

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

OMB No. 1545-0047

**2009****Open to Public  
Inspection****A** For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10****B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**C** Name of organization **ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**30 WHITE BRIDGE ROAD**

Room/suite

City or town, state or country, and ZIP + 4

**NASHVILLE TN 37205****F** Name and address of principal officer:**D** Employer identification number**62-0579243****E** Telephone number  
**615-356-6336****G** Gross receipts \$ **2,330,821**

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

**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

**I** Tax-exempt status: ☒ 501(c) ( **3** ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ► **www.stmaryvilla.org****H(c)** Group exemption number ► **N/A****K** Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►**L** Year of formation: **1986****M** State of legal domicile: **TN****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1 Briefly describe the organization's mission or most significant activities: <b>See Schedule O</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)		3	12				
4 Number of independent voting members of the governing body (Part VI, line 1b)		4					
5 Total number of employees (Part V, line 2a)		5	72				
6 Total number of volunteers (estimate if necessary)		6	50				
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		7a					
b Net unrelated business taxable income from Form 990-T, line 34		7b	0				
		Prior Year	Current Year				
8 Contributions and grants (Part VIII, line 1h)		625,439	627,259				
9 Program service revenue (Part VIII, line 2g)		1,425,027	1,529,235				
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-26,916	174,327				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		240					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,023,790	2,330,821				
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)							
14 Benefits paid to or for members (Part IX, column (A), line 4)							
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,457,621	1,495,615				
16a Professional fundraising fees (Part IX, column (A), line 11e)							
b Total fundraising expenses (Part IX, column (D), line 25) ►							
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		695,321	697,758				
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,152,942	2,193,373				
19 Revenue less expenses. Subtract line 18 from line 12		-129,152	137,448				
		Beginning of Current Year	End of Year				
20 Total assets (Part X, line 16)		2,994,946	3,285,789				
21 Total liabilities (Part X, line 26)		144,984	156,195				
22 Net assets or fund balances. Subtract line 21 from line 20		2,849,962	3,129,594				

**Part II Signature Block****Sign  
Here**

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.

Signature of officer

Date

Type or print name and title

**Paid  
Preparer's  
Use Only**Preparer's  
signature*Jeffrey A. Betzler*

Date

09/16/10

Check if  
self-  
employed ☐Preparer's identifying number  
(see instructions)  
**P00156471**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**Edmondson Betzler & Montgomery PLLC  
12 Cadillac Dr Ste 210  
Brentwood, TN 37027**EIN ► **26-2451997**Phone  
no. ► **615-916-3100**

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

☐ Yes ☐ No

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission:

**See Schedule O**

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ **1,680,036** including grants of \$ ) (Revenue \$ )

**PROVIDING CHILD CARE SERVICES TO OVER 250 CHILDREN  
RANGING FROM INFANTS TO PRESCHOOLERS.**

**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 **1,680,036**

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		<b>X</b>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<b>X</b>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		<b>X</b>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>X</b>	
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<b>X</b>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
• Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
• 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? If "Yes," complete Schedule D, Part X.		
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	<b>X</b>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		<b>X</b>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		<b>X</b>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		<b>X</b>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		<b>X</b>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		<b>X</b>

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	38	X

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. 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>X</b>	
<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 this return. (see instructions)	<b>X</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		<b>X</b>
<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)?		<b>X</b>
<b>4b</b>	If "Yes," enter the name of the foreign country: <b>▶</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>X</b>
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>X</b>
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<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?		<b>X</b>
<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?		
<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?		
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
<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		

**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.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	<b>12</b>	
<b>b</b> Enter the number of voting members that are independent		
<b>2</b> 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?		<b>X</b>
<b>3</b> 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?		<b>X</b>
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		<b>X</b>
<b>6</b> Does the organization have members or stockholders?		<b>X</b>
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		<b>X</b>
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b> 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		<b>X</b>

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		<b>X</b>
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<b>X</b>
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	<b>X</b>	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>X</b>	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<b>X</b>	
<b>13</b> Does the organization have a written whistleblower policy?		<b>X</b>
<b>14</b> Does the organization have a written document retention and destruction policy?		<b>X</b>
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>X</b>	
<b>b</b> Other officers or key employees of the organization	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<b>X</b>
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **None**

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

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **MARY ABLE** **30 WHITE BRIDGE ROAD**  
**NASHVILLE** **TN 37205** **615-356-6336**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MIKE HOGREFE PRESIDENT		X		X				0	0	0
FRANK CARUSO VICE PRES.		X		X				0	0	0
JAMES O'NEILL TRESURER		X		X				0	0	0
DEBORA GLENNON SECRETARY		X		X				0	0	0
KATIE STENBERG BOARD MEMBER		X						0	0	0
BEbbie OWEN BOARD MEMBER		X						0	0	0
LETICIA ALVAREZ BOARD MEMBER		X						0	0	0
SUSAN NEY BOARD MEMBER		X						0	0	0
KEN STEVERSON BOARD MEMBER		X						0	0	0
ALEX MCKAY BOARD MEMBER		X						0	0	0
PAT SHEPHERD BOARD MEMBER		X						0	0	0
ELLEN CONN BOARD MEMBER		X						0	0	0
LAUREN WAGNER BOARD MEMBER		X						0	0	0
MICHAEL MILLER EX. DIRECTOR	40.00			X				87,437	0	7,091





