							
e	·				-		
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		// Cores (Cor	1 (h) com — —
	(i) F.M.V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i)	C	col (k), but no	l. (h) gain minus t less than -0-) or rom col. (h))
а							
<u>b</u>							
c							
							
e							
2	Capital gain net income o		also enter in Pa enter -0- in Pa		2		· · · · · · · · · · · · · · · · · · ·
3	Not chart term capital dai	in or (loss) as defined in sections		-			
3		I, line 8, column (c) (see instruc					
	•			•	3		
Part		ler Section 4940(e) for Redu				ne	
Was t		section 4942 tax on the distribut t qualify under section 4940(e). D			oase pe	eriod?	☐ Yes ☑ No
1	· ·	ount in each column for each yea			aking a	ny entries.	
	(a)	(b)	1	(c)			(d)
Cale	Base period years endar year (or tax year beginning in	Adjusted qualifying distribution	s Net value o	of noncharitable-use as	ssets		tribution ratio divided by col. (c))
	2010	·	7684	10	3745	<u></u>	.074066
	2009	1	5293	8	35950		.177929
	2008		6485	10	2440		.063305
	2007		3200	13	35527		.023612
	2006		6509	13	30857		.049741
	Total of line 1, column (d)				2	.388653
3		for the 5-year base period—dividation has been in existence if le				3	.0777306
_	•					4	100074
4	Enter the net value of nor	ncharitable-use assets for 2011 f	rom Part A, iine		·	-	10007-
5	Multiply line 4 by line 3				• }	5	7779
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		.	6	66
7	Add lines 5 and 6				.	7	784
8	Enter qualifying distributi	ons from Part XII, line 4			[8	3000
	If line 8 is equal to or gre Part VI instructions.	ater than line 7, check the box in	n Part VI, line 1	b, and complete	that pa	irt using a	1% tax rate. See the

rait		inetructio	nel.			
1a	Example operating four locations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	instructio	115)			
b	b Domestic foundations that meet the section 4940(e) requirements in Part V. check					
	here ▶ ☐ and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		1			
3	Add lines 1 and 2	66	├			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		 			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	66	├──			
6	Credits/Payments:	300 CO	19. ;			
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	gar areas	W. V.			
b	Exempt foreign organizations—tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) . 6c	Kill of the Control	-			
d	Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d		1			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	- 66	 			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		\vdash			
11	Enter the amount of line 10 to be: Credited to 2012 estimated tax ▶ Refunded ▶ 11					
Part '	/II-A Statements Regarding Activities		<u>. </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes Yes	No			
b	participate or intervene in any political campaign?	1a	1			
_	of the instructions for definition)?	1b	1			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?	1c	✓			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	1			
•	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	6 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	1			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	_			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b				
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	\			
_	If "Yes," attach the statement required by General Instruction T.	100	4			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	A STATE OF THE STA	17			
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 		.			
	onflict with the state law remain in the governing instrument?	6 1				
-	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7 1	 			
7	Enter the states to which the foundation reports or with which it is registered (see instructions)	10 to	 			
8a	Eliter the states to which the logituation reports of with which it is registered (see managedons)					
L	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		***···			
р	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b /				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		1			
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"		l .			
	complete Part XIV	9	1			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	}	_			
	names and addresses	10	1 🗸			
		orm 990-PF	(2011)			

