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**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input checked="" 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	<b>C Name of organization</b> <b>ST. MARY'S JANESVILLE FOUNDATION, INC.</b> Doing Business As		<b>D Employer identification number</b> 27-3439133
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>477 N. LINDBERGH</b>		<b>E Telephone number</b> (608) 373-8016
	City or town, state or country, and ZIP + 4 <b>ST. LOUIS, MO 63141</b>		<b>G Gross receipts \$</b> 217,616.
	<b>F Name and address of principal officer:</b> WILLIAM THOMPSON SAME AS C ABOVE		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	<b>I Tax-exempt status:</b> <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		<b>H(c) Group exemption number</b> ▶ 0928

**J Website:** ▶ HTTP://WWW.SSMHC.COM

**K Form of organization:**  Corporation  Trust  Association  Other ▶

**L Year of formation:** 2010 **M State of legal domicile:** WI

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities <b>TO SUPPORT THE HEALTH AND WELLNESS INITIATIVES OF ST MARY'S JANESVILLE HOSPITAL</b>		
	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)	4	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	3	
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	43	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	0.	
	<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 0. Current Year: 217,616.
		9	Program service revenue (Part VIII, line 2g)	0. 0.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0. 0.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0. 0.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0. 217,616.	
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 57,716.	
14		Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.	
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0. 0.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.	
16b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 800.		
<b>Expenses</b>	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	0. 4,133.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0. 61,849.	
	19	Revenue less expenses Subtract line 18 from line 12	0. 155,767.	
	<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	Beginning of Current Year: 0. End of Year: 172,338.
		21	Total liabilities (Part X, line 26)	0. 16,571.
		22	Net assets or fund balances. Subtract line 21 from line 20	0. 155,767.

**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.

<b>Sign Here</b>	Signature of officer: <i>June Pickett</i>	Date: 11/30/12
	Type or print name and title: <b>JUNE PICKETT, SECRETARY</b>	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>SRIRAM SRINIVASAN</b>	Preparer's signature: <i>[Signature]</i>	Date: 11/28/12	Check if self-employed: <input type="checkbox"/>	PTIN: <b>P00654717</b>
	Firm's name: <b>DELOITTE TAX, LLP</b>			Firm's EIN: <b>86-1065772</b>	Phone no.: <b>214-840-7000</b>

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

X

1 Briefly describe the organization's mission.

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES, WE REVEAL THE HEALING PRESENCE OF GOD.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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 X

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 \$ 57,716. including grants of \$ 57,716. ) (Revenue \$ ) SEE SCHEDULE O

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 57,716.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b <i>If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?</i>		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
<b>22</b> 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>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
<b>24a</b> 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		X
<b>b</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>		X
<b>26</b> 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>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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>		X
<b>33</b> 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>		X
<b>34</b> 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>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</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>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>37</b> 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>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O

**Part V** Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: <u>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

**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. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**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?		X
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?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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 **WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  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 during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **KARI KRUEGER - 608-373-8016**  
**3400 E RACINE STREET, JANESVILLE, WI 53546**





**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	2,300.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	215,316.				
	g	Noncash contributions included in lines 1a-1f \$		57,465.				
	h	<b>Total.</b> Add lines 1a-1f		217,616.				
<b>Program Service Revenue</b>	2 a		Business Code					
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	<b>Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)						
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			Business Code					
11 a								
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			217,616.	0.	0.	0.	

**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	57,716.	57,716.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	3,333.		3,333.	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	800.			800.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>61,849.</b>	<b>57,716.</b>	<b>3,333.</b>	<b>800.</b>
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year	
<b>Assets</b>	1 Cash - non-interest-bearing		11,777.	
	2 Savings and temporary cash investments			
	3 Pledges and grants receivable, net		15,400.	
	4 Accounts receivable, net			
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)			
	7 Notes and loans receivable, net			
	8 Inventories for sale or use		13,736.	
	9 Prepaid expenses and deferred charges			
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities			
	12 Investments - other securities See Part IV, line 11			131,425.
	13 Investments - program-related See Part IV, line 11			
	14 Intangible assets			
	15 Other assets See Part IV, line 11			
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)		0.	172,338.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		4,158.	
	18 Grants payable			
	19 Deferred revenue			
	20 Tax-exempt bond liabilities			
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			
	23 Secured mortgages and notes payable to unrelated third parties			
	24 Unsecured notes and loans payable to unrelated third parties			
	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		0.	12,413.
	26 <b>Total liabilities.</b> Add lines 17 through 25		0.	16,571.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets		8,942.	
	28 Temporarily restricted net assets		146,825.	
	29 Permanently restricted net assets			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	30 Capital stock or trust principal, or current funds			
	31 Paid-in or capital surplus, or land, building, or equipment fund			
	32 Retained earnings, endowment, accumulated income, or other funds			
33 <b>Total net assets or fund balances</b>		0.	155,767.	
34 <b>Total liabilities and net assets/fund balances</b>		0.	172,338.	

**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	217,616.
2	Total expenses (must equal Part IX, column (A), line 25)	2	61,849.
3	Revenue less expenses Subtract line 2 from line 1	3	155,767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	155,767.

**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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	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 separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	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.		