**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>	<b>1a</b> Federated campaigns .....	<b>1a</b>				
	<b>b</b> Membership dues .....	<b>1b</b>				
	<b>c</b> Fundraising events .....	<b>1c</b>				
	<b>d</b> Related organizations .....	<b>1d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	84,022			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	543,237			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....					
	<b>h</b> <b>Total.</b> Add lines 1a-1f .....		627,259			
<b>Program Service Revenue</b>	<b>2a</b> .....	<b>Busn. Code</b>	1,529,235	1,529,235		
	<b>b</b> .....					
	<b>c</b> .....					
	<b>d</b> .....					
	<b>e</b> .....					
	<b>f</b> All other program service revenue .....					
	<b>g</b> <b>Total.</b> Add lines 2a-2f .....		1,529,235			
	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		174,327			174,327
<b>4</b> Income from investment of tax-exempt bond proceeds .....						
<b>5</b> Royalties .....						
<b>Other Revenue</b>	<b>6a</b> Gross Rents .....	(i) Real	(ii) Personal			
	<b>b</b> Less: rental exps. ....					
	<b>c</b> Rental inc. or (loss) .....					
	<b>d</b> Net rental income or (loss) .....					
	<b>7a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other			
	<b>b</b> Less: cost or other basis & sales exps. ....					
	<b>c</b> Gain or (loss) .....					
	<b>d</b> Net gain or (loss) .....					
	<b>8a</b> Gross income from fundraising events (not including \$ ..... of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from fundraising events .....					
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
	<b>b</b> Less: direct expenses .....	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities .....					
	<b>10a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>				
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....					
	<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>			
<b>11a</b> .....						
<b>b</b> .....						
<b>c</b> .....						
<b>d</b> All other revenue .....						
<b>e</b> <b>Total.</b> Add lines 11a-11d .....						
<b>12</b> <b>Total Revenue.</b> See instructions. ....			2,330,821	1,529,235	0	174,327

Form 990 (2009)

**ST. MARY'S ORPHANAGE D/B/A****62-0579243**Page **10****Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	87,437		87,437	
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	1,103,189	814,167	289,022	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,257	49,988	11,269	
9 Other employee benefits	154,892	130,222	24,670	
10 Payroll taxes	88,840	60,842	27,998	
11 Fees for services (non-employees):				
a Management				
b Legal	2,545		2,545	
c Accounting	5,900		5,900	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	268,967	259,097	9,870	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,728	3,533	195	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	7,388	7,388		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OFFICE SUPPLIES	312,397	306,031	6,366	
b CLEANING SERVICES	43,045	40,890	2,155	
c BAD DEBT EXPENSE	20,923		20,923	
d MISCELLANEOUS EXPENSES	8,966	1,157	7,809	
e TELEPHONE	7,392		7,392	
f All other expenses	16,507	6,721	9,786	
25 Total functional expenses. Add lines 1 through 24f	2,193,373	1,680,036	513,337	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing .....	100	1	100
	2 Savings and temporary cash investments .....	286,002	2	197,917
	3 Pledges and grants receivable, net .....	311,903	3	374,403
	4 Accounts receivable, net .....	60,392	4	71,746
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		6	
	7 Notes and loans receivable, net .....		7	
	8 Inventories for sale or use .....	731	8	238
	9 Prepaid expenses and deferred charges .....	236	9	236
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 842,667		
	b Less: accumulated depreciation .....	10b 667,516	10c 40,825	175,151
	11 Investments—publicly traded securities .....	2,294,757	11	2,465,998
	12 Investments—other securities. See Part IV, line 11 .....		12	
	13 Investments—program-related. See Part IV, line 11 .....		13	
	14 Intangible assets .....		14	
	15 Other assets. See Part IV, line 11 .....		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	2,994,946	16	3,285,789	
<b>Liabilities</b>	17 Accounts payable and accrued expenses .....	144,984	17	156,195
	18 Grants payable .....		18	
	19 Deferred revenue .....		19	
	20 Tax-exempt bond liabilities .....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D .....		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		22	
	23 Secured mortgages and notes payable to unrelated third parties .....		23	
	24 Unsecured notes and loans payable to unrelated third parties .....		24	
	25 Other liabilities. Complete Part X of Schedule D .....		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25 .....	144,984	26	156,195
<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 .....	465,199	27	599,368
	28 Temporarily restricted net assets .....	473,867	28	483,499
	29 Permanently restricted net assets .....	1,910,896	29	2,046,727
	<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 .....		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund .....		31	
	32 Retained earnings, endowment, accumulated income, or other funds .....		32	
	33 <b>Total net assets or fund balances</b> .....	2,849,962	33	3,129,594
34 <b>Total liabilities and net assets/fund balances</b> .....	2,994,946	34	3,285,789	

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form **990** (2009)

DAA

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<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</b> <b>Total.</b> Add lines 1 through 3 .....						
<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</b> <b>Public support.</b> Subtract line 5 from line 4 ..						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....						
<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</b> <b>Total support.</b> Add lines 7 through 10 .....						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....						<b>12</b>
<b>13</b> <b>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 type="checkbox"/>

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

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test—2009.</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</b> <b>33 1/3 % support test—2008.</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</b> <b>10%-facts-and-circumstances test—2009.</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</b> <b>10%-facts-and-circumstances test—2008.</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</b> <b>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"/>	

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	393,569	443,602	658,276	624,384	636,436	2,756,267
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,416,189	1,433,798	1,425,283	1,410,818	1,508,704	7,194,792
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 <b>Total.</b> Add lines 1 through 5	1,809,758	1,877,400	2,083,559	2,035,202	2,145,140	9,951,059
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 <b>Public support.</b> (Subtract line 7c from line 6.)						9,951,059

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,809,758	1,877,400	2,083,559	2,035,202	2,145,140	9,951,059
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	247,338	485,709	160,889	-26,916	174,327	1,041,347
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	247,338	485,709	160,889	-26,916	174,327	1,041,347
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	2,057,096	2,363,109	2,244,448	2,008,286	2,319,467	10,992,406
14 <b>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 type="checkbox"/>						

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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	90.53 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	89.51 %

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	9 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	10 %

- 19a **33 1/3 % support tests—2009.** 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—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

**ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA**

Employer identification number

**62-0579243**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ..... ▶ \$ .....

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

**ST. MARY'S ORPHANAGE D/B/A**

Employer identification number

**62-0579243****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<b>1</b>	<b>CATHOLIC CHARITIES OF TENNESSEE</b> <b>30 WHITE BRIDGE ROAD</b> <b>NASHVILLE TN 37205</b>	\$ <b>150,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>2</b>	<b>ROMAN CATHOLIC DIOCESE OF NASHVILLE</b> <b>2400 21ST AVENUE SOUTH</b> <b>NASHVILLE TN 37212</b>	\$ <b>91,677</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>3</b>	<b>EVELYN LINDAHL FOUNDATION</b> <b>C/O SUNTRUST BANK</b> <b>P.O. BOX 305110</b> <b>NASHVILLE TN 37230</b>	\$ <b>50,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<b>4</b>	<b>CAL TURNER FAMILY FOUNDATION</b> <b>138 SECOND AVE. NORTH</b> <b>SUITE 200</b> <b>NASHVILLE TN 37201</b>	\$ <b>50,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**SCHEDULE D  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization

**ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA**

Employer identification number

**62-0579243****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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ..... ☐ 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X .....	▶ \$ _ _ _ _ _

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X .....	▶ \$ _ _ _ _ _

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

3 Using the organization's 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 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	2,294,757	2,630,227			
b Contributions					
c Net investment earnings, gains, and losses	155,881	-185,574			
d Grants or scholarships					
e Other expenditures for facilities and programs	15,360	10,228			
f Administrative expenses					
g End of year balance	2,465,998	2,294,757			

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

- a Board designated or quasi-endowment ▶ 17.00 %  
 b Permanent endowment ▶ 83.00 %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		609,075	466,643	142,432
d Equipment		233,592	200,873	32,719
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				175,151



<b>Part XI</b>	<b>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	2,330,821
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,193,373
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	137,448
4	Net unrealized gains (losses) on investments	4	142,184
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	142,184
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	279,632

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>2,473,005</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	<b>142,184</b>	
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIV.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>142,184</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,330,821</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIV.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,330,821</b>

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

<b>1</b> Total expenses and losses per audited financial statements		<b>1</b>	<b>2,193,373</b>
<b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b> Donated services and use of facilities	<b>2a</b>		
<b>b</b> Prior year adjustments	<b>2b</b>		
<b>c</b> Other losses	<b>2c</b>		
<b>d</b> Other (Describe in Part XIV.)	<b>2d</b>		
<b>e</b> Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b> Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,193,373</b>
<b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b> Other (Describe in Part XIV.)	<b>4b</b>		
<b>c</b> Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,193,373</b>

## 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.

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## Part XIV Supplemental Information (continued)

[illegible]

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.

▶ Attach to Form 990.

OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA

Employer identification number

62-0579243

**Form 990 - Organization's Mission or Most Significant Activities**

TO PROVIDE QUALITY CHILD CARE FOR CHILDREN WHOSE PARENTS  
ARE WORKING OR ARE IN EDUCATION/TRAINING PROGRAMS, AND TO  
FOSTER, DEVELOP, PROMOTE AND OPERATE SERVICES AND PROGRAMS  
DESIGNED TO MEET THEIR PHYSICAL, SOCIAL AND PSYCHOLOGICAL  
NEEDS.

**Form 990, Part VI, Line 11A - Organization's Process to Review Form 990**

The Executive Director and finance committee review and approve the Form  
990.

**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**

THE GOVERNING BODY AND EXECUTIVE DIRECTOR MONITOR COMPLIANCE AND  
ENFORCEMENT OF THE CONFLICT OF INTEREST POLICY ON AN ONGOING BASIS.

**Form 990, Part VI, Line 15a - Compensation Process for Top Official**

Executive Director compensation is approved by the board members.

**Form 990, Part VI, Line 15b - Compensation Process for Officers**

Executive Director submits budget to the board of directors who approves  
the budget.

**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**

Documents are made available to the public upon request.



Form **4562**

Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2009**

Attachment  
Sequence No. **67**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return **ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA**

Identifying number  
**62-0579243**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	<b>250,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>800,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	<b>7,388</b>

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	<b>0</b>
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	<b>7,388</b>
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2009)