Par	VII-A Statements Regarding Activities (continued)			ugo o
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	ГТ		
12	Did the foundation make a distribution to a dist	11	{	✓ _
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions).	12		-
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	7	<u> </u>
14		8-453-5	928	
	Located at ▶ 2215 Burdett Ave. Troy, NY ZIP+4 ▶	12180		
15	Located at ► 2215 Burdett Ave. Troy, NY Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here. and enter the amount of tax-exempt interest received or accrued during the year ► 15	, ,	.)	D
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	Ì	1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of	50 26 9 50 Ulan 1	92,110	
	the foreign country ▶	ie.		. ;
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	M. Jake	Yes	No
1a	During the year did the foundation (either directly or indirectly):			, , ,
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No	1 To 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	ALC: N		¥ .
			37.1	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Yes Yes			į,.
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes(5) Transfer any income or assets to a disqualified person (or make any of either available for		-	
	the benefit or use of a disqualified person)?		·]	5 · (
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		-[
	foundation agreed to make a grant to or to employ the official for a period after	2 3 th	J. 15	,
	termination of government service, if terminating within 90 days.)	(5.3)		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	* ·	. 4
	Organizations relying on a current notice regarding disaster assistance check here ▶□	15 23 1	3.7	<u> </u>
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	, 5.7	1	
	were not corrected before the first day of the tax year beginning in 2011?	1c		✓_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	F	,	,
а	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and	1. S. 16.	1	5. 1
	6e, Part XIII) for tax year(s) beginning before 2011?		الد حد	
	If "Yes," list the years ▶ 20, 20, 20, 20	1. The state of th	3/1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		قر) ب
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		٠, ١	, '`
	all years listed, answer "No" and attach statement—see instructions.)	2b	-	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1	- (
٥-	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	1 31	ان .	
-		學生		
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or	200	h : " {	,
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			_
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	, 1	-	,
	foundation had excess business holdings in 2011.)	3b	` }	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		1
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		1

orm	990-PF	(2011)	

Page	6
· ugo	•

Part	VIEE Statements Regarding Activities	for W	hich Form	4720	May Be R	eauire	d (conti	nued)	
5a	During the year did the foundation pay or incur a	ny amo	ount to:						
	 (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, 								
	directly or indirectly, any voter registration drive?								
	(3) Provide a grant to an individual for travel, study, or other similar purposes?								
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?								
b	If any answer is "Yes" to 5a(1)-(5), did any of the							No No⊒ibed in	
	Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?								
С	Organizations relying on a current notice regarding the answer is "Yes" to question 5a(4), does to					 the tax	• • •	▶□	
	because it maintained expenditure responsibility						Yes	 ✓ No	
6a	If "Yes," attach the statement required by Regula Did the foundation, during the year, receive any					miumo			
Va	on a personal benefit contract?	· ·		-			□Yes	√ No	The state of the s
b	Did the foundation, during the year, pay premium	ns, dire	ctly or indired	ctly, on	a personal	benefit	contract	? .	6b ✓
7a	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a	norty i	o a prohibiter	l tav che	alter transac	tion?	☐Yes	√ No	
b	If "Yes," did the foundation receive any proceeds							_	7b
Part	VIII Information About Officers, Direct	tors, T	rustees, Fo	oundat	tion Mana	igers,	Highly F	Paid E	mployees,
	and Contractors		2.2						
1	List all officers, directors, trustees, foundation		<u> </u>						
	(a) Name and address	hou	e, and average rs per week ed to position		npensation paid, enter -0-)	emplo	Contribution yee benefit arred compe	plans	(e) Expense account, other allowances
see Li	st Attached	as requ	_ `		0			0	0
2	Compensation of five highest-paid employed "NONE."	es (oth	er than tho:	se incl	uded on li	ne 1—:	see instr	uctions	s). If none, enter
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a hours per o devoted to p	veek	(c) Compe	nsation	(d) Contrib employee plans and compen	benefit deferred	(e) Expense account, other allowances
none									
			ļ		1				
					 				
Total	number of other employees paid over \$50,000 .	·	<u> </u>		· · · .		<u> </u>	. ▶	0
									Form 990-PF (2011)