Form 990 (2011)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization **ST. MARY'S JANESVILLE FOUNDATION, INC.** Employer identification number **27-3439133**

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

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

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

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

(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	
<b>Total</b>									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					217,616.	217,616.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3					217,616.	217,616.
<b>5</b> 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)						
<b>6 Public support.</b> Subtract line 5 from line 4						217,616.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4					217,616.	217,616.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						217,616.
<b>12</b> Gross receipts from related activities, etc (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input checked="" type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (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
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17	<b>18</b>	%

**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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public Inspection

Name of the organization

**ST. MARY'S JANESVILLE FOUNDATION, INC.**

Employer identification number  
**27-3439133**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %
- b Permanent endowment ▶ \_\_\_\_\_ %
- c Temporarily restricted endowment ▶ \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

- 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)  |    |
| (ii) related organizations  | 3a(ii) |    |
| 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 through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 0.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) SSM COMPREHENSIVE		
(B) INVESTMENT PROGRAM	131,425.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	131,425.	

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

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DUE TO AFFILIATES	12,413.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	12,413.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)	1 217,616.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2 61,849.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3 155,767.
4 Net unrealized gains (losses) on investments	4
5 Donated services and use of facilities	5
6 Investment expenses	6
7 Prior period adjustments	7
8 Other (Describe in Part XIV.)	8
9 Total adjustments (net). Add lines 4 through 8	9
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 155,767.

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

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>	
1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV.)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV.)	4b
c Add lines 4a and 4b	4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5

**Part XIV Supplemental Information**

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

**PART X, LINE 2: ST. CLARE HEALTH CARE FOUNDATION, INC.'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF A RELATED ORGANIZATION, SSM HEALTH CARE (SSMHC). SSMHC EVALUATES ITS UNCERTAIN TAX POSITIONS ON AN ANNUAL BASIS. A TAX BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESS, BASED ON THE TECHNICAL MERITS. THERE HAVE BEEN NO UNCERTAIN TAX POSITIONS RECORDED IN**

**Part XIV** Supplemental Information (continued)

2011 OR 2010.

Lined area for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**ST. MARY'S JANESVILLE FOUNDATION, INC.**

Employer identification number  
**27-3439133**

**Part I** General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARY'S HOSPITAL JANESVILLE 3400 E RACINE ST JANESVILLE, WI 53546	43-0688874	501(C)(3)	57,250.	466.FMV		DONATED EQUIPMENT	HOSPITAL ACTIVITIES

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2011)

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

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

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

SCHEDULE I, PART I, LINE 2: ALL GRANTS WERE MADE TO A RELATED ORGANIZATION THAT IS TAX EXEMPT UNDER SECTION 501(C)(3). THE ORGANIZATION HAS DEVELOPED INTERNAL CONTROL PROCEDURES FOR THE USE OF GRANT FUNDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**ST. MARY'S JANESVILLE FOUNDATION, INC.**

Employer identification number

**27-3439133**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2011

**Part III Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts 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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KERRY SWANSON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 273,993.	0.	20,905.	66,545.	10,865.	372,308.	0.
2 CHARLIE JOHNSON	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 367,207.	0.	45,417.	88,125.	8,187.	508,936.	0.
3 JUNE PICKETT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 217,587.	0.	6,474.	169,142.	16,630.	409,833.	0.
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Part II Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3: THE ORGANIZATION'S CEO IS COMPENSATED BY A RELATED ORGANIZATION THAT UTILIZED THE FOLLOWING TO DETERMINE COMPENSATION: (1) INDEPENDENT COMPENSATION CONSULTANT; (2) WRITTEN EMPLOYMENT CONTRACT; (3) COMPENSATION SURVEY OR STUDY; (4) APPROVAL BY THE RELATED ORGANIZATION'S BOARD OR COMPENSATION COMMITTEE.

PART I, LINE 4B: SEVERANCE POLICY

SSM HEALTH CARE ("SSMHC") HAS ADOPTED A SEVERANCE POLICY TO PROVIDE A FINANCIAL TRANSITION IN THE EVENT OF INVOLUNTARY TERMINATION WITHOUT CAUSE FOR EXECUTIVE LEVEL POSITIONS. THE AMOUNT OF THE COMPENSATION IS BASED ON THE POSITION HELD AND LENGTH OF SERVICE WITH SSMHC.

PENSION RESTORATION PLAN:

SSMHC PROVIDES THIS SUPPLEMENTAL DEFINED BENEFIT NONQUALIFIED RETIREMENT PLAN TO ANY EMPLOYEE WHO PARTICIPATES IN THE SSMHC QUALIFIED DEFINED BENEFIT PLAN WHO EARNS OVER THE INTERNAL REVENUE SERVICE COMPENSATION

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information

LIMIT. THE PLAN "RESTORES" THE BENEFITS TO THESE EMPLOYEES THAT WOULD HAVE BEEN PROVIDED UNDER SSMHC'S QUALIFIED PLAN IF THE REGULATIONS DID NOT IMPOSE COMPENSATION LIMITS. AN INDIVIDUAL CAN TAKE A DISTRIBUTION FROM THE PLAN AT (1) AGE 65 OR OLDER IF THE INDIVIDUAL IS STILL EMPLOYED BY SSMHC OR (2) AGE 55 OR OLDER IF THE INDIVIDUAL IS NO LONGER EMPLOYED BY SSMHC. NO REPORTABLE INDIVIDUALS LISTED IN PART VII RECEIVED DISTRIBUTIONS FROM THE PLAN DURING 2011.

