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Form **990**
 Department of the Treasury
 Internal Revenue Service

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

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization ST MARY'S HOSPITAL FOUNDATION | D Employer identification number 23-7001007 |
| | Doing Business As | E Telephone number (970) 298-7569 |
| | Number and street (or P O box if mail is not delivered to street address) Room/suite 2635 N 7th St | G Gross receipts \$ 3,417,744 |
| | City or town, state or country, and ZIP + 4 Grand Junction, CO 81502 | |
| | F Name and address of principal officer Michael McBride 2635 N 7TH ST GRAND JUNCTION, CO 81502 | H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ 0928 |
| I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | J Website: ▶ HTTP //WWW STMARYGJ COM | |
| K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation 1967 M State of legal domicile CO |

Part I Summary

| | | | |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 21 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 16 |
| | 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 403 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| | 9 Program service revenue (Part VIII, line 2g) | 2,164,220 | 2,885,959 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 253,035 | 226,339 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,276,958 | 258,530 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | -3,811 | -34,841 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,690,402 | 3,335,987 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 1,840,523 | 1,608,800 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | 0 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 815,679 | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 41,717 | 18,768 |
| | 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) | 3,335,765 | 3,186,379 |
| 19 Revenue less expenses Subtract line 18 from line 12 | 5,218,005 | 4,813,947 | |
| Net Assets or Fund Balances | | Beginning of Current Year | End of Year |
| | 20 Total assets (Part X, line 16) | -1,527,603 | -1,477,960 |
| | 21 Total liabilities (Part X, line 26) | 12,217,196 | 12,499,646 |
| | 22 Net assets or fund balances Subtract line 21 from line 20 | 670,464 | 1,194,068 |
| | | 11,546,732 | 11,305,578 |

Part II Signature Block

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

| | | | | |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------|--------------------------------------------------------------|
| Sign Here | ***** Signature of officer | 2012-11-12 Date | | |
| | Forest Binder CFO, VP Finance Type or print name and title | | | |
| Paid Preparer's Use Only | Preparer's signature ▶ BRUCE E BERNSTIEN | Date | Check if self-employed <input type="checkbox"/> | Preparer's taxpayer identification number (see instructions) |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BRUCE E BERNSTIEN & ASSOC PC 10440 N CENTRAL EXPRESSWAY STE 1040 DALLAS, TX 75231 | | | EIN ▶ |
| | | | | Phone no ▶ (214) 706-0840 |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 WE WILL, IN THE SPIRIT OF THE SISTERS OF CHARITY, REVEAL GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE INDIVIDUALS AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR OR VULNERABLE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,608,800 including grants of \$ 1,608,800) (Revenue \$)
 ST MARY'S HOSPITAL FOUNDATION RAISES FUNDS TO ASSIST IN THE PROMOTION OF QUALITY HEALTHCARE AS PROVIDED BY ST MARY'S HOSPITAL & MEDICAL CENTER IN ACCORDANCE WITH THE PHILOSOPHY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM TOTAL FUNDRAISING EXPENSES IN ACCOMPLISHING THIS EQUALED \$745,676 WITH MANAGEMENT EXPENSES OF \$52,009

4b (Code) (Expenses \$ 744,979 including grants of \$) (Revenue \$ 226,339)
 ST MARY'S HOSPITAL FOUNDATION ASSISTS IN THE ONGOING WELL BEING OF THE COMMUNITY BY ASSISTING ST MARY'S HOSPITAL & MEDICAL CENTER WITH THE SPONSORSHIP OF THE GREY GOURMET PROGRAM A HOSPITAL AND GOVERNMENTAL SPONSORED PROGRAM TO PROVIDE NOURISHING MEALS TO THE HOMEBOUND AND TO OTHERS THAT ARE IN NEED BETWEEN 1/1/11 AND 12/31/11 THE PROGRAM SERVED 108,051 MEALS to 1,447 CONSUMERS WITH THE ASSISTANCE OF 259 VOLUNTEERS SERVING A TOTAL OF 23,744 HOURS PROGRAM REVENUE ASSOCIATED WITH THE PROGRAM REPRESENTS A VOLUNTARY CO-PAYMENT FOR THE MEALS THE PAYMENT IS NOT A REQUIREMENT FOR RECEIVING A MEAL

4c (Code) (Expenses \$ 536,936 including grants of \$) (Revenue \$)
 ST MARY'S HOSPITAL FOUNDATION ASSISTS ST MARY'S HOSPITAL AND MEDICAL CENTER IN MAINTAINING THE WELL BEING OF THE ELDERLY BY ASSISTING ST MARY'S HOSPITAL WITH THE FOSTER GRANDPARENT AND SENIOR COMPANIONS PROGRAMS THE FOSTER GRANDPARENT PROGRAM PROVIDES A MENTORING PROGRAM FOR THE YOUTH IN THE COMMUNITY BY THE ELDERLY, THE PROGRAM SERVED 1,377 CHILDREN AND HAD 84 VOLUNTEERS THAT SERVED 57,172 HOURS THE SENIOR COMPANIONS PROGRAM PROVIDES HOME COMPANIONSHIP TO THE ELDERLY, ALLOWING FOR A BETTER QUALITY OF LIFE AND PROVIDING ELDERLY WITH THE OPPORTUNITY TO STAY IN THEIR OWN HOMES LONGER THE SENIOR COMPANIONS PROGRAM SERVED 308 HOMEBOUND CLIENTS AND HAD 60 VOLUNTEERS THAT SERVED 28,857 HOURS

(Code) (Expenses \$ 546,981 including grants of \$) (Revenue \$)
 Research

(Code) (Expenses \$ 226,802 including grants of \$) (Revenue \$)
 Rose Hill Hospitality House

(Code) (Expenses \$ 212,634 including grants of \$) (Revenue \$)
 HIV, Drug Treatment, Cancer Support GroUps

4d Other program services (Describe in Schedule O)
 (Expenses \$ 986,417 including grants of \$) (Revenue \$)