Par	t VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3	Five highest-paid independent contractors for professional services (see instructions). If none, enter "NO	NE "
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
none		(e) componsation
		1
		
lota	I number of others receiving over \$50,000 for professional services	0
Par	t IX-A Summary of Direct Charitable Activities	
	the foundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
·	To help alumni nurses in their time of medical need	
1	To help along the second the of medical need	0
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2		
_		
3	***************************************	
4		
	t IX-B Summary of Program-Related Investments (see instructions)	Amount
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Allount
1		
	***************************************	ĺ
2		
	other program-related investments. See instructions	
3		
Tota	II. Add lines 1 through 3	. l
		Form 990-PF (2011)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore	ign for	undations.
	see instructions.)	•	, ,
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,	#10 c	
	purposes:		
a	Average monthly fair market value of securities	1a	96835
b	Average of monthly cash balances	1b	4763
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	101598
9	Reduction claimed for blockage or other factors reported on lines 1a and	17 10	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	101598
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	instructions)	4	1524
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	100074
6_	Minimum investment return. Enter 5% of line 5	6	5004
Part	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ► ☐ and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	5004
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	66
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5070
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	5070
6	Deduction from distributable amount (see instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	5070
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	2000	
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	3000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	T	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	\ .	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	3000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	3000
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whet	ther the foundation
	qualities for the Section 4340(e) reduction of tax in those years.	··	Form 990-PF (2011)

Form 990-PF (2011)

Part	XIII Undistributed Income (see instructi	ons)			Page 9
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years pnor to 2010	(c) 2010	(d) 2011
2	Undistributed income, if any, as of the end of 2011:			3	5070
а	Enter amount for 2010 only				
b	Total for prior years: 20 ,20 ,20		7, 2,	0	'à' , g , l , , , , , , , , , , , , , , , ,
3	Excess distributions carryover, if any, to 2011:	The state of the s	0	F25, 3 7 1 17 2	
а	From 2006				
b	From 2007		4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	THE STATE OF THE STATE OF	
c	From 2008			Bar Mar Wang K	
ď	From 2009 6202				7
е	From 2010				1
f	Total of lines 3a through e	21842			^
4	Qualifying distributions for 2011 from Part XII,	21042	4.		· · · · · · · · · · · · · · · · · · ·
-	line 4: ▶ \$ 3000				
а	Applied to 2010, but not more than line 2a .				[·, , ·
	Applied to undistributed income of prior years	All a to 1 192 read	<i>*</i>	0	
-	(Election required—see instructions)				
_	Treated as distributions out of corpus (Election	A STATE OF THE STA	0	And the day you To a to the form of the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
С	required—see instructions)	_		1, 5	
	•	<u>0</u>		Market Control	1 1
d	Applied to 2011 distributable amount	1、高大海 李隆			3000
_е	Remaining amount distributed out of corpus	0	() () () () () () () () () ()		<u>, </u>
5	Excess distributions carryover applied to 2011	2070	The same of the sa	3-4-, * = -	2070
	(If an amount appears in column (d), the same				٠
_	amount must be shown in column (a).)		State State		
6	Enter the net total of each column as			A STATE OF THE STA	4 5 18 6 8 6 1 TO 18 1 1
	indicated below:			, c , s, s	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	19772	April 15 The Miles of Confe	grafy belo Ers. Fig.	rigio y in the first to the
b	Prior years' undistributed income. Subtract	1 3 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m			, ,
	line 4b from line 2b	2 - 2 - 2	0	,	
C	Enter the amount of prior years' undistributed	医有一线 黑色		16	1
	income for which a notice of deficiency has	177			,
	been issued, or on which the section 4942(a)				-
	tax has been previously assessed	E TE WALL THE	0	, , ,	, , , , ,
d	Subtract line 6c from line 6b. Taxable	The state of the s			
	amount-see instructions		0	,	<u>,</u> ,
е	Undistributed income for 2010. Subtract line		8		
	4a from line 2a. Taxable amount-see	· · · · · · · · · · · · · · · · · · ·	1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	!	
	instructions		A STATE OF S	0	
f	Undistributed income for 2011. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2012				0
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section		,		
	170(b)(1)(F) or 4942(g)(3) (see instructions)	o	- -		,
8	Excess distributions carryover from 2006 not		,	•	
	applied on line 5 or line 7 (see instructions) .	0	1	_*	
9	Excess distributions carryover to 2012.		m	3.4.	
-	Subtract lines 7 and 8 from line 6a	19772		\ <u>`</u> -	
10	Analysis of line 9:	2 3 5 m A		-	
iu a	Excess from 2007		,	· .	
_	Excess from 2008		2		,
b	Excess from 2009	1	ž.	,	
C	Excess from 2010	1	lý ,		
d	Excess from 2011	The same states and		·	