DAA

**There are no amounts for Page 2**

62-0579243

## Federal Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
1	Playground equipment	12/31/84	804				804	5	MO S/L	804	0
2	Climber	12/31/84	2,490				2,490	5	MO S/L	2,490	0
3	Playground equipment	12/31/84	1,297				1,297	5	MO S/L	1,297	0
4	Playground equipment and tables	12/31/86	674				674	5	MO S/L	674	0
5	Playground	6/30/89	980				980	5	MO S/L	980	0
6	Playground equipment	5/30/92	1,592				1,592	5	MO S/L	1,592	0
7	Playground equipment	12/07/92	665				665	5	MO S/L	665	0
8	Playground equipment	10/12/93	3,770				3,770	5	MO S/L	3,770	0
9	Playground equipment	6/30/94	11,796				11,796	5	MO S/L	11,796	0
10	Playground fence	4/11/95	2,926				2,926	5	MO S/L	2,926	0
11	Handicap ramp and tricycle path	6/07/95	865				865	5	MO S/L	865	0
12	Pedestal drinking fountain	6/30/95	1,244				1,244	5	MO S/L	1,244	0
13	Playground - airplane, dixie bug	9/24/96	1,245				1,245	5	MO S/L	1,245	0
14	Playground equipment - Explorer	6/30/97	15,866				15,866	5	MO S/L	15,866	0
15	Playground equipment - VCC	10/01/97	5,086				5,086	5	MO S/L	5,086	0
16	Playground - racecar and airplane	11/01/97	1,245				1,245	5	MO S/L	1,245	0
17	Playground equipment - Explorer	6/16/98	9,076				9,076	5	MO S/L	9,076	0
18	Playground - Genesis 4 Mini Carnival	6/24/98	14,327				14,327	5	MO S/L	14,327	0
19	File cabinet	6/08/83	144				144	5	MO S/L	144	0
20	Office furniture	7/12/85	138				138	5	MO S/L	138	0
21	Telephone equipment	2/28/89	371				371	12	MO S/L	371	0
22	Hard disk	2/02/90	400				400	5	MO S/L	400	0
23	Panasonic printer	4/30/90	327				327	5	MO S/L	327	0
24	Timeclock	4/17/91	567				567	5	MO S/L	567	0
25	Computer software	5/30/92	3,245				3,245	5	MO S/L	3,245	0
26	Computer software - MAS 90	5/30/92	1,050				1,050	5	MO S/L	1,050	0
27	Computer hardware	1/19/93	473				473	5	MO S/L	473	0
28	Computer software - MAS 90 upgrade	9/22/93	319				319	5	MO S/L	319	0
29	Computer hardware	11/17/93	195				195	5	MO S/L	195	0
30	Computer hardware	12/29/93	475				475	5	MO S/L	475	0
31	Computer hardware	3/24/94	604				604	5	MO S/L	604	0
32	End table	6/30/94	179				179	5	MO S/L	179	0
33	Computer hardware	10/11/94	870				870	5	MO S/L	870	0
34	Office chair	3/30/95	156				156	5	MO S/L	156	0
35	Corporate table display	6/30/95	5,400				5,400	5	MO S/L	5,400	0
36	Fax machine	11/01/95	270				270	5	MO S/L	270	0
37	Computer credenza	2/13/96	400				400	5	MO S/L	400	0
38	Computer hardware and software	4/09/96	3,576				3,576	5	MO S/L	3,576	0
39	Walnut computer table	6/10/97	272				272	5	MO S/L	272	0
40	Office equipment - VCC	10/01/97	6,780				6,780	5	MO S/L	6,780	0
41	Table, wingback chair and pictures	1/14/98	673				673	5	MO S/L	673	0
42	Blue leather loveseat	1/14/98	623				623	5	MO S/L	623	0
43	Computer upgrade	1/27/98	10,400				10,400	5	MO S/L	10,400	0
44	Telephone system	6/26/98	3,127				3,127	5	MO S/L	3,127	0
45	Software - family data	4/12/99	605				605	5	MO S/L	605	0
46	Netgear computer upgrade	5/14/99	3,713				3,713	5	MO S/L	3,713	0
47	Lounge couch	12/31/88	839				839	5	MO S/L	839	0
48	Indoor equipment	3/31/89	7,819				7,819	5	MO S/L	7,819	0
49	Indoor equipment	4/30/89	1,331				1,331	5	MO S/L	1,331	0
50	Refrigerator	5/31/89	170				170	5	MO S/L	170	0
51	Washer	5/31/89	315				315	5	MO S/L	315	0
52	Cots	2/28/90	434				434	5	MO S/L	434	0
53	Cots	10/15/90	283				283	5	MO S/L	283	0
54	Firetruck	5/31/91	295				295	5	MO S/L	295	0
55	Cots and tricycles	5/31/91	273				273	5	MO S/L	273	0
56	Changing table	2/08/93	275				275	5	MO S/L	275	0
57	Cots	6/30/93	200				200	5	MO S/L	200	0
58	Cots	6/30/94	587				587	5	MO S/L	587	0
59	12" pre-school chairs (14)	4/17/95	321				321	5	MO S/L	321	0
60	14" pre-school chairs (20)	4/19/95	255				255	5	MO S/L	255	0
61	Stack cots (9 sets)	9/06/95	735				735	5	MO S/L	735	0
62	Cots (32)	2/01/96	706				706	5	MO S/L	706	0
63	Blue stack chairs (38)	2/05/96	644				644	5	MO S/L	644	0
64	Chairs, bean bags and storage units	9/11/96	3,655				3,655	5	MO S/L	3,655	0
65	Program equipment - VCC	10/01/97	6,888				6,888	5	MO S/L	6,888	0
66	Walkie talkies (4)	11/01/97	508				508	5	MO S/L	508	0
67	Sony portable phones (2)	11/19/97	180				180	5	MO S/L	180	0
68	900mhz cordless phones (2)	5/29/98	432				432	5	MO S/L	432	0