4e Total program service expenses \$ 3,877,132

Part IV Checklist of Required Schedules

| | | Yes | No |
|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/> | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? <input checked="" type="checkbox"/> | 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 | | 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? If "Yes," complete Schedule C, Part II | | 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 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | | No |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III <input checked="" type="checkbox"/> | | 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 <input checked="" type="checkbox"/> | | No |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V <input checked="" type="checkbox"/> | Yes | |
| 11 | If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | |
| a | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. <input checked="" type="checkbox"/> | | No |
| 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. <input checked="" type="checkbox"/> | | No |
| c | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. <input checked="" type="checkbox"/> | | 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. <input checked="" type="checkbox"/> | | No |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. <input checked="" type="checkbox"/> | 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. <input checked="" type="checkbox"/> | | No |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <input checked="" type="checkbox"/> | | No |
| 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 <input checked="" type="checkbox"/> | Yes | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | No |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | | No |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I | | 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, Part II and IV | | 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, Part III and IV | | 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 <input checked="" type="checkbox"/> | Yes | |
| 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 <input checked="" type="checkbox"/> | 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 <input checked="" type="checkbox"/> | | No |
| 20a | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | No |
| b | If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements | | |

Part IV Checklist of Required Schedules (continued)

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-----------|
| <p>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? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/></p> | <p>21</p> | <p>Yes</p> | |
| <p>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? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/></p> | <p>22</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule J</i> <input checked="" type="checkbox"/></p> | <p>23</p> | <p>Yes</p> | |
| <p>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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i></p> | <p>24a</p> | | <p>No</p> |
| <p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p> | <p>24b</p> | | |
| <p>c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?</p> | <p>24c</p> | | |
| <p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p> | <p>24d</p> | | |
| <p>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? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25a</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule L, Part I</i></p> | <p>25b</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule L, Part II</i></p> | <p>26</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule L, Part III</i></p> | <p>27</p> | | <p>No</p> |
| <p>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)</p> | | | |
| <p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28a</p> | | <p>No</p> |
| <p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28b</p> | | <p>No</p> |
| <p>c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i></p> | <p>28c</p> | | <p>No</p> |
| <p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/></p> | <p>29</p> | <p>Yes</p> | |
| <p>30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/></p> | <p>30</p> | | <p>No</p> |
| <p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p> | <p>31</p> | | <p>No</p> |
| <p>32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i></p> | <p>32</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule R, Part I</i> <input checked="" type="checkbox"/></p> | <p>33</p> | | <p>No</p> |
| <p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/></p> | <p>34</p> | <p>Yes</p> | |
| <p>35a Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?</p> | <p>35a</p> | <p>Yes</p> | |
| <p>b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/></p> | <p>35b</p> | <p>Yes</p> | |
| <p>36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/></p> | <p>36</p> | | <p>No</p> |
| <p>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? <i>If "Yes," complete Schedule R, Part VI</i> <input checked="" type="checkbox"/></p> | <p>37</p> | | <p>No</p> |
| <p>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</p> | <p>38</p> | <p>Yes</p> | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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.

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | |
| 1b | 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? | | 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? | | No |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | No |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | No |
| 6 | Did the organization have members or stockholders? | Yes | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | Yes | |
| 7b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | Yes | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | | |
| 8a | The governing body? | Yes | |
| 8b | Each committee with authority to act on behalf of the governing body? | 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 | | No |

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

| | | Yes | No |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | No |
| 10b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | Yes | |
| 11b | Describe in Schedule O the process, if any, used by the organization to review the Form 990 | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | Yes | |
| 12b | Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | Yes | |
| 12c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | Yes | |
| 13 | Did the organization have a written whistleblower policy? | Yes | |
| 14 | Did the organization have a written document retention and destruction policy? | 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? | | |
| 15a | The organization's CEO, Executive Director, or top management official | | No |
| 15b | Other officers or key employees of the organization | | No |
| | 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? | | No |
| 16b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

| | |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 17 | List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> CO |
| 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request |
| 19 | Describe in Schedule O whether (and if so, how), the organization made 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 <input checked="" type="checkbox"/> FOREST BINDER 2635 N 7TH ST Grand Junction, CO 81502 (970) 244-2231 |

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, or 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 organizations compensated any current or former officer, director, or trustee

| (A) Name and Title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|-------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) Joel Schaefer Chair | 10 | X | | X | | | | 0 | 0 | 0 |
| (2) Ter Cavanagh Vice-Chair | 10 | X | | X | | | | 0 | 0 | 0 |
| (3) Fred Aldrich Treasurer | 10 | X | | X | | | | 0 | 0 | 0 |
| (4) Anne Worley Secretary | 10 | X | | X | | | | 0 | 0 | 0 |
| (5) Susan Alviljar Director | 10 | X | | | | | | 0 | 0 | 0 |
| (6) C Paul Brown Director | 10 | X | | | | | | 0 | 0 | 0 |
| (7) Rod V Chrst Director | 10 | X | | | | | | 0 | 0 | 0 |
| (8) Frank DeSantis Director | 10 | X | | | | | | 0 | 0 | 0 |
| (9) Dr Roy Erb Director | 10 | X | | | | | | 0 | 0 | 0 |
| (10) Larry Feather Director | 10 | X | | | | | | 0 | 0 | 0 |
| (11) Mark Gardner Director | 10 | X | | | | | | 0 | 0 | 0 |
| (12) Dave Huerkamp Director | 10 | X | | | | | | 0 | 0 | 0 |
| (13) Pete Joufflas Director | 10 | X | | | | | | 0 | 0 | 0 |
| (14) Richard Kaul Director | 10 | X | | | | | | 0 | 0 | 0 |
| (15) Sister Michel Pantenburg Director | 10 | X | | | | | | 0 | 0 | 0 |
| (16) Cheryl Roy Director | 10 | X | | | | | | 0 | 0 | 0 |
| (17) Jay Seaton Director | 10 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and Title | (B) Average hours per week per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) Craig Springer Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| (19) Frank Steuart Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| (20) Chuck Wanebo Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| (21) Billie Witham Director | 1 0 | X | | | | | | 0 | 0 | 0 |
| (22) Kenneth Ferrone Executive Director | 45 0 | | | X | | | | 0 | 162,960 | 0 |
| (23) Michael McBride CEO, President | 2 0 | | | X | | | | 0 | 421,837 | 63,997 |
| (24) Forest Binder CFO, VP Finance | 1 0 | | | X | | | | 0 | 301,425 | 30,246 |
| (25) Marty Jacobsen Scientist | 45 0 | | | | | X | | 0 | 105,740 | 8,023 |
| (26) Robert Ladenberger Former CEO | | | | | | | X | 0 | 1,086,761 | 84,694 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Sub-Total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 0 | 2,078,723 | 186,960 |