rart	XIV Private Operating Founda	tions (see instr	uctions and Bort	V/II A		Page 1
1a	ii the fourtoation has received a ruling	l or determinatio	n letter that it is a	private operating		
	foundation, and the ruling is effective for	2011, enter the	date of the ruling.	· · · · · •		
b	Check box to indicate whether the four	ndation is a privat	te operating founda	tion described in sec	ction 4942(j)(3	3) or 4942(j)(5
2 a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	70420/0	J OI 4542(J)(3
	income from Part I or the minimum investment return from Part X for	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	each year listed					
b	85% of line 2a					
С	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	·· ·· ·		ļ		
b	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					·
	(4) Gross investment income	==				
Part		· · · · · · · · · · · · · · · · · · ·		he foundation ha	d \$5,000 or mo	re in assets at
	any time during the year-		ns.)			
1_	Information Regarding Foundation I List any managers of the foundation v		utad mara than 20	K of the total central	hutians received h	ov the foundation
а	before the close of any tax year (but o					by the loundation
NONE		ing it they have t		40,000, (000 00	01.0 00. (0)(2).)	
b	List any managers of the foundation	who own 10% o	or more of the stoo	ck of a corporation	(or an equality large	ge portion of the
_	ownership of a partnership or other er					
NONE						
2	Information Regarding Contribution	, Grant, Gift, Lo	an, Scholarship, e	etc., Programs:		
	Check here ▶ ☑ if the foundation					
	unsolicited requests for funds. If the f	oundation makes	s gifts, grants, etc.	(see instructions) to	individuals or org	ganızations unde
	other conditions, complete items 2a, t					
а	The name, address, and telephone nu	mber of the pers	on to whom applic	ations should be ad	ldressed:	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

c Any submission deadlines:

Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or status of any foundation manager or substantial contributor Amount contribution Name and address (home or business) recipient a Paid during the year Caroline Price none Ind. Medical purposes 600.00 2215 Burdett Ave. Troy, NY 12180 Diane Sicko Ind. none Medical purposes 600.00 2215 Burdett Ave. Troy, NY 12180 Michele Nix none Ind. Medical purposes 600.00 2215 Burdett Ave. Froy, NY 12180 L. June Metzger Ind. none Medical purposes 600.00 2215 Burdett Ave. Troy, NY 12180 Helen Hendra none Ind. **Medical purposes** 600.00 2215 Brudett Ave. Troy, NY 12180 3000 Approved for future payment NONE

Form **990-PF** (2011)

		as amounts unless otherwise indicated.		Isiness income	Excluded by sect	ion 512, 513, or 514	
				1	Excluded by Sect	1011 512, 513, 01 514	l (e)
			(a) Business code	(b)	(c)	(d)	Related or exempt function income
1	Prog	ram service revenue:	business code	Amount	Exclusion code	Amount	(See instructions.)
	а_						
	b _						
	c _						
	d _						
	е _						
	f _						
	g F	ees and contracts from government agencies					
2		bership dues and assessments					
3		est on savings and temporary cash investments			14	1	
4		ends and interest from securities			14	6585	
5		ental income or (loss) from real estate:					
		ebt-financed property					
_		lot debt-financed property					
6		ental income or (loss) from personal property					. <u> </u>
7		r investment income					
8		or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10 11		s profit or (loss) from sales of inventory revenue: a				<u> </u>	
•••	b		 				
	c –						 -
	ď –						
	е _						
40		otal. Add columns (b), (d), and (e)				6586	
12							
				· -		13	6586
13	Tota						6586
13 (See	Tota	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 ns.)				6586
13 (See Pa	Tota works	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	 Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A 	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 is.) .ccomplish m	ent of Exemp	t Purposes	13	
13 (See Pa	Tota works rt XV e No.	Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculation Relationship of Activities to the A	 is.) .ccomplish m	ent of Exemp	t Purposes	13	