62-0579243

## Federal Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	PerConv Meth	Prior	Current
69	Whirlpool dryer	5/14/99	395			395	5 MO S/L	395	0
70	Outdoor signs	9/30/86	421			421	5 MO S/L	421	0
71	Architect fees	3/20/87	4,200			4,200	5 MO S/L	4,200	0
72	Architect fees	7/20/87	3,641			3,641	5 MO S/L	3,641	0
73	Wall construction	4/14/88	1,552			1,552	5 MO S/L	1,552	0
74	Architect fees	4/29/88	2,982			2,982	5 MO S/L	2,982	0
75	Architect fees	6/30/88	2,450			2,450	5 MO S/L	2,450	0
76	CDC renovation	12/31/88	260,587			260,587	12 MO S/L	260,587	0
77	Portable rental	12/31/88	17,817			17,817	12 MO S/L	17,817	0
78	Portable phone hook-up	12/31/88	1,600			1,600	12 MO S/L	1,600	0
79	Architect fees	12/31/88	22,604			22,604	12 MO S/L	22,604	0
80	CDC renovation	2/28/89	19,338			19,338	12 MO S/L	19,338	0
81	Architect fees	2/28/89	4,513			4,513	12 MO S/L	4,513	0
82	Portable rental	3/31/89	1,461			1,461	12 MO S/L	1,461	0
83	North wing leasehold improvement	3/31/89	3,804			3,804	12 MO S/L	3,804	0
84	CDC renovation	6/30/89	22,773			22,773	12 MO S/L	22,773	0
85	Architect fees	6/30/89	77			77	12 MO S/L	77	0
86	Drink fountain	6/29/90	450			450	5 MO S/L	450	0
87	Painting	2/28/92	736			736	5 MO S/L	736	0
88	CDC renovation	3/31/92	187			187	12 MO S/L	187	0
89	CDC renovation	11/30/92	1,096			1,096	12 MO S/L	1,096	0
90	Landscaping	4/13/93	673			673	5 MO S/L	673	0
91	Paint office	9/14/93	1,875			1,875	5 MO S/L	1,875	0
92	Alarm covers	11/17/93	331			331	5 MO S/L	331	0
93	Blinds crown	4/26/94	2,263			2,263	5 MO S/L	2,263	0
94	CDC carpet	4/29/94	5,125			5,125	5 MO S/L	5,125	0
95	Bronze signs (4)	10/21/94	260			260	5 MO S/L	260	0
96	Ceramic tile bathroom floors	12/01/95	3,350			3,350	5 MO S/L	3,350	0
97	Vinyl tile classroom flooring	12/12/95	1,470			1,470	5 MO S/L	1,470	0
98	Bathroom partitions	4/09/96	686			686	5 MO S/L	686	0
99	CDC painting	9/24/96	2,200			2,200	5 MO S/L	2,200	0
100	Ceramic tile backsplash	10/31/96	2,400			2,400	5 MO S/L	2,400	0
101	Painting	11/01/96	1,605			1,605	5 MO S/L	1,605	0
102	Reinstall lavatories	12/05/96	1,423			1,423	5 MO S/L	1,423	0
103	Carpet readiness area	6/17/97	2,200			2,200	5 MO S/L	2,200	0
104	Leasehold improvements - VCC	10/01/97	26,253			26,253	5 MO S/L	26,253	0
105	Painting and repair	2/11/98	865			865	5 MO S/L	865	0
106	Sony 20" television	4/08/97	300			300	5 MO S/L	300	0
107	Cots - 6 sets, 5 each	4/08/97	944			944	5 MO S/L	944	0
108	Stack chairs (21)	3/12/97	377			377	5 MO S/L	377	0
109	Ricoh copier	2/28/97	3,500			3,500	5 MO S/L	3,500	0
110	Navy-striped loveseat	6/10/97	569			569	5 MO S/L	569	0
111	MAS 90 for Windows upgrade	3/10/98	2,920			2,920	5 MO S/L	2,920	0
112	Upholstery for chairs (2)	1/28/99	505			505	5 MO S/L	505	0
113	Tables - St. Henry's program	11/01/96	1,160			1,160	5 MO S/L	1,160	0
114	Sand and water play table	2/11/97	210			210	5 MO S/L	210	0
115	Dryer	8/13/99	733			733	5 MO S/L	733	0
116	Cots (10)	10/19/99	258			258	5 MO S/L	258	0
117	Carpet	10/29/99	700			700	5 MO S/L	700	0
118	Sinks and cabinets (2)	12/21/99	240			240	5 MO S/L	240	0
119	Wall	12/21/99	350			350	5 MO S/L	350	0
120	Program equipment	9/15/99	450			450	5 MO S/L	450	0
121	Downstairs baths	2/08/00	2,430			2,430	5 MO S/L	2,430	0
122	Couch and loveseat	4/13/00	1,522			1,522	5 MO S/L	1,522	0
123	Carpet	4/28/00	2,800			2,800	5 MO S/L	2,800	0
124	Dinosaur playground	11/29/00	500			500	5 MO S/L	500	0
125	Carpet and tile	1/30/01	16,614			16,614	5 MO S/L	16,614	0
126	Changing table	2/28/01	540			540	5 MO S/L	540	0
127	Painting	3/09/01	3,430			3,430	5 MO S/L	3,430	0
128	OKI printer	3/30/01	479			479	5 MO S/L	479	0
129	Painting	4/30/01	3,320			3,320	5 MO S/L	3,320	0
130	Building air conditioner	5/10/01	402			402	5 MO S/L	402	0
131	Glider rocker	6/22/01	252			252	5 MO S/L	252	0
132	Blocks of Fun	6/22/01	387			387	5 MO S/L	387	0
133	Shapes and alpha rugs	6/22/01	695			695	5 MO S/L	695	0
134	6 Angeles Basic 14inch trike	6/29/01	600			600	5 MO S/L	600	0
135	2 slid-lid storage	6/30/01	613			613	5 MO S/L	613	0
136	Fence	7/30/01	493			493	5 MO S/L	493	0
137	MAS 90 software	7/17/01	2,235			2,235	5 MO S/L	2,235	0
138	Daycare interior-paint	3/18/02	3,515			3,515	5 MO S/L	3,515	0
139	Downstairs painting	2/23/02	3,660			3,660	5 MO S/L	3,660	0