CAPITAL ACCUMULATION PLAN:

SSMHC PROVIDES THIS SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN TO EXECUTIVE LEVEL EMPLOYEES. THE ORGANIZATION CONTRIBUTED A PERCENTAGE OF THE EMPLOYEE'S BASE SALARY INTO THEIR CHOICE OF A SELECT LIST OF INVESTMENTS. THE DEPOSITS AND EARNINGS OF THE PLAN ARE OWNED BY SSMHC AND ARE TAX-DEFERRED UNTIL A DISTRIBUTION IS MADE TO THE EMPLOYEE. IN ADDITION, THE PLAN HAS SPECIAL SAFEGUARDS IN PLACE TO PROTECT THE FUNDS FROM CONTINGENCIES, OTHER THAN INSOLVENCY.

FOR CONTRIBUTIONS MADE TO THE PLAN IN 2008 OR AFTER, THE DISTRIBUTION WILL

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

OCCUR AFTER THE COMPLETION OF TWO PLAN YEARS FOR ALL EXECUTIVES THAT ARE STILL ACTIVELY EMPLOYED ON THE DISTRIBUTION DATE. ANY ACTIVE PARTICIPANT 65 YEARS OR OLDER WILL RECEIVE THE CONTRIBUTION IN THE CURRENT YEAR. NO REPORTABLE INDIVIDUALS LISTED IN PART VII RECEIVED DISTRIBUTIONS FROM THE PLAN DURING 2011.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization **ST. MARY'S JANESVILLE FOUNDATION, INC.** Employer identification number **27-3439133**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	1	465.	COST OR SELLING PRIC
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( <u>GARDEN DESIGN</u> )	X	1	57,000.	COST OR SELLING PRIC
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

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**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information

SCHEDULE M, PART I, COLUMN (B): THE AMOUNTS IN COLUMN B OF PART I

REPRESENT THE NUMBER OF DONORS WHO CONTRIBUTED ITEMS CLASSIFIED INTO EACH CATEGORY OF PROPERTY.

Multiple horizontal lines for data entry.

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

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

THE ST. MARY'S JANESVILLE FOUNDATION EXISTS TO SUPPORT THE WORK OF ST.

MARY'S JANESVILLE HOSPITAL. THE ROLE OF THE FOUNDATION IS TO PROVIDE

PHILANTHROPIC FUNDS IN SUPPORT OF THE PROGRAMS, SERVICES AND CAPITAL

PROJECTS THAT MAY NOT BE SUPPORTED THROUGH ST. MARY'S JANESVILLE

HOSPITAL'S OPERATING OR CAPITAL BUDGET PROCESS. CHARITABLE DONATIONS

TO THE FOUNDATION ARE ACCEPTED FROM INDIVIDUALS, PARTNERSHIPS,

CORPORATIONS, FOUNDATIONS AND ORGANIZATIONS WHO WISH TO PARTNER WITH US

TO FURTHER OUR MISSION.

THE FOUNDATION HAS ADOPTED THE MISSION STATEMENT OF SSM HEALTH CARE:

THROUGH OUR EXCEPTIONAL HEALTH CARE SERVICES WE REVEAL THE HEALING

PRESENCE OF GOD

SSM HEALTH CARE WAS FOUNDED BY FOUR SISTERS WITH \$5.00 IN 1872 IN ST.

LOUIS MISSOURI. IT NOW CONSISTS OF HOSPITALS AND HEALTH CARE

FACILITIES IN FOUR STATES. IN THE TRADITION OF THE FOUNDING SISTERS,

NOW THE ORDER OF THE FRANCISCAN SISTERS OF MARY, SSM HEALTH CARE

STRIVES TO FULFILL ITS MISSING BY PROVIDING CARE TO EVERYONE WHO COMES

TO ITS HOSPITALS, REGARDLESS OF THEIR ABILITY TO PAY.

THE FOUNDATION ALSO DOES ITS WORK WITH FOLLOWING THESE CORE VALUES:

COMPASSION

RESPECT

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

EXCELLENCE

STEWARDSHIP

COMMUNITY

THE ST. MARY'S JANESVILLE FOUNDATION'S ROLE IS AS FOLLOWS:

- TO RESPECTFULLY BUILD MEANINGFUL RELATIONSHIPS WITH THE COMMUNITY

THAT RESULT IN CHARITABLE GIFTS FOR THE BENEFIT OF ST. MARY'S

JANESVILLE HOSPITAL AND THE COMMUNITY WE SERVE

- TO IDENTIFY PROJECTS, PROGRAMS AND SERVICES THAT WILL ASSURE

EXCELLENCE IN PATIENT CARE

- TO POSITIVELY IMPACT THE QUALITY AND ACCESSIBILITY OF HEALTH CARE TO

ALL WHO LIVE IN THE JANESVILLE AREA

- TO CONTRIBUTE TO THE HEALTH AND WELL-BEING OF THE JANESVILLE

COMMUNITY

THE ST. MARY'S JANESVILLE FOUNDATION WAS CHARTERED IN 2010 AND

COMPLETED ALL OF ITS LEGAL REQUIREMENTS AS A CHARITABLE ORGANIZATION IN

THE STATE OF WISCONSIN IN OCTOBER, 2011. DURING 2011 THE FOUNDATION

ACTIVELY RAISED FUNDS IN SUPPORT OF A HEALING GARDEN TO BE BUILT AT ST.