Part	XVII	Informatio	n Regarding Tra	nefore To a	nd Tuons							Page 13
			on Regarding Tra	maiera ru ai	nu irans	actio	ns and I	Relationshi	ps With N	loncha	ritable	
1	Did th			PDC2CE in an	y of the fe	llowing					Pagaran v	
	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political							scribed	Ye	s No		
	orgar	nizations?		•	,, J		-, 0 0	00	ciating to p	Millicai		
а	Transfers from the reporting foundation to a noncharitable exempt organization of:									第		
	(1) Cash								1a(1)	1		
	(2) O	ther assets .									1a(2)	+-
b	Other	transactions:										3 77.7
	(1) Sa	ales of assets to	a noncharitable ex	empt organiza	ation .						1b(1)	· /
	(2) Pi	urchases of assi	ets from a nonchari	table exempt (organızati	on.				!	1b(2)	1
	(3) R	ental of facilities	, equipment, or oth	er assets .							1b(3)	1
			rrangements								1b(4)	1
		oans or loan gua	arantees					<i>.</i> .			1b(5)	✓
			ervices or members								1b(6)	1
C	Shari	ng of facilities, e	equipment, mailing	lists, other ass	ets, or pai	id emp	loyees				1c ✓	<u></u>
d	if the	answer to any	of the above is "Ye	es," complete	the follow	ing sc	hedule. (Column (b) s	hould alwa	ays show	the fair i	market
	value	of the goods, o	other assets, or sen	vices given by	the report	ting for	undation.	If the found	ation receiv	ved less	than fair i	market
			on or sharing arran									
(a) Line	no. (1	b) Amount involved	 	chantable exempt		-		ption of transfer		s, and shar	ng arranger	nents
<u> </u>		0	Samaritan Hospital	School of Nurs	sing Alumr	ii, Inc	Share off	ice and mailir	g address			
			ļ									
											. 	
	-											
	_		<u> </u>									
	-		 									
			l							·		
												
			 	 -		-+						
	-											
	-									·		
	_		 									
			· · · · · · · · · · · · · · · · · · ·									
			ectly or indirectly a									
	descr	rbed in section (501(c) of the Code	other than sec	ction 501(d	c)(3)) oı	r in sectio	on 527?		🗸	Yes 🗌	No
b	If "Ye	s," complete the	e following schedul	e								
		(a) Name of organ	nization	(b) T	Type of organ	ization			(c) Description			
Samari	tan Ho	ospital School of	Nursing Alumni, Inc	501(c)(6)				Share same of	lirectors, of	ficers an	d member	ship
				<u> </u>								
								······································				
				1								
	Unde	r penalties of penury,	I declare that I have exami laration of preparer (officer	ned this return, incli than taxnaver) is had	uding accomp sed on all info	anying so mation o	chedules and i which over	d statements, and harer has any knor	to the best of r vledge.	my knowled	ge and belief,	, it is true,
Sign	L	and complete ba			./ -1 -	1					S discuss th	
Here	(see m						reparer show tions)? [7] Ye					
	/Sigo	ature of officer or tru		Dét	e	Title			<u>.</u>			
Paid		Print/Type prepare		Preparer's sig	gnature	Λ.	_	Date / /		(V)	TIN	
Prepa	arer	Joanne Case Ch		pane	Case	Chu	reto	11/13/1	self-er	nployed	PO1515	786
Use (Firm's name	Joanne Case Chwi						Firm's EIN ▶			
		Firm's address ▶	5 Boathouse Road	Queensbury, f	NY 12804				Phone no.		8-656-3002	
										Fo	ım 990-P	r (2011)