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 | |
|---------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------------------------------------------|----------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------|--|
| Contributions, gifts, grants and other similar amounts | 1a | Federated campaigns 1a | 23,136 | | | | |
| | b | Membership dues 1b | | | | | |
| | c | Fundraising events 1c | 202,116 | | | | |
| | d | Related organizations 1d | 93,495 | | | | |
| | e | Government grants (contributions) 1e | 1,114,686 | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above 1f | 1,452,526 | | | | |
| | g | Noncash contributions included in lines 1a-1f \$ <u>594,356</u> | | | | | |
| | h | Total. Add lines 1a-1f ▶ | | 2,885,959 | | | |
| Program Service Revenue | 2a | GREY GOURMET | 624210 | 226,339 | 226,339 | | |
| | b | | | | | | |
| | c | | | | | | |
| | d | | | | | | |
| | e | | | | | | |
| | f | All other program service revenue | | | | | |
| | g | Total. Add lines 2a-2f ▶ | | 226,339 | | | |
| Other Revenue | 3 | Investment income (including dividends, interest and other similar amounts) ▶ | 247,176 | | | 247,176 | |
| | 4 | Income from investment of tax-exempt bond proceeds ▶ | 0 | | | | |
| | 5 | Royalties ▶ | 0 | | | | |
| | 6a | | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | b | Gross rents | 3,200 | | | |
| | | c | Less rental expenses | 0 | | | |
| | d | Rental income or (loss) | 3,200 | | | | |
| | e | Net rental income or (loss) ▶ | | 3,200 | | 3,200 | |
| | 7a | | (i) Securities | | | | |
| | | | (ii) Other | | | | |
| | | b | Gross amount from sales of assets other than inventory | 14,762 | | | |
| | | c | Less cost or other basis and sales expenses | 3,408 | | | |
| | d | Gain or (loss) | 11,354 | | | | |
| | e | Net gain or (loss) ▶ | | 11,354 | | 11,354 | |
| 8a | Gross income from fundraising events (not including \$ <u>202,116</u> of contributions reported on line 1c) See Part IV, line 18 a | 40,308 | | | | | |
| b | Less direct expenses b | 78,349 | | | | | |
| c | Net income or (loss) from fundraising events ▶ | | -38,041 | | -38,041 | | |
| 9a | Gross income from gaming activities See Part IV, line 19 a | | | | | | |
| b | Less direct expenses b | | | | | | |
| c | Net income or (loss) from gaming activities ▶ | | 0 | | | | |
| 10a | Gross sales of inventory, less returns and allowances a | | | | | | |
| b | Less cost of goods sold b | | | | | | |
| c | Net income or (loss) from sales of inventory ▶ | | 0 | | | | |
| | Miscellaneous Revenue | Business Code | | | | | |
| 11a | | | | | | | |
| b | | | | | | | |
| c | | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 0 | | | | |
| 12 | Total revenue. See Instructions ▶ | | 3,335,987 | 226,339 | 0 | 223,689 | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------------|------------------------------------|
| 1 | Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | 1,608,800 | 1,608,800 | | |
| 2 | Grants and other assistance to individuals in the United States See Part IV, line 22 | 0 | | | |
| 3 | Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | 0 | | | |
| 4 | Benefits paid to or for members | 0 | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | 0 | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 | Other salaries and wages | 0 | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 0 | | | |
| 9 | Other employee benefits | 0 | | | |
| 10 | Payroll taxes | 0 | | | |
| 11 | Fees for services (non-employees) | | | | |
| a | Management | 0 | | | |
| b | Legal | 0 | | | |
| c | Accounting | 0 | | | |
| d | Lobbying | 0 | | | |
| e | Professional fundraising See Part IV, line 17 | 18,768 | | | 18,768 |
| f | Investment management fees | 33,344 | | 33,344 | |
| g | Other | 416,098 | 373,133 | 955 | 42,010 |
| 12 | Advertising and promotion | 34,979 | 2,067 | | 32,912 |
| 13 | Office expenses | 414,593 | 391,251 | 882 | 22,460 |
| 14 | Information technology | 20,043 | | | 20,043 |
| 15 | Royalties | 0 | | | |
| 16 | Occupancy | 72,770 | 72,770 | | |
| 17 | Travel | 125,988 | 105,565 | | 20,423 |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 | Conferences, conventions, and meetings | 102,301 | 12,551 | 1,149 | 88,601 |
| 20 | Interest | 0 | | | |
| 21 | Payments to affiliates | 0 | | | |
| 22 | Depreciation, depletion, and amortization | 0 | | | |
| 23 | Insurance | 0 | | | |
| 24 | Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) | | | | |
| a | CONTRACT LABOR | 1,943,603 | 1,308,655 | 70,815 | 564,133 |
| b | BANK FEES | 13,991 | | 13,991 | |
| c | MISCELLANEOUS | 8,669 | 2,340 | | 6,329 |
| d | | | | | |
| e | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 4,813,947 | 3,877,132 | 121,136 | 815,679 |
| 26 | Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