MARY'S JANESVILLE HOSPITAL, WHICH OPENED ITS DOORS ON JANUARY 9, 2012.

THE NEWEST OF THE SSM HOSPITALS, ST. MARY'S JANESVILLE HOSPITAL HAS

EMBRACED THE MISSION AND VALUES OF SSM HEALTH CARE AND THE FRANCISCAN

SISTERS OF MARY.

INITIAL FUNDRAISING FOR ST. MARY'S JANESVILLE FOUNDATION BEGAN WITH

CORPORATE SPONSORSHIPS FOR OUR GRAND OPENING GALA IN DECEMBER THAT

INCLUDED MAJOR GIFTS FROM INDIVIDUALS, STAFF, AND PHYSICIANS AS WELL.

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

ADDITIONAL INFORMATION ON THE FOUNDATION CAN BE FOUND AT

WWW.STMARYSJANESVILLE.COM

FORM 990, PART VI, SECTION A, LINE 6: THE SOLE CORPORATE MEMBER IS SSM HEALTH CARE OF WISCONSIN, INC. SSM HEALTH CARE OF WISCONSIN, INC. IS A NONPROFIT 501(C)(3) ORGANIZATION THAT OPERATES THREE HOSPITALS AND TWO SKILLED NURSING FACILITIES. BOTH THE FOUNDATION AND SSM HEALTH CARE OF WISCONSIN, INC. ARE PART OF THE INTEGRATED HEALTH CARE SYSTEM KNOWN AS SSM HEALTH CARE.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBER HAS THE POWER TO APPOINT THE BOARD OF DIRECTORS, EXCEPT FOR ANY DIRECTOR WHO SERVES EX OFFICIO, AND TO REMOVE THE DIRECTORS WITH OR WITHOUT CAUSE.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBER HAS THE FOLLOWING POWERS:

A. TO ESTABLISH AND CHANGE THE PHILOSOPHY OF THE CORPORATION

B. TO APPOINT THE BOARD OF DIRECTORS, EXCEPT FOR ANY DIRECTOR WHO SERVES EX OFFICIO, AND TO REMOVE THE DIRECTORS WITH OR WITHOUT CAUSE

C. TO APPROVE AMENDMENTS TO THE ARTICLES OF INCORPORATION OF THE CORPORATION AS PROVIDED THEREIN

D. TO APPROVE THE BYLAWS OF THE CORPORATION AND ANY AMENDMENTS THERETO

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

E. TO APPROVE THE MERGER, CONSOLIDATION OR DISSOLUTION OF THE CORPORATION

F. TO APPROVE THE SALE, CONVEYANCE, ASSIGNMENT, TRANSFER, ALIENATION, PLEDGE, ENCUMBRANCE, MORTGAGE OR LEASE OF REAL PROPERTY OR ANY INTEREST THEREIN OF THE CORPORATION IN ACCORDANCE WITH THE POLICIES APPROVED BY THE MEMBER

G. TO APPROVE I) THE ACQUISITION OF REAL PROPERTY OR ANY INTEREST THEREIN OR II) THE ACQUISITION OF STOCK OF A CORPORATION IF, AFTER THE ACQUISITION, THE CORPORATION WILL OWN A MAJORITY OF THE VOTING STOCK OF SUCH CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER

H. TO APPROVE THE SALE, TRANSFER OR OTHER DISPOSITION OF THE VOTING STOCK OF A CORPORATION IF BEFORE THE DISPOSITION THE CORPORATION OWNED A MAJORITY OF THE VOTING STOCK OF THE CORPORATION AND AFTER SUCH DISPOSITION THE CORPORATION WOULD NOT OWN A MAJORITY OF THE VOTING STOCK OF THE CORPORATION, IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER

I. TO APPROVE ANY BORROWINGS OR GUARANTEES OF THE CORPORATION IN ACCORDANCE WITH POLICIES APPROVED BY THE MEMBER

J. TO ESTABLISH CENTRALIZED EMPLOYEE BENEFIT, INSURANCE, INVESTMENT, FINANCING, CORPORATE RESPONSIBILITY, PERFORMANCE ASSESSMENT AND IMPROVEMENT AND OTHER OPERATIONAL AND SUPPORT PROGRAMS, TO REQUIRE THE PARTICIPATION OF THE CORPORATION IN SUCH PROGRAMS, AND TO AUTHORIZE THE OPENING AND CLOSING OF BANK ACCOUNTS AND INVESTMENT ACCOUNTS IN THE NAME OF THE CORPORATION IN CONNECTION WITH SUCH PROGRAMS