Joy Aloan (President) 12 Sharpe Road Wynantskill, NY 12198

Claudia Grahm (VP) 1 Bridge Road Menands, NY 12204

Anne L. Coonrad (Treasurer) 1400 Sausse Avenue Troy, NY 12180

Karen Henchey (Secretary) 9282 NY 66 Averill Park, NY 12018

Christine Lutringer
1 Fairview Road
Loundonville, NY 12211

Kathleen Borge 41 Wilder Avenue Hoosick Falls, NY 12090

Susan Quinn 35 Plank Road Troy, NY 12182

Shirley DeCamp 120 Abby Road Poestenkill, NY 12140

Florence Strang 8 Pineview Avenue Troy, NY 12180 Survaritan Hospital School of Nursing Alumni Association Charitable Foundation

PART VIII - List of Office's

Joan Gemmill 55 C Raylinsky Lane Mechanicville, NY 12118

Janice Wardwell 307 Otter Creek Road Johnsonville, NY 12094

Christine Yerdon 21 Saratoga Avenue Waterford, NY 12188

Ellen Nicpon 228 Old Niskayura Rd Lathan Try 12110

Samaritan Hospital School of Nursing Alumni Association Charitable Foundation

3024

2943

Form 990 Part II

Western Asset High Income

Line 10 b: Corporate Stock		
Franklin Income Fund, Class A	31031	29892
Line 10 c: Corporate Bonds		
General Electric	3206	3206
Line 13:Investments		
Bank of America	5000	4392
Ares Capital Corp.	6072	5961
Gamco Global	13887	10893
ING Global Equity	11530	5400
Nuveen Equity	3814	2933
Nuveen Real Estate Income Fd	13276	5930
Pimco Global	12463	8766
Pimco High Income Fund	15400	11792
Western Asset High Income	2024	- 174

Form 8868

(Rev January 2012)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

	GILDS COLVICE		caudifior each return.					
• If you	are filing for an Automatic 3-Month Extension, o	complete	only Part I and check th	nis box			▶ □	
• II you	are ming for an Additional (Not Automatic) 3-Mo	onth Exter	ision, complete only Pa	art II (on nace 2 of	thic t	form)		
Do not e	complete Part II unless you have already been g	ranted an	automatic 3-month exte	ension on a previou	ısly fi	led For	m 8868.	
Electror a corpor 8868 to Return 1	nic filing (e-file). You can electronically file Form atton required to file Form 990-T), or an additionarequest an extension of time to file any of the for Transfers Associated With Certain Personal ons). For more details on the electronic filing of the	8868 if yo al (not auto orms listed Benefit (u need a 3-month autor omatic) 3-month extensed in Part I or Part II with Contracts which must	matic extension of ion of time. You can that the exception of	time n ele Forr	to file (ctronic n 8870	6 months for ally file Form	
Part I		Only sul	omit original (no conic	oner one one		ues a r	voripronts.	
	ration required to file Form 990-T and reques	sting an a	utomatic 6-month exte	es needed).	box	c and	oomplete.	
Part I on	ly						▶ □	
	corporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must use	Form 7004 to requ	iest a	an exter	nsion of time	
to file ind	come tax returns.							
	No	-4	En	ter filer's identifying				
Type or	Name of exempt organization or other filer, see in			Employer identifi			er (EIN) or	
print	Samaritan Hospital School of Nursing Alumni /					84557		
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instr	uctions.	Social security n	umbe	r (SSN)		
due date for filing your		fana						
return See		a loreign a	ouress, see instructions.					
instruction	5. 110y, New York 12160							
Enter the	Return code for the return that this application i	s for (file a	separate application for	r each return) .			. 0 4	
Applica	ition	Return	Application				Return	
Is For		Code	Is For				Code	
Form 9	90	01	Form 990-T (corporati			07		
Form 9	90-BL	02	Form 1041-A	1041-A				
Form 9	90-EZ	01	Form 4720				09	
Form 9	90-PF	04	Form 5227				10	
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11	
Form 9	90-T (trust other than above)	06	Form 8870				12	
Teleph • If the co • If this if for the wallst with	one No. ► 518-301-3722 organization does not have an office or place of best for a Group Return, enter the organization's four hole group, check this box ► If the names and EINs of all members the extension request an automatic 3-month (6 months for a contil August 15 , 20 12 , to file the exert or the organization's return for:	usiness in ir digit Gro it is for par ion is for. orporation	up Exemption Number (t of the group, check the	GEN) is box D-T) extension of til	▶ [If t ☐ and a		
	calendar year 20 11 or	20	and ending			20)	
2 1	 ▶ ☐ tax year beginning , 20 , and ending , 20 . If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return 						·	
Г	☐ Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.						159		
	f this application is for Form 990-PF, 990-T,	4720 or f	069 enter any refund	able credits and		-		
6	estimated tax payments made. Include any prior y	ear overpa	ayment allowed as a cre	dit.	3b	\$		
сĨ						159		
	EFTPS (Electronic Federal Tax Payment System). See instructions. Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instruction							
Caution.	If you are going to make an electronic fund withdrawal	WITH THIS FO	nn 6868, see Form 8453-b	O and Form 66/9-E	J IOT	paymen	i iristructions.	