Part X Balance Sheet

| | | (A) | | (B) |
|--------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------|-------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash—non-interest-bearing | 0 | 1 | 0 |
| | 2 Savings and temporary cash investments | 922,913 | 2 | 1,555,965 |
| | 3 Pledges and grants receivable, net | 1,472,721 | 3 | 560,263 |
| | 4 Accounts receivable, net | 0 | 4 | 0 |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 0 | 8 | 0 |
| | 9 Prepaid expenses and deferred charges | 0 | 9 | 0 |
| | 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | | | |
| | b Less accumulated depreciation | 0 | 10c | |
| | 11 Investments—publicly traded securities | 9,592,228 | 11 | 9,816,125 |
| | 12 Investments—other securities See Part IV, line 11 | 0 | 12 | 0 |
| | 13 Investments—program-related See Part IV, line 11 | 0 | 13 | 0 |
| | 14 Intangible assets | 0 | 14 | 0 |
| | 15 Other assets See Part IV, line 11 | 229,334 | 15 | 567,293 |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 12,217,196 | 16 | 12,499,646 | |
| Liabilities | 17 Accounts payable and accrued expenses | 0 | 17 | 1,090 |
| | 18 Grants payable | 0 | 18 | 0 |
| | 19 Deferred revenue | 0 | 19 | 0 |
| | 20 Tax-exempt bond liabilities | 0 | 20 | 0 |
| | 21 Escrow or custodial account liability Complete Part IV of Schedule D | 0 | 21 | 0 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L | 0 | 22 | 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | 0 | 23 | 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | 0 | 24 | 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | 670,464 | 25 | 1,192,978 |
| | 26 Total liabilities. Add lines 17 through 25 | 670,464 | 26 | 1,194,068 |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 6,474,037 | 27 | 6,866,361 |
| | 28 Temporarily restricted net assets | 4,973,399 | 28 | 4,175,956 |
| | 29 Permanently restricted net assets | 99,296 | 29 | 263,261 |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 11,546,732 | 33 | 11,305,578 | |
| 34 Total liabilities and net assets/fund balances | 12,217,196 | 34 | 12,499,646 | |

Part XI Reconciliation of Net Assets

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 | 3,335,987 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 4,813,947 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -1,477,960 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 11,546,732 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 1,236,806 |
| 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 | 11,305,578 |

Part XII Financial Statements and Reporting

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

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL FOUNDATION

Employer identification number

23-7001007

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

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

- 1 A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | No |
| 11g(ii) | | No |
| 11g(iii) | | No |

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support? |
|---------------------------------------------|-------------|-------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|----|--------------------------------------------------------------------|----|---------------------------------------------------------------|----|-----------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) ST MARY'S HOSPITAL & MEDICAL CENTER INC | 840425720 | 03 | Yes | | Yes | | Yes | | 1,608,800 |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | 1,608,800 |

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts 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 is regularly carried on | | | | | | |
| 10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets | | | | | | |
| 11 Total support (Add lines 7 through 10) | | | | | | |
| 12 Gross receipts from related activities, etc (See instructions) | | | | | 12 | |

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--|
| 14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) | 14 | |
| 15 Public Support Percentage for 2010 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 33 1/3% support test—2010. 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 <input type="checkbox"/> | | |
| 17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> | | |
| 18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/> | | |

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public Support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11 and 12) | | | | | | |
| 14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|------------------------------------------------------------------------------------------------|-----------|--|
| 15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) | 15 | |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|------------------------------------------------------------------------------------------------------------|-----------|--|
| 17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f)) | 17 | |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

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

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

Additional Data

Software ID:
Software Version:
EIN: 23-7001007
Name: ST MARY'S HOSPITAL FOUNDATION

Form 990, Special Condition Description:

| |
|--------------------------------------|
| Special Condition Description |
|--------------------------------------|

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

| |
|-------------------------------------------------------------------------------------------------------------------|
| 4d. Other program services |
| (Code) (Expenses \$ 546,981 including grants of \$) (Revenue \$) Research |
| (Code) (Expenses \$ 226,802 including grants of \$) (Revenue \$) Rose Hill Hospitality House |
| (Code) (Expenses \$ 212,634 including grants of \$) (Revenue \$) HIV, Drug Treatment, Cancer Support GroUps |

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization ST MARY'S HOSPITAL FOUNDATION

Employer identification number 23-7001007

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

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

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

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

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

| | (a) Current Year | (b) Prior Year | (c) Two Years Back | (d) Three Years Back | (e) Four Years Back |
|-------------------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 6,462,683 | 5,949,382 | 4,225,092 | 6,828,227 | |
| b Contributions | 168,214 | 25,481 | 2,619 | 24,377 | |
| c Investment earnings or losses | 50,698 | 771,583 | 1,722,549 | -2,535,754 | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 261,967 | 283,763 | 878 | 91,758 | |
| f Administrative expenses | | | | | |
| g End of year balance | 6,419,628 | 6,462,683 | 5,949,382 | 4,225,092 | |

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

- a** Board designated or quasi-endowment ▶ 98 000 %
- b** Permanent endowment ▶ 2 000 %
- c** Term endowment ▶ 0 %

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | | | |
| e Other | | | | |
| Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) | | | | |

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|----------|-----------------------------------------------------------------------------------------------------------|-----------|--|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12) | 5 | |

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

| | | | |
|----------|------------------------------------------------------------------------------------------------------------|-----------|--|
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV) | 2d | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1 : | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV) | 4b | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18) | 5 | |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, 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 | Schedule D, Part V, Line 4 | Board Endowment - Quasi Endowment used for areas of greatest need Bruce E Dixon Pulmonary Rehabilitation Endowment - Assist low income pulmonary patients Cummings Family Endowment - Assist low income cancer patients SMHA WORLEY FAMILY INFECTION CONTROL ENDOWMENT - INFECTION CONTROL EDUCATION Dr Lynn James Pulmonary Endowment Fund - Assist low income pulmonary patients ENDOWMENT FUNDS ARE HELD BY THE ST MARY'S HOSPITAL FOUNDATION |

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization ST MARY'S HOSPITAL FOUNDATION

Employer identification number 23-7001007

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes entry for WEALTHENGINE.NET and a Total row.