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

K. TO APPROVE THE ACCEPTANCE OF ANY GIFT OR CONTRIBUTION WHICH, IN CONNECTION THEREWITH, WOULD IMPOSE A CONTINUING OBLIGATION UPON THE CORPORATION, INCLUDING, WITHOUT LIMITATION, THE OBLIGATION TO PROVIDE HEALTH CARE SERVICES, PAY AN ANNUITY OR UNDERTAKE ANY OTHER OBLIGATIONS, EXCEPT AS OTHERWISE DETERMINED BY THE MEMBER PURSUANT TO POLICIES ADOPTED BY THE MEMBER AND

L. TO APPROVE OR REJECT PROPOSALS FOR EXPENDITURES OR CONTRIBUTIONS IN ACCORDANCE WITH ARTICLE IX OF THE BYLAWS IN THE EVENT THE PRESIDENT OF THE HOSPITAL AND THE BOARD OF DIRECTORS DO NOT AGREE WITH RESPECT TO THE APPROVAL OF SUCH PROPOSAL.

FORM 990, PART VI, SECTION B, LINE 11: ACCOUNTING/FINANCE PERSONNEL AT EACH SSMHC (SSM HEALTH CARE SYSTEM) ENTITY, IN CONJUNCTION WITH CORPORATE FINANCE PERSONNEL, PREPARE A CHECKLIST CONTAINING INFORMATION AND SUPPORTING SCHEDULES THAT ARE USED TO PREPARE THE FORM 990. THIS CHECKLIST IS THEN REVIEWED BY A SUPERVISOR/MANAGER AND SENT TO THE CORPORATE OFFICE FOR FINAL REVIEW AND COORDINATION OF THE SYSTEM LEVEL FORM 990 INFORMATION. THE INFORMATION IS SUBMITTED TO AN OUTSIDE TAX CONSULTING FIRM WHO PREPARES THE FORM 990 FROM THE SSMHC INFORMATION AND SIGNS AS PAID PREPARER. PRIOR TO FINALIZING THE RETURN, A DRAFT IS SENT TO PERSONNEL AT SSMHC FOR REVIEW AND APPROVAL. THE COMPLETED FORM 990 IS PROVIDED ELECTRONICALLY TO ALL BOARD MEMBERS FOR REVIEW PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE STATEMENT ANNUALLY. THE PRESIDENT AND SECRETARY TO THE BOARD OVERSEE COMPLIANCE WITH THIS

Name of the organization ST. MARY'S JANESVILLE FOUNDATION, INC.	Employer identification number 27-3439133
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REQUIREMENT. ALL BOARD MEMBERS WITH AN IDENTIFIED CONFLICT OF INTEREST ABSTAIN FROM BOARD DISCUSSION AND VOTES WHEN APPLICABLE. EMPLOYEES WITH PURCHASING AUTHORITY AND/OR ABILITY TO INFLUENCE PURCHASING DECISIONS ARE ASSIGNED THE CONFLICT OF INTEREST DISCLOSURE COURSE (COI) WHICH MUST BE COMPLETED ON LINE. PERIODICALLY THROUGH THE YEAR, THE ENTITY'S CORPORATE RESPONSIBILITY CONTACT PERSON (WITH THE HELP OF THE ENTITY'S LEARNING MANAGEMENT SYSTEM COORDINATOR) SENDS DEPARTMENT MANAGERS A LIST OF EMPLOYEES WHO HAVE NOT YET COMPLETED THEIR COI SO THEY CAN REMIND THE EMPLOYEES AND ENSURE THE EMPLOYEES HAVE TIME IN THEIR SCHEDULE TO COMPLETE THE REQUIRED COURSE. RESOLUTION OF ANY CONFLICTS THAT ARE DISCLOSED MUST BE DOCUMENTED AND KEPT ON FILE AT THE ENTITY. SUPERVISORS VERIFY REQUIRED COURSE COMPLETION PRIOR TO YEAR END.

FORM 990, PART VI, SECTION B, LINE 15: RELATED ORGANIZATION EXECUTIVE SALARY/COMPENSATION INFORMATION IS BASED ON COMPARATIVE DATA WITH SIMILAR POSITIONS IN THE MARKET. THIS COMPENSATION REVIEW PROCESS IS PERFORMED BY EXTERNAL INDEPENDENT COMPENSATION CONSULTANTS. THE SAME COMPARATIVE PROCESS IS PERFORMED INTERNALLY FOR EMPLOYEES. THE SALARY DATA AND POTENTIAL ADJUSTMENTS FOR THE CEO OF THE SYTEM, THE PRESIDENT/COO AND THE SENIOR VICE PRESIDENTS ARE PRESENTED TO THE SSMHC BOARD OF DIRECTORS BY THE SAME INDEPENDENT COMPENSATION CONSULTANTS TO APPROVE, DISAPPROVE, MODIFY.

FORM 990, PART VI, SECTION C, LINE 19: THE YEAR-END AUDITED CONSOLIDATED FINANCIAL STATEMENTS AND UNAUDITED QUARTERLY CONSOLIDATED FINANCIAL STATEMENTS FOR THE SSM HEALTH CARE SYSTEM ARE MADE AVAILABLE TO THE PUBLIC ON SSM HEALTH CARE'S WEBSITE. THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE UPON REQUEST TO THE WISCONSIN DEPARTMENT OF FINANCIAL INSTITUTION'S OFFICE. COPIES OF THE FORM 990 AND THE ORGANIZATION'S

Name of the organization

ST. MARY'S JANESVILLE FOUNDATION, INC.