62-0579243

## Federal Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
140	Infant changing table	7/27/01	540				540	5	MO S/L	540	0
141	Rest Mats	11/13/01	660				660	5	MO S/L	660	0
142	Complete computer system	12/01/01	14,181				14,181	5	MO S/L	14,181	0
143	1/5 of street sign	5/30/03	3,855				3,855	5	MO S/L	3,855	0
144	1/5 of fixtures on sign	12/29/03	300				300	5	MO S/L	300	0
145	Changing Island	10/31/03	400				400	5	MO S/L	400	0
146	5 section locker	8/31/03	349				349	5	MO S/L	349	0
147	3 Dell computers & monitors	6/22/06	900				900	5	MO S/L	540	180
148	2 washing machines	6/21/06	776				776	5	MO S/L	466	155
149	Food Warmer	10/16/06	1,629				1,629	5	MO S/L	869	326
150	Dryer	3/26/07	415				415	5	MO S/L	187	83
151	(2) Laptop Computers	2/13/07	2,896				2,896	5	MO S/L	1,400	579
152	Refrigerator	6/13/07	445				445	5	MO S/L	186	89
153	Calvin the Caterpillar	6/30/07	861				861	5	MO S/L	345	172
154	Climbing Tunnel	6/30/07	2,644				2,644	5	MO S/L	1,058	528
155	(3) COMPUTERS - MODEL #881	6/30/08	2,700				2,700	5	MO S/L	540	540
156	CLIMBER FOR DEV. CENTER	6/30/08	300				300	5	MO S/L	60	60
157	ECE CURRICULUM	6/30/08	2,400				2,400	5	MO S/L	480	480
158	PRINTER - MIKE	8/31/07	284				284	5	MO S/L	104	57
159	FAX MACHINE	11/30/07	30				30	5	MO S/L	10	6
160	CUBICLE WALL/DOOR	1/27/09	975				975	5	MO S/L	81	195
161	LAPTOP COMPUTER W/ PRINTER	9/02/08	1,309				1,309	5	MO S/L	218	262
162	REFRIGERATOR - ST. HENRY	8/19/08	469				469	5	MO S/L	78	94
163	DIGITAL CAMCORDER	10/19/08	218				218	5	MO S/L	29	44
164	DRYER - SOUTH WING	2/19/09	432				432	5	MO S/L	29	86
165	8 COMPUTERS & PRINTERS	1/15/09	13,600				13,600	5	MO S/L	1,360	2,720
166	SINKS AT GUADALUPE	6/30/10	8,926				8,926	5	MO S/L	0	0
167	BUILD-OUT OF OUR LADY OF GUADA	6/30/10	116,160				116,160	15	MO S/L	0	0
168	ARCHITECT FEES	6/30/10	12,029				12,029	15	MO S/L	0	0
169	LOCKERS	6/30/10	5,318				5,318	15	MO S/L	0	0
170	PROCARE SOFTWARE	10/05/09	2,368				2,368	5	MO S/L	0	355
171	PROCARE SOFTWARE	10/05/09	2,510				2,510	5	MO S/L	0	377
172	TELEPHONE SYSTEM	6/30/10	9,983				9,983	5	MO S/L	0	0
Total Other Depreciation			842,673				842,673			660,136	7,388
Total ACRS and Other Depreciation			842,673				842,673			660,136	7,388
Grand Totals			842,673				842,673			660,136	7,388
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			842,673				842,673			660,136	7,388

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## AMT Asset Report

FYE: 6/30/2010

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
<b>Other Depreciation:</b>												
1	Playground equipment	12/31/84	0				0	0	HY		0	0
2	Climber	12/31/84	0				0	0	HY		0	0
3	Playground equipment	12/31/84	0				0	0	HY		0	0
4	Playground equipment and tables	12/31/86	0				0	0	HY		0	0
5	Playground	6/30/89	0				0	0	HY		0	0
6	Playground equipment	5/30/92	0				0	0	HY		0	0
7	Playground equipment	12/07/92	0				0	0	HY		0	0
8	Playground equipment	10/12/93	0				0	0	HY		0	0
9	Playground equipment	6/30/94	0				0	0	HY		0	0
10	Playground fence	4/11/95	0				0	0	HY		0	0
11	Handicap ramp and tricycle path	6/07/95	0				0	0	HY		0	0
12	Pedestal drinking fountain	6/30/95	0				0	0	HY		0	0
13	Playground - airplane, dixie bug	9/24/96	0				0	0	HY		0	0
14	Playground equipment - Explorer	6/30/97	0				0	0	HY		0	0
15	Playground equipment - VCC	10/01/97	0				0	0	HY		0	0
16	Playground - racecar and airplane	11/01/97	0				0	0	HY		0	0
17	Playground equipment - Explorer	6/16/98	0				0	0	HY		0	0
18	Playground - Genesis 4 Mini Carnival	6/24/98	0				0	0	HY		0	0
19	File cabinet	6/08/83	0				0	0	HY		0	0
20	Office furniture	7/12/85	0				0	0	HY		0	0
21	Telephone equipment	2/28/89	0				0	0	HY		0	0
22	Hard disk	2/02/90	0				0	0	HY		0	0
23	Panasonic printer	4/30/90	0				0	0	HY		0	0
24	Timeclock	4/17/91	0				0	0	HY		0	0
25	Computer software	5/30/92	0				0	0	HY		0	0
26	Computer software - MAS 90	5/30/92	0				0	0	HY		0	0
27	Computer hardware	1/19/93	0				0	0	HY		0	0
28	Computer software - MAS 90 upgrade	9/22/93	0				0	0	HY		0	0
29	Computer hardware	11/17/93	0				0	0	HY		0	0
30	Computer hardware	12/29/93	0				0	0	HY		0	0
31	Computer hardware	3/24/94	0				0	0	HY		0	0
32	End table	6/30/94	0				0	0	HY		0	0
33	Computer hardware	10/11/94	0				0	0	HY		0	0
34	Office chair	3/30/95	0				0	0	HY		0	0
35	Corporate table display	6/30/95	0				0	0	HY		0	0
36	Fax machine	11/01/95	0				0	0	HY		0	0
37	Computer credenza	2/13/96	0				0	0	HY		0	0
38	Computer hardware and software	4/09/96	0				0	0	HY		0	0
39	Walnut computer table	6/10/97	0				0	0	HY		0	0
40	Office equipment - VCC	10/01/97	0				0	0	HY		0	0
41	Table, wingback chair and pictures	1/14/98	0				0	0	HY		0	0
42	Blue leather loveseat	1/14/98	0				0	0	HY		0	0
43	Computer upgrade	1/27/98	0				0	0	HY		0	0
44	Telephone system	6/26/98	0				0	0	HY		0	0
45	Software - family data	4/12/99	0				0	0	HY		0	0
46	Netgear computer upgrade	5/14/99	0				0	0	HY		0	0
47	Lounge couch	12/31/88	0				0	0	HY		0	0
48	Indoor equipment	3/31/89	0				0	0	HY		0	0
49	Indoor equipment	4/30/89	0				0	0	HY		0	0
50	Refrigerator	5/31/89	0				0	0	HY		0	0
51	Washer	5/31/89	0				0	0	HY		0	0
52	Cots	2/28/90	0				0	0	HY		0	0
53	Cots	10/15/90	0				0	0	HY		0	0
54	Firetruck	5/31/91	0				0	0	HY		0	0
55	Cots and tricycles	5/31/91	0				0	0	HY		0	0
56	Changing table	2/08/93	0				0	0	HY		0	0
57	Cots	6/30/93	0				0	0	HY		0	0
58	Cots	6/30/94	0				0	0	HY		0	0
59	12" pre-school chairs (14)	4/17/95	0				0	0	HY		0	0
60	14" pre-school chairs (20)	4/19/95	0				0	0	HY		0	0
61	Stack cots (9 sets)	9/06/95	0				0	0	HY		0	0
62	Cots (32)	2/01/96	0				0	0	HY		0	0
63	Blue stack chairs (38)	2/05/96	0				0	0	HY		0	0
64	Chairs, bean bags and storage units	9/11/96	0				0	0	HY		0	0
65	Program equipment - VCC	10/01/97	0				0	0	HY		0	0
66	Walkie talkies (4)	11/01/97	0				0	0	HY		0	0
67	Sony portable phones (2)	11/19/97	0				0	0	HY		0	0
68	900mhz cordless phones (2)	5/29/98	0				0	0	HY		0	0