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other Events | (d) Total Events |
|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|-------------------------------|----------------------------|-------------------------------|
| | | CYCLE RALLY (event type) | DINNER (event type) | 0 (total number) | (Add col (a) through col (c)) |
| Revenue | 1 Gross receipts | 212,172 | 30,252 | | 242,424 |
| | 2 Less Charitable contributions | 179,929 | 22,187 | | 202,116 |
| | 3 Gross income (line 1 minus line 2) | 32,243 | 8,065 | | 40,308 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Non-cash prizes | | | | |
| | 6 Rent/facility costs | 29,595 | | | 29,595 |
| | 7 Food and beverages | 20,629 | 4,078 | | 24,707 |
| | 8 Entertainment | 12,857 | | | 12,857 |
| | 9 Other direct expenses | 6,149 | 5,041 | | 11,190 |
| | 10 Direct expense summary Add lines 4 through 9 in column (d) ▶ | | | | (78,349) |
| 11 Net income summary Combine lines 3 and 10 in column (d) ▶ | | | | -38,041 | |

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

| | | (a) Bingo | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|-------------------------------|
| | | | | | (Add col (a) through col (c)) |
| Revenue | 1 Gross revenue | | | | |
| | 2 Cash prizes | | | | |
| Direct Expenses | 3 Non-cash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 7 Direct expense summary Add lines 2 through 5 in column (d) ▶ | | | | () |
| 8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶ | | | | | |

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

| | |
|--------------------------------------|------------|
| a The organization's facility | 13a |
| b An outside facility | 13b |

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

Name ▶

Address ▶

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

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

| Identifier | ReturnReference | Explanation |
|------------|-----------------|-------------|
|------------|-----------------|-------------|

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) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|----------------------------------------|---------------------------------|---------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------------------|
| | | | | | |
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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 TO SUPPORTED ORGANIZATION | SCHEDULE I PART I LINE 2 | UPON APPROVAL OF THE TRANSFER OF FUNDS FROM THE FOUNDATION TO ST MARY'S HOSPITAL, THE ST MARY'S HOSPITAL FINANCE DEPARTMENT RECORDS THE FUNDS TO THE PROPER DEPARTMENT WITHIN THE HOSPITAL FOR USE AS AN OFFSET TO THE EXPENSES THAT HAVE BEEN INCURRED, OR TO CAPITAL THE TRANSFERS ARE RECONCILED BETWEEN THE HOSPITAL AND THE FOUNDATION QUARTERLY THE RECONCILIATIONS ARE REVIEWED BY MANAGERS AT THE HOSPITAL AND SYSTEM OFFICE |

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------------|------|----------------------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------|-------------------------|---------------------------------|------------------------------------------------------------|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) Kenneth Ferrone | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 162,960 | 0 | 0 | 0 | 0 | 162,960 | 0 |
| (2) Michael McBride | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 378,860 | 22,528 | 20,449 | 48,904 | 15,093 | 485,834 | 0 |
| (3) Forest Binder | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 234,354 | 31,882 | 35,189 | 19,563 | 10,683 | 331,671 | 0 |
| (4) Robert Ladenberger | (i) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | (ii) | 607,673 | 144,615 | 334,473 | 73,845 | 10,849 | 1,171,455 | 0 |
| | | | | | | | | |
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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 |
|---------------------------------------------|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PAYMENTS FROM NONQUALIFIED RETIREMENT PLANS | Schedule J, Part I, Line 4b | OTHER REPORTABLE COMPENSATION SHOWN IN SCHEDULE J PART II COLUMN (B) (III) CONTAINS AN ANNUAL REPORTING ADJUSTMENT FOR CERTAIN EMPLOYEES WHO PARTICIPATE IN THE SUPPLEMENTAL NONQUALIFIED RETIREMENT PLANS. SCLHS PROVIDES NONQUALIFIED RETIREMENT PLANS FOR EXECUTIVES TO COMPENSATE FOR IRS IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE. ON THE ADVICE OF COUNSEL, SCLHS HAS DETERMINED THAT THESE BENEFITS SHOULD BE SUBJECT TO TAXATION AS THEY ARE EARNED AND VESTED RATHER THAN WHEN THEY ARE RECEIVED. AS A RESULT, THE TOTAL NONQUALIFIED RETIREMENT PLAN BENEFITS, WHICH WERE ACCRUED AND VESTED IN THE CURRENT YEAR, ARE NOW CONSIDERED TAXABLE AND THUS WERE TAXED TO THE PARTICIPANTS. AN AMOUNT EQUAL TO THE PARTICIPANT'S EXPECTED INCOME TAX LIABILITY WAS WITHDRAWN FROM THE PARTICIPANT'S ACCOUNT AND REMITTED TO THE IRS AS WITHHOLDING ON THE TAXABLE BENEFIT. THE AMOUNTS WITHDRAWN FROM THE PLAN FOR TAXES IN 2011 WERE: ROBERT W LADENBURGER-\$116,293; FOREST C BINDER-\$9,439. |
| FOUNDATION BOARD | Form 990, Part VII and Form 990, Schedule J, Part II | THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) CONSISTS OF ELEVEN HOSPITALS AND THREE CLINICS (AFFILIATES) IN FOUR STATES INCLUDING ST MARY'S HOSPITAL FOUNDATION (FOUNDATION) IN GRAND JUNCTION, COLORADO. SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. MICHAEL MCBRIDE IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR ST MARY'S HOSPITAL AND MEDICAL CENTER (ST MARY'S). HE ALSO SERVES AS A MEMBER OF THE FOUNDATION'S BOARD. THE COMPENSATION REFLECTED IS THAT OF MR MCBRIDE'S POSITION AS A ST MARY'S EXECUTIVE AND NOT AS A MEMBER OF THE FOUNDATION'S BOARD. ROBERT W LADENBURGER IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR EXEMPLA, INC (EXEMPLA) IN DENVER, COLORADO. HE SERVED AS A MEMBER OF THE FOUNDATION'S BOARD THROUGH JANUARY 2010. THE MAJORITY OF THE COMPENSATION REFLECTED IS THAT OF MR LADENBURGER'S POSITION AS AN EXEMPLA EXECUTIVE AND NOT AS A MEMBER OF THE FOUNDATION'S BOARD. FOREST C BINDER IS VICE PRESIDENT & CHIEF FINANCIAL OFFICER FOR ST MARY'S HOSPITAL AND MEDICAL CENTER (ST MARY'S). HE ALSO SERVES AS A MEMBER OF THE FOUNDATION'S BOARD. THE COMPENSATION REFLECTED IS THAT OF MR BINDER'S POSITION AS A ST MARY'S EXECUTIVE AND NOT AS A MEMBER OF THE FOUNDATION'S BOARD. IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE. |