Employer identification number

27-3439133

CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART VII - HOURS FROM RELATED ORGANIZATION

ALL INDIVIDUALS WHO RECEIVE COMPENSATION FOR SERVICES RENDERED TO THE FILING ORGANIZATION ARE EMPLOYED AND COMPENSATED BY A RELATED ORGANIZATION. IN ADDITION, ALL COMPENSATED REPORTABLE INDIVIDUALS LISTED ON FORM 990, PART VII WORK A MINIMUM OF 40 HOURS PER WEEK FOR SSMHC RELATED ORGANIZATIONS.



**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
SSM POLICY INSTITUTE - 43-1788151 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MISSOURI	501(C)(4)		SSM HEALTH CARE CORPORATION		X
SSM PORTFOLIO MANAGEMENT CO. - 43-1825256 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MANAGEMENT	MISSOURI	501(C)(3)	LINE 11A, I	SSM HEALTH CARE CORPORATION		X
SSM HEALTH CARE ST. LOUIS - 43-1343281 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MISSOURI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		X
SSM CARDINAL GLENNON CHILDREN'S HOSPITAL - 43-0738490, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	HEALTH CARE	MISSOURI	501(C)(3)	LINE 3	SSM HEALTH CARE ST LOUIS		X
GLENNON HOSPITAL GUILD - 43-1030299 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 9	SSM CARDINAL GLENNON CHILDREN'S		X
CARDINAL GLENNON CHILDREN'S FOUNDATION - 43-1754347, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM CARDINAL GLENNON CHILDREN'S		X
SSM DEPAUL HEALTH CENTER FOUNDATION - 43-1776109, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		X
SSM ST. JOSEPH FOUNDATION - 43-1591556 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		X
SSM ST. CLARE HEALTH CENTER FOUNDATION - 43-1273310, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		X
SSM ST. MARY'S HEALTH CENTER FOUNDATION - 43-1552945, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM HEALTH CARE ST LOUIS		X
SSM HEALTH CARE OF OKLAHOMA, INC. - 73-0657693, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	HEALTH CARE	OKLAHOMA	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		X
LEE DEWEY CORPORATION - 73-1279603 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MOB	OKLAHOMA	501(C)(3)	LINE 11A, I	SSM HEALTH CARE OF OKLAHOMA		X

 Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. ANTHONY HOSPITAL FOUNDATION, INC. - 73-6104300, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	OKLAHOMA	501(C)(3)	LINE 7	SSM HEALTH CARE OF OKLAHOMA		X
SSM HEALTH CARE OF WISCONSIN, INC. - 43-0688874, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	HEALTH CARE	WISCONSIN	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		X
DELLS MEDICAL BUILDING, INC - 39-1613292 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MOB	WISCONSIN	501(C)(2)		SSM HEALTH CARE OF WISCONSIN		X
ST. MARY'S FOUNDATION, INC. - 43-1940686 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	WISCONSIN	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		X
ST. CLARE HEALTH CARE FOUNDATION, INC. - 43-1940683, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	WISCONSIN	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		X
HOME HEALTH UNITED, INC. - 39-1539827 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WISCONSIN	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		X
HOME CARE UNITED, INC. - 39-1776340 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WISCONSIN	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		X
HHU XTRA CARE, INC. - 39-1705111 4639 HAMMERSLEY ROAD MADISON, WI 53713	HEALTH CARE	WISCONSIN	501(C)(3)	LINE 9	SSM HEALTH CARE OF WISCONSIN		X
SSM REGIONAL HEALTH SERVICES - 44-0579850 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MISSOURI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		X
ST. FRANCIS HOSPITAL FOUNDATION - 43-1099253 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM REGIONAL HEALTH SERVICES		X
ST. MARY'S HEALTH CENTER FOUNDATION - 43-1575307, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 11B, II	SSM REGIONAL HEALTH SERVICES		X
GOOD SAMARITAN REGIONAL HEALTH CENTER - 43-0653587, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	HEALTH CARE	ILLINOIS	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		X