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**AMT Asset Report**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
69	Whirlpool dryer	5/14/99	0				0	0	HY		0	0
70	Outdoor signs	9/30/86	0				0	0	HY		0	0
71	Architect fees	3/20/87	0				0	0	HY		0	0
72	Architect fees	7/20/87	0				0	0	HY		0	0
73	Wall construction	4/14/88	0				0	0	HY		0	0
74	Architect fees	4/29/88	0				0	0	HY		0	0
75	Architect fees	6/30/88	0				0	0	HY		0	0
76	CDC renovation	12/31/88	0				0	0	HY		0	0
77	Portable rental	12/31/88	0				0	0	HY		0	0
78	Portable phone hook-up	12/31/88	0				0	0	HY		0	0
79	Architect fees	12/31/88	0				0	0	HY		0	0
80	CDC renovation	2/28/89	0				0	0	HY		0	0
81	Architect fees	2/28/89	0				0	0	HY		0	0
82	Portable rental	3/31/89	0				0	0	HY		0	0
83	North wing leasehold improvement	3/31/89	0				0	0	HY		0	0
84	CDC renovation	6/30/89	0				0	0	HY		0	0
85	Architect fees	6/30/89	0				0	0	HY		0	0
86	Drink fountain	6/29/90	0				0	0	HY		0	0
87	Painting	2/28/92	0				0	0	HY		0	0
88	CDC renovation	3/31/92	0				0	0	HY		0	0
89	CDC renovation	11/30/92	0				0	0	HY		0	0
90	Landscaping	4/13/93	0				0	0	HY		0	0
91	Paint office	9/14/93	0				0	0	HY		0	0
92	Alarm covers	11/17/93	0				0	0	HY		0	0
93	Blinds crown	4/26/94	0				0	0	HY		0	0
94	CDC carpet	4/29/94	0				0	0	HY		0	0
95	Bronze signs (4)	10/21/94	0				0	0	HY		0	0
96	Ceramic tile bathroom floors	12/01/95	0				0	0	HY		0	0
97	Vinyl tile classroom flooring	12/12/95	0				0	0	HY		0	0
98	Bathroom partitions	4/09/96	0				0	0	HY		0	0
99	CDC painting	9/24/96	0				0	0	HY		0	0
100	Ceramic tile backsplash	10/31/96	0				0	0	HY		0	0
101	Painting	11/01/96	0				0	0	HY		0	0
102	Reinstall lavatories	12/05/96	0				0	0	HY		0	0
103	Carpet readiness area	6/17/97	0				0	0	HY		0	0
104	Leasehold improvements - VCC	10/01/97	0				0	0	HY		0	0
105	Painting and repair	2/11/98	0				0	0	HY		0	0
106	Sony 20" television	4/08/97	0				0	0	HY		0	0
107	Cots - 6 sets, 5 each	4/08/97	0				0	0	HY		0	0
108	Stack chairs (21)	3/12/97	0				0	0	HY		0	0
109	Ricoh copier	2/28/97	0				0	0	HY		0	0
110	Navy-striped loveseat	6/10/97	0				0	0	HY		0	0
111	MAS 90 for Windows upgrade	3/10/98	0				0	0	HY		0	0
112	Upholstery for chairs (2)	1/28/99	0				0	0	HY		0	0
113	Tables - St. Henry's program	11/01/96	0				0	0	HY		0	0
114	Sand and water play table	2/11/97	0				0	0	HY		0	0
115	Dryer	8/13/99	0				0	0	HY		0	0
116	Cots (10)	10/19/99	0				0	0	HY		0	0
117	Carpet	10/29/99	0				0	0	HY		0	0
118	Sinks and cabinets (2)	12/21/99	0				0	0	HY		0	0
119	Wall	12/21/99	0				0	0	HY		0	0
120	Program equipment	9/15/99	0				0	0	HY		0	0
121	Downstairs baths	2/08/00	0				0	0	HY		0	0
122	Couch and loveseat	4/13/00	0				0	0	HY		0	0
123	Carpet	4/28/00	0				0	0	HY		0	0
124	Dinosaur playground	11/29/00	0				0	0	HY		0	0
125	Carpet and tile	1/30/01	0				0	0	HY		0	0
126	Changing table	2/28/01	0				0	0	HY		0	0
127	Painting	3/09/01	0				0	0	HY		0	0
128	OKI printer	3/30/01	0				0	0	HY		0	0
129	Painting	4/30/01	0				0	0	HY		0	0
130	Building air conditioner	5/10/01	0				0	0	HY		0	0
131	Glider rocker	6/22/01	0				0	0	HY		0	0
132	Blocks of Fun	6/22/01	0				0	0	HY		0	0
133	Shapes and alpha rugs	6/22/01	0				0	0	HY		0	0
134	6 Angeles Basic 14inch trike	6/29/01	0				0	0	HY		0	0
135	2 slid-lid storage	6/30/01	0				0	0	HY		0	0
136	Fence	7/30/01	0				0	0	HY		0	0
137	MAS 90 software	7/17/01	0				0	0	HY		0	0
138	Daycare interior-paint	3/18/02	0				0	0	HY		0	0
139	Downstairs painting	2/23/02	0				0	0	HY		0	0