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization ST MARY'S HOSPITAL FOUNDATION

Employer identification number

23-7001007

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Clothing, Cars, Securities, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a, 31, 32a, 33 regarding property holding periods and gift acceptance policies.

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 |
|----------------------------|------------------------------|------------------------------------------------------------|
| DISPOSAL OF NON-CASH ITEMS | SCHEDULE M, PART I, LINE 32b | Stocks are sold by brokerage firm immediatley upon receipt |

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ST MARY'S HOSPITAL FOUNDATION

Employer identification number

23-7001007

| Identifier | Return Reference | Explanation |
|------------------|-------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CORPORATE MEMBER | FORM 990, PART VI, LINES 6, 7A & 7B | LINE 6 St Mary's Hospital & Medical Center is the sole corporate members for the Foundation. In keeping with the Hospital's core value of stewardship, no board member is compensated for that service. LINE 7A & 7b As the sole corporate member St Mary's Hospital & Medical Center has the authority to appoint board members. Certain decisions made by the community board are subject to approval by the corporate member. These decisions are primarily those regarding dissolution. |

| Identifier | Return Reference | Explanation |
|---------------------------|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BOARD REVIEW OF 990 | FORM 990, PART VI, SECTION B, LINE 11b | BOARD MEMBERS ARE PROVIDED WITH A FULL COPY OF THE 990 FOR REVIEW PRIOR TO FILING AT A SUBSEQUENT MEETING QUESTIONS OR CONCERNS ARE ADDRESSED THE RETURN IS REVIEWED BY SYSTEM OFFICE FINANCE PERSONNEL AND INDEPENDENT ACCOUNTING FIRM |

| Identifier | Return Reference | Explanation |
|--------------------------------------------------------------------------|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST | PART VI, SECTION B, LINE 12c | <p>ALL ST MARY'S HOSPITAL FOUNDATION (SMHF) EXECUTIVES, DIRECTORS, AND MANAGERS, BOARD MEMBERS AND BOARD COMMITTEE MEMBERS, MEDICAL EXECUTIVE COMMITTEE (MEC) MEMBERS AND OTHER PHYSICIANS IN DECISION MAKING ROLES OR SERVING ON SMHF FINANCE COMMITTEE COMPLETE A NEW CONFLICT OF INTEREST (COI) DISCLOSURE FORM ANNUALLY. A COPY OF THE POLICY IS DISTRIBUTED ALONG WITH THE COI FORMS. IN THE EVENT OF A CHANGE OF CIRCUMSTANCE, EACH INDIVIDUAL WHO HAS ALREADY SIGNED A COI IS EXPECTED TO NOTIFY THE ORGANIZATION OF THE CHANGE AND UPDATE THE CONFLICT OF INTEREST INFORMATION. THE STATEMENTS ARE REVIEWED AND COI ISSUES ARE ADDRESSED BY THE ORGANIZATION RESPONSIBILITY OFFICER (ORO) AND LEADERSHIP AT THE APPROPRIATE LEVEL. BOARD COIS ARE REVIEWED BY THE BOARD CHAIR. ST MARY'S HOSPITAL FOUNDATION DIRECTORS AND MANAGERS COI STATEMENTS ARE REVIEWED BY THE SMHF ADMINISTRATION. SMHF EXECUTIVES COI STATEMENTS ARE REVIEWED BY THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM. THE SIGNED COI FORMS ARE MAINTAINED IN ST MARY'S HOSPITAL FOUNDATION ADMINISTRATION. THE CONFLICT OF INTEREST DISCLOSURE STATEMENTS FOR SMHF EXECUTIVES ARE MAINTAINED AT SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AT THE BEGINNING OF BOARD AND BOARD COMMITTEE MEETINGS, THE QUESTION OF COI IS ASKED OF THOSE IN ATTENDANCE. WHEN AN ACTUAL CONFLICT IS IDENTIFIED, THE INDIVIDUAL ASKS TO BE EXCUSED FROM PARTICIPATING IN THE DISCUSSIONS AND DECISION-MAKING.</p> |

| Identifier | Return Reference | Explanation |
|-----------------------------------------------------|-----------------------------|------------------------------------------------------|
| DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION POLICY | Form 990 Part VI Line 19 | AVAILABLE UPON REQUEST FROM THE FOUNDATION OFFICE |

| Identifier | Return Reference | Explanation |
|------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| FORM 990, PART VII AND FORM 990, SCHEDULE J, PART II | | THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC (SCLHS) IS THE SOLE CORPORATE MEMBER OF 11 HOSPITALS AND FOUR CLINICS (AFFILIATES) IN FOUR STATES INCLUDING ST MARY'S HOSPITAL IN GRAND JUNCTION, COLORADO SCLHS AND ITS AFFILIATES ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY MICHAEL MCBRIDE IS PRESIDENT & CHIEF EXECUTIVE OFFICER FOR ST MARY'S HOSPITAL AND MEDICAL CENTER (ST MARY'S) HE ALSO SERVES AS MEMBER OF THE FOUNDATION'S BOARD THE COMPENSATION REFLECTED IS THAT OF MR MCBRIDE'S POSITION AS A ST MARY'S EXECUTIVE AND NOT AS A MEMBER OF THE FOUNDATION'S BOARD IN KEEPING WITH SCLHS' CORE VALUE OF STEWARDSHIP, NO BOARD MEMBER SERVING ON SCLHS OR AFFILIATE BOARDS IS COMPENSATED FOR THAT SERVICE |