Form 8868 (Rev 1-2012)				- 0		
If you are filing for an Additional (No Note Only any late Park III (ot Automatic) 3-Month Evte	nsion, complete only D	ort II and about the barr	Page 2		
note. Only complete Part II if you have	e already been granted an au	tomatic 3-month extens	ion on a proviously filed Form	▶ 🗌		
 If you are filing for an Automatic 3-N 	Month Extension, complete	only Part I (on page 1).	ion on a previously filed Form	1 0000.		
Part II Additional (Not Autom	natic) 3-Month Extension	of Time. Only file the	original (no copies neede	d).		
			nter filer's identifying number,			
· ypc or	on or other filer, see instructions.		Employer identification num			
print Samaritan Hospital School	Samaritan Hospital School of Nursing Alumni Association Charitable Foundation					
File by the Number, street, and room of	Number, street, and room or suite no. If a P.O. box, see instructions. Social security					
due date for 2215 Burdett Avenue	for 2215 Burdett Avenue					
return. See 1	ate, and ZIP code. For a foreign a	address, see instructions.				
Instructions. Troy, NY 12180						
Enter the Return code for the return that	at this application is for (file a	separate application fo	r each return)	. 04		
Application	Return					
is For	Code	Application Is For		Return		
Form 990	01					
Form 990-BL	02	Form 1041-A	MARKET CARACTER			
Form 990-EZ	02	Form 4720		08		
Form 990-PF	04	Form 5227		09 10		
Form 990-T (sec. 401(a) or 408(a) trus		Form 6069		11		
Form 990-T (trust other than above)	06	Form 8870		12		
STOP! Do not complete Part II if you w						
 If the organization does not have an Interest of the whole group, check this box list with the names and EINs of all men I request an additional 3-month For calendar year 2011, or other of the tax year entered in line 5 in Change in accounting period State in detail why you need the 	e organization's four digit Gro	oup Exemption Number of the group, check the	(GEN) If	f this is I attach a		
We have hired a new accountant	t and need time to gather all in			rn.		
8a If this application is for Form 9 nonrefundable credits. See inst	tructions.		8a \$	0		
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.						
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.						
Under penalties of periury. I declare that	ture and Verification must	cluding accompanying sch		the best of my		
knowledge and belief, it is true, correct, an	d complete, and that I am autho	rized to prepare this form. Attorney	Date ▶ 87	12/12		
Signature (ase	- Churuka "	Authrey		868 (Rev 1-2012		

V