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
ST. MARY'S HOSPITAL - 37-0662580 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	ILLINOIS	501(C)(3)	LINE 3	SSM REGIONAL HEALTH SERVICES		X
ST. MARY'S - GOOD SAMARITAN, INC. - 36-4170833, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	HEALTH CARE	ILLINOIS	501(C)(3)	LINE 11A, I	SSM REGIONAL HEALTH SERVICES		X
GOOD SAMARITAN REGIONAL HEALTH CENTER FOUNDATION - 26-2884795, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	ILLINOIS	501(C)(3)	LINE 7	ST MARY'S - GOOD SAMARITAN		X
ST. MARY'S HOSPITAL FOUNDATION - 36-4636691 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	FUNDRAISING	ILLINOIS	501(C)(3)	LINE 7	ST MARY'S - GOOD SAMARITAN		X
SSM HEALTH BUSINESSES - 43-1333488 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MISSOURI	501(C)(3)	LINE 3	SSM HEALTH CARE CORPORATION		X
SSM HOSPICE & HOME CARE FOUNDATION - 30-0012246, 477 N. LINDBERGH BLVD., ST. LOUIS, MO 63141	FUNDRAISING	MISSOURI	501(C)(3)	LINE 7	SSM HEALTH BUSINESSES		X
CENTRALIA MEDICAL SERVICES BLDG ASSOC - 23-7408025, 477 N LINDBERGH, ST. LOUIS, MO 63141	HEALTH CARE	ILLINOIS	501(C)(3)	LINE 11B, II	SSM REGIONAL HEALTH SERVICES		X
ST MARY'S JANESVILLE FOUNDATION, INC. - 27-3439133, 2901 LANDMARK PL, STE 300, MADISON, WI 53713	FUNDRAISING	WISCONSIN	501(C)(3)	LINE 7	SSM HEALTH CARE OF WISCONSIN		X
FRANCISCAN SISTERS OF MARY - 43-1012492 1100 BELLEVUE AVE. ST. LOUIS, MO 63117	RELIGIOUS ORGANIZATION	MISSOURI	501(C)(3)	LINE 1	N/A		X
HEALTH CARE FOR KIDS - 43-1620093 4055 LINDELL BLVD. ST. LOUIS, MO 63108	HEALTH CARE	MISSOURI	501(C)(3)	LINE 3	SSM CARDINAL GLENNON CHILDREN'S		X
ST. MARY'S HOSPITAL AUXILIARY - 43-6049878 100 ST MARY'S MEDICAL PLAZA JEFFERSON CITY, MO 65101	FUNDRAISING	MISSOURI	501(C)(3)	LINE 11A, I	N/A		X
HHU-VNS FOUNDATION - 39-1839309 4639 HAMMERSLEY ROAD MADISON, WI 53713	FUNDRAISING	WISCONSIN	501(C)(3)	LINE 7	SSMCH WISCONSIN		X



**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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			
SSM SJ ENDOSCOPY - 27-0046559 477 N LINDBERGH BLVD ST. LOUIS, MO 63141	SURGERY SERVICES	MO	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
SSM/CDI IMAGING - 26-3791858 5775 WAYZATA BOULEVARD SUITE 400, ST. LOUIS PARK, MN 55416	IMAGING SERVICES	DE	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
SSM SELECT REHAB - 26-3694972 4716 OLD GETTYSBURG ROAD MECHANICSBURG, PA 17055	HEALTH CARE	DE	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A
SA MT AMB SRUG - 73-1528341 110 N LEE OKLAHOMA CITY, OK 73103	SURGERY SERVICES	OK	N/A	N/A	N/A	N/A		N/A	N/A	N/A	N/A

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to 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
SSM MANAGED CARE ORGANIZATION, LLC - 43-1708511 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH PROMOTION	MO	N/A	C CORP	N/A	N/A	N/A
FPP, INC. - 43-1465174 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
DIVERSIFIED HEALTH SERVICES CORP. - 43-1369305 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	MEDICAL EQUIPMENT	MO	N/A	C CORP	N/A	N/A	N/A
SSM CARDIO AND THORACIC SERVICES, INC. - 26-0286559 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
SSM PROPERTIES, INC. - 43-1462486 477 N. LINDBERGH BLVD. ST. LOUIS, MO 63141	PROPERTY SERVICES	MO	N/A	C CORP	N/A	N/A	N/A

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

(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) Disproportion- ate 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			
B&J MB OFF BUILD - 73-1533449 1000 N LEE OKLAHOMA CITY, OK 73103	MOB	OK	N/A	N/A	N/A	N/A			N/A	N/A	N/A
B&J MANAGEMENT - 36-4645813 1000 N LEE STREET OKLAHOMA CITY, OK 73102	MANAGEMENT	OK	N/A	N/A	N/A	N/A			N/A	N/A	N/A
WIITTS, LLC - 39-2016715 2901 LANDMARK PLACE SUITE 300 MADISON, WI 53713	MED. INF. SYSTEMS	WI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SHARED IMAGING SERVICES - 39-1971378, 915 17TH STREET, PRAIRIE DU SAC, WI 53578	DIAG. SERVICES	WI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
ST CLARE IMAGING SERVICES - 20-0122365, 707 14TH STREET SUITE A, BARABOO, WI 53913	DIAG. SERVICES	WI	N/A	N/A	N/A	N/A			N/A	N/A	N/A
MV RAD THERAPY - 20-1382620 477 N LINDBERGH BLVD ST. LOUIS, MO 63141	RADIATION THERAPY	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SLEEP/NEURO SO IL - 20-8468195, 477 N LINDBERGH BLVD, ST. LOUIS, MO 63141	DIAG. SERVICES	IL	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SMHC SURG CO-MGMT - 20-8929305, 100 ST MARY'S MEDICAL PLAZA, JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A	N/A	N/A			N/A	N/A	N/A
SMHC CARD CO-MGMT - 20-8929381, 100 ST MARY'S MEDICAL PLAZA, JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A	N/A	N/A			N/A	N/A	N/A