| Identifier | Return Reference | Explanation |
|------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| RECONCILIATION OF NET ASSETS | FORM 990, PART XI, LINE 5 | EQUITY TRANSFERS \$ 1,442,473 CHANGE IN SPLIT INTEREST \$ (114,602) BAD PLEDGES \$ (91,100) ROUNDING \$ 35 TOTAL \$ 1,236,806 |

| Identifier | Return Reference | Explanation |
|---------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STATEMENT OF CONTROLLED FOREIGN CORPORATION | | <p>ST MARY'S HOSPITAL FOUNDATION, PARTICIPATION CORPORATION EIN 23-7001007 FOR THE TAX YEAR ENDED DECEMBER 31, 2011 THIS STATEMENT IS BEING FILED PURSUANT TO TREAS REG 1 6038-2(J)(3) ST MARY'S HOSPITAL FOUNDATION'S FILING REQUIREMENT FOR FORM 5471 FOR THE CONTROLLED FOREIGN CORPORATIONS LISTED BELOW HAS BEEN SATISFIED BY SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM (FEIN 23-7379161) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM HAS INCLUDED THE FORM 5471 WITH ITS FORM 990 WHICH WAS FILED ELECTRONICALLY LEAVEN INSURANCE COMPANY, LTD 98-0370522 23 LIMETREE BAY AVE, PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY 1-1102 CJ RIVERVIEW MULTI-SERIES FUND SPC, LTD 510 THORNALL STREET, SUITE 220 EDISON, NJ 08837 JP MORGAN HEDGE FUND SPC-ACCESS MAR09 SEGREGATED 98-0680591 %INT'L FUND SVCS LTD, 78 SIR JOHN ROGERSON'S QUAY DUBLIN, IRELAND 2 EI JP MORGAN HEDGE FUND SPC-ACCESS JUN09 SEGREGATED 98-0680582 %INT'L FUND SVCS LTD, 78 SIR JOHN ROGERSON'S QUAY DUBLIN, IRELAND 2 EI</p> |

| Identifier | Return Reference | Explanation |
|----------------------------------------|-------------------------|----------------------------------------------------|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Michael McBride TITLE CEO, President HOURS 53 |

| Identifier | Return Reference | Explanation |
|----------------------------------------|-------------------------|---------------------------------------------------|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Forest Binder TITLE CFO, VP Finance HOURS 54 |

| Identifier | Return Reference | Explanation |
|----------------------------------------|-------------------------|---------------------------------------------------|
| HOURS DEVOTED FOR RELATED ORGANIZATION | FORM 990 PART VII | NAME Robert Ladenberger TITLE Former CEO HOURS 55 |

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047
2011
Open to Public Inspection

▶ **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
ST MARY'S HOSPITAL FOUNDATION

Employer identification number
23-7001007

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

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|-----------------------------------------------------|-------------------------|--------------------------------------------------|---------------------|---------------------------|----------------------------------|
| | | | | | |
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | (g) Section 512(b)(13) controlled organization | |
|-------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|-----------------------------------------------------|----------------------------------|---------------------------------------------------|----|
| | | | | | | Yes | No |
| See Additional Data Table | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|-----------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|------------------------------------------------------------------------------------------|------------------------------|------------------------------------|--------------------------------------|----|----------------------------------------------------------------|-------------------------------------|----|-----------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| (1) PAVILION IMAGING LLC 750 WELLINGTON GRAND JUNCTION, CO 81501 03-0516198 | RADIOLOGY | CO | | | | | | | | | | |
| (2) GRAND VALLEY SURGICAL CENTER LLC 710 WELLINGTON GRAND JUNCTION, CO 81501 84-1505075 | OP SURGERY | CO | | | | | | | | | | |
| (3) SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401 20-2856331 | OP CANCER | CO | | | | | | | | | | |
| (4) BILLINGS MRI CENTER LLC 1041 NORTH 29TH STREET BILLINGS, MT 59101 81-0450943 | MRI-PET SCAN | MT | | | | | | | | | | |
| (5) LUTHERAN CAMPUS ASC LLC 3455 LUTHRN PKW SUITE 150 WHEATRIDGE, CO 800336028 02-0749532 | OP SURGERY | CO | | | | | | | | | | |
| (6) COLORADO SURGICAL VENTURES LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL 60605 20-8038915 | OP SURGERY | CO | | | | | | | | | | |
| (7) COLORADO SURGICAL HOSPITAL LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL 60605 20-8038977 | OP SURGERY | CO | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------------|--------------------------------------------------|------------------------------|------------------------------------|-----------------------------|
| (1) CARITAS INC AND SUBSIDIARIES 9801 RENNER BOULEVARD SUITE 100 LENEXA, KS 66219 48-0941069 | OTHER MEDICAL | KS | | C CORP | | | |
| (2) LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522 | Insurance | CJ | | | | | |
| | | | | | | | |
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)

- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)

- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses

- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related organization(s)

| | Yes | No |
|-----------|-----|----|
| | | |
| 1a | | No |
| 1b | Yes | |
| 1c | | No |
| 1d | | No |
| 1e | | No |
| | | |
| 1f | | No |
| 1g | | No |
| 1h | | No |
| 1i | | No |
| | | |
| 1j | | No |
| 1k | | No |
| 1l | | No |
| 1m | | No |
| 1n | Yes | |
| | | |
| 1o | | No |
| 1p | Yes | |
| | | |
| 1q | | No |
| 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 relationships and transaction thresholds

| (a) Name of other organization | (b) Transaction type(a-r) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------------------------|------------------------------|------------------------|----------------------------------------------|
| (1) ST MARY'S HOSPITAL & MEDICAL CENTER INC | B | 1,608,800 | COST |
| (2) ST MARY'S HOSPITAL & MEDICAL CENTER INC | N | 1,933,052 | COST |
| (3) ST MARY'S HOSPITAL & MEDICAL CENTER INC | P | 364,524 | COST |
| (4) | | | |
| (5) | | | |
| (6) | | | |