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

(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	
SMHC MUSC CO-MGMT - 20-8929237, 100 ST MARY'S MEDICAL PLAZA, JEFFERSON CITY, MO 65101	MANAGEMENT	MO	N/A	N/A	N/A	N/A			N/A		N/A	N/A
CHOW/SMGSI - 37-1383861 605 N 12TH STREET MOUNT VERNON, IL 62864	MOB	IL	N/A	N/A	N/A	N/A			N/A		N/A	N/A
COMP CANCER CARE - 20-1382727 477 N LINDBERGH BLVD ST. LOUIS, MO 63141	MOB	IL	N/A	N/A	N/A	N/A			N/A		N/A	N/A
1110 N CLASSEN BLVD LLC - 73-1158158, 110 N CLASSEN, OKLAHOMA CITY, OK 73106	MOB	OK	N/A	N/A	N/A	N/A			N/A		N/A	N/A
MIA OF ST CHARLES - 42-2125740, 132 NORTH KANSAS ST ROOM 212, EDWARDSVILLE, IL 62025	DIAG. SERVICES	MO	N/A	N/A	N/A	N/A			N/A		N/A	N/A
HPI-OKC, LLC - 20-5144487 14024 QUAIL POINTE DRIVE OKLAHOMA CITY, OK 73134	PHYSICIAN OFFICE	OK	N/A	N/A	N/A	N/A			N/A		N/A	N/A
VASCULAR INSTITUTE DP - 20-5511708, 12266 DEPAUL DR SUITE 315, BRIDGETON, MO 63044	VASCULAR CLINIC	MO	N/A	N/A	N/A	N/A			N/A		N/A	N/A
SSM SC SURG CNTR - 26-1439695 15305 DALLAS PKWY, STE 1600 ADDISON, TX 75001	SURGERY SERVICES	MO	N/A	N/A	N/A	N/A			N/A		N/A	N/A
ST ANTHONY CARDIO SERVICES INSTITUTE - 26-0646402, 477 N LINDBERGH BLVD, ST. LOUIS, MO 63141	MANAGEMENT	OK	N/A	N/A	N/A	N/A			N/A		N/A	N/A



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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
SSM DEPAUL MEDICAL GROUP INC. - 43-1715106 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C CORP	N/A	N/A	N/A
SSM ST. CHARLES CLINIC MED. GROUP INC. - 43-0626408 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C CORP	N/A	N/A	N/A
HEALTH FIRST PHYS. MANAGEMENT - 73-1534336 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	MEDICAL SERVICES	MO	N/A	C CORP	N/A	N/A	N/A
SSMHCS LIABILITY TRUST II - 81-6128118 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	INSURANCE	MO	N/A	C CORP	N/A	N/A	N/A
SSM NEUROSCIENCES, INC. - 26-3413981 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
SSM MEDICAL GROUP, INC. - 43-1664107 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	PHYSICIAN OFFICES	MO	N/A	C CORP	N/A	N/A	N/A
SSMC INSURANCE COMPANY - 03-0310431 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	INSURANCE	CA	N/A	C CORP	N/A	N/A	N/A
SSM ORTHOPEDIC, INC - 27-1557033 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
SSM CANCER CARE, INC - 27-1557324 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
SSM ST JOSEPH SURGERY CENTER - 43-1822767 477 N. LINBERGH BLVD. ST. LOUIS, MO 63141	HEALTH CARE	MO	N/A	C CORP	N/A	N/A	N/A
ST MARY'S DEAN VENTURES, INC - 39-1628491 1808 WEST BELTLINE HIGHWAY MADISON, WI 53713	HEALTH CARE	WI	N/A	C CORP	N/A	N/A	N/A
SHARED MRI FACILITY, INC - 39-1534744 1104 JOHN NOLEN DRIVE MADISON, WI 53713	HEALTH CARE	WI	N/A	C CORP	N/A	N/A	N/A



**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to 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 of this schedule.

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

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (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)

**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.

	Yes	No
1a		X
1b	X	
1c	X	
1d	X	
1e	X	
1f		X
1g		X
1h		X
1i		X
1j		X
1k	X	
1l	X	
1m	X	
1n	X	
1o		X
1p		X
1q	X	
1r	X	

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

GLENNON HOSPITAL GUILD

DIRECT CONTROLLING ENTITY: SSM CARDNIAL GLENNON CHILDREN'S HOSPITAL

NAME OF RELATED ORGANIZATION:

CARDINAL GLENNON CHILDREN'S FOUNDATION

DIRECT CONTROLLING ENTITY: SSM CARDNIAL GLENNON CHILDREN'S HOSPITAL

NAME OF RELATED ORGANIZATION:

HEALTH CARE FOR KIDS

DIRECT CONTROLLING ENTITY: SSM CARDINAL GLENNON CHILDREN'S HOSPITAL

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print  File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions <b>ST. MARY'S JANESVILLE FOUNDATION, INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>27-3439133</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>477 N. LINDBERGH</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ST. LOUIS, MO 63141</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

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

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**KARI KRUEGER**

- The books are in the care of  **3400 E RACINE STREET - JANESVILLE, WI 53546**  
 Telephone No.  **608-373-8016** FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until **NOVEMBER 15, 2012.**
- For calendar year **2011**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension  
**TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date