Part VII Supplemental Information

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

| Identifier | Return Reference | Explanation | |
|------------|------------------|-------------|--|
|------------|------------------|-------------|--|

Schedule R (Form 990) 2011

Software ID:
Software Version:
EIN: 23-7001007
Name: ST MARY'S HOSPITAL FOUNDATION

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|--------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|---------------------------------------------|----------------------------------|----------------------------------------------------|----|
| | | | | | | Yes | No |
| SISTERS OF CHARITY LEAVENWORTH HLTH SYST 9801 RENNER BLVD STE 100 LENEXA, KS 66219 23-7379161 | SUPPORT MMBRS | KS | 501(C)(3) | 11B-TYPE II | INA | | No |
| CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048 48-1009910 | CLINIC SVCS | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| MARIAN CLINIC INC 1001 SW GARFIELD TOPEKA, KS 66604 48-1046905 | CLINIC SVCS | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| MARILLAC CLINIC INC 2333 N 6TH STREET GRAND JUNCTION, CO 81501 84-1085822 | CLINIC SVCS | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| PROVIDENCE MEDICAL CENTER 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0784446 | HEALTHCARE | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| ST JOHN HOSPITAL INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS 66048 48-0543768 | HEALTHCARE | KS | 501(C)(3) | 3 | PMC | Yes | |
| BETHANY COMMUNITY PLAZA INC 15 NORTH 12TH STREET KANSAS CITY, KS 66102 48-1207407 | HEALTHCARE | KS | 501(C)(3) | 3 | PMC | Yes | |
| PROVIDENCEST JOHN FOUNDATION INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112 48-0925688 | SUPPORT 501C3 | KS | 501(C)(3) | 7 | PMC | Yes | |
| ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET TOPEKA, KS 66606 48-0547719 | HEALTHCARE | KS | 501(C)(3) | 3 | SCLHS | Yes | |
| ST FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS 66606 48-1092520 | SUPPORT 501C3 | KS | 501(C)(3) | 11A-TYPE I | SFHC | Yes | |
| ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502 84-0425720 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| SAINT JOSEPH HOSPITAL FOUNDATION 1835 FRANKLIN STREET DENVER, CO 80218 84-0735096 | SUPPORT 501C3 | CO | 501(C)(3) | 11A-TYPE I | SJH | Yes | |
| HOLY ROSARY HEALTHCARE 2600 WILSON MILES CITY, MT 59301 81-0231792 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON MILES CITY, MT 59301 20-2270238 | SUPPORT 501C3 | MT | 501(C)(3) | 11A-TYPE I | HRHC | Yes | |
| ST VINCENT HEALTHCARE 1233 NORTH 30TH BILLINGS, MT 59101 81-0232124 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| ST VINCENT HEALTHCARE FOUNDATION PO BOX 35200 BILLINGS, MT 59107 81-0468034 | SUPPORT 501C3 | MT | 501(C)(3) | 7 | SVHC | Yes | |
| NORTHWEST RESEARCH & EDUCATION INSTITUTE 315 NORTH 25TH STREET BILLINGS, MT 59101 20-1343024 | COMM HLTH RES | MT | 501(C)(3) | 9 | SVHC | Yes | |
| ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT 59701 81-0231785 | HEALTHCARE | MT | 501(C)(3) | 3 | SCLHS | Yes | |
| ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT 59701 65-1202190 | SUPPORT 501C3 | MT | 501(C)(3) | 11A-TYPE I | SJHC | Yes | |
| SAINT JOHNS HEALTH CENTER 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-1684082 | HEALTHCARE | CA | 501(C)(3) | 3 | SCLHS | Yes | |

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

| (a) Name, address, and EIN of related organization | (b) Primary Activity | (c) Legal Domicile (State or Foreign Country) | (d) Exempt Code section | (e) Public charity status (if 501(c)(3)) | (f) Direct Controlling Entity | (g) Section 512 (b)(13) controlled organization | |
|-------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------|----------------------------|---------------------------------------------|----------------------------------|----------------------------------------------------|--|
| | | | | | | Yes | |
| JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-4291515 | CANCER R&D | CA | 501(C)(3) | 4 | SJHHC | Yes | |
| SAINT JOHNS HEALTH CENTER FOUNDATION 2121 SANTA MONICA BLVD SANTA MONICA, CA 90404 95-6100079 | SUPPORT 501C3 | CA | 501(C)(3) | 11A-TYPE I | SJHHC | Yes | |
| EXEMPLA INC FKA LUTHERAN HOSPITAL 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 84-1103606 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| EXEMPLA LUTHERAN MEDICAL CENTER FNDDTN 2480 W 26TH AVESUITE 360B DENVER, CO 80211 20-8846152 | SUPPORT 501C3 | CO | 501(C)(3) | 7 | EXEMPLA INC | Yes | |
| EXEMPLA GOOD SAMARITAN MEDICAL CTR FNDDTN 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162 | SUPPORT 501C3 | CO | 501(C)(3) | 7 | EXEMPLA INC | Yes | |
| LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST 2480 W 26TH AVESUITE 360B DENVER, CO 80211 74-2571584 | INSURANCE | CO | 501(C)(3) | 11A-TYPE I | EXEMPLA INC | Yes | |
| SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218 84-0417134 | HEALTHCARE | CO | 501(C)(3) | 3 | SCLHS | Yes | |
| MOUNT ST VINCENT HOME INC 4159 LOWELL BLVD DENVER, CO 80211 84-0405260 | RES CARE | CO | 501(C)(3) | 11A-TYPE I | SCLHS | Yes | |