62-0579243

**AMT Asset Report**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Basis for Depr	Per Conv	Meth	Prior	Current
140	Infant changing table	7/27/01	0			0	0	HY	0	0
141	Rest Mats	11/13/01	0			0	0	HY	0	0
142	Complete computer system	12/01/01	0			0	0	HY	0	0
143	1/5 of street sign	5/30/03	0			0	0	HY	0	0
144	1/5 of fixtures on sign	12/29/03	0			0	0	HY	0	0
145	Changing Island	10/31/03	0			0	0	HY	0	0
146	5 section locker	8/31/03	0			0	0	HY	0	0
147	3 Dell computers & monitors	6/22/06	0			0	0	HY	0	0
148	2 washing machines	6/21/06	0			0	0	HY	0	0
149	Food Warmer	10/16/06	0			0	0	HY	0	0
150	Dryer	3/26/07	0			0	0	HY	0	0
151	(2) Laptop Computers	2/13/07	0			0	0	HY	0	0
152	Refrigerator	6/13/07	0			0	0	HY	0	0
153	Calvin the Caterpillar	6/30/07	0			0	0	HY	0	0
154	Climbing Tunnel	6/30/07	0			0	0	HY	0	0
155	(3) COMPUTERS - MODEL #881	6/30/08	0			0	0	HY	0	0
156	CLIMBER FOR DEV. CENTER	6/30/08	0			0	0	HY	0	0
157	ECE CURRICULUM	6/30/08	0			0	0	HY	0	0
158	PRINTER - MIKE	8/31/07	0			0	0	HY	0	0
159	FAX MACHINE	11/30/07	0			0	0	HY	0	0
160	CUBICLE WALL/DOOR	1/27/09	975			975	5	MO S/L	81	195
161	LAPTOP COMPUTER W/ PRINTER	9/02/08	1,309			1,309	5	MO S/L	218	262
162	REFRIGERATOR - ST. HENRY	8/19/08	469			469	5	MO S/L	78	94
163	DIGITAL CAMCORDER	10/19/08	218			218	5	MO S/L	29	44
164	DRYER - SOUTH WING	2/19/09	432			432	5	MO S/L	29	86
165	8 COMPUTERS & PRINTERS	1/15/09	13,600			13,600	5	MO S/L	1,360	2,720
166	SINKS AT GUADALUPE	6/30/10	8,926			8,926	5	MO S/L	0	0
167	BUILD-OUT OF OUR LADY OF GUADA	6/30/10	116,160			116,160	15	MO S/L	0	0
168	ARCHITECT FEES	6/30/10	12,029			12,029	15	MO S/L	0	0
169	LOCKERS	6/30/10	5,318			5,318	15	MO S/L	0	0
170	PROCARE SOFTWARE	10/05/09	2,368			2,368	5	MO S/L	0	355
171	PROCARE SOFTWARE	10/05/09	2,510			2,510	5	MO S/L	0	377
172	TELEPHONE SYSTEM	6/30/10	9,983			9,983	5	MO S/L	0	0
<b>Total Other Depreciation</b>			<u>174,297</u>			<u>174,297</u>			<u>1,795</u>	<u>4,133</u>
<b>Total ACRS and Other Depreciation</b>			<u>174,297</u>			<u>174,297</u>			<u>1,795</u>	<u>4,133</u>
<b>Grand Totals</b>			174,297			174,297			1,795	4,133
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>174,297</u>			<u>174,297</u>			<u>1,795</u>	<u>4,133</u>

STMARY ST. MARY'S ORPHAN AGE D/B/A

62-0579243

FYE: 6/30/2010

09/16/2010 3:49 PM

## Depreciation Adjustment Report

### All Business Activities

Form	Unit	Asset
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### Description

Tax

AMT

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**



62-0579243

**Future Depreciation Report****FYE: 6/30/11**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	Playground equipment	12/31/84	804	0	0
2	Climber	12/31/84	2,490	0	0
3	Playground equipment	12/31/84	1,297	0	0
4	Playground equipment and tables	12/31/86	674	0	0
5	Playground	6/30/89	980	0	0
6	Playground equipment	5/30/92	1,592	0	0
7	Playground equipment	12/07/92	665	0	0
8	Playground equipment	10/12/93	3,770	0	0
9	Playground equipment	6/30/94	11,796	0	0
10	Playground fence	4/11/95	2,926	0	0
11	Handicap ramp and tricycle path	6/07/95	865	0	0
12	Pedestal drinking fountain	6/30/95	1,244	0	0
13	Playground - airplane, dixie bug	9/24/96	1,245	0	0
14	Playground equipment - Explorer	6/30/97	15,866	0	0
15	Playground equipment - VCC	10/01/97	5,086	0	0
16	Playground - racecar and airplane	11/01/97	1,245	0	0
17	Playground equipment - Explorer	6/16/98	9,076	0	0
18	Playground - Genesis 4 Mini Carnival	6/24/98	14,327	0	0
19	File cabinet	6/08/83	144	0	0
20	Office furniture	7/12/85	138	0	0
21	Telephone equipment	2/28/89	371	0	0
22	Hard disk	2/02/90	400	0	0
23	Panasonic printer	4/30/90	327	0	0
24	Timeclock	4/17/91	567	0	0
25	Computer software	5/30/92	3,245	0	0
26	Computer software - MAS 90	5/30/92	1,050	0	0
27	Computer hardware	1/19/93	473	0	0
28	Computer software - MAS 90 upgrade	9/22/93	319	0	0
29	Computer hardware	11/17/93	195	0	0
30	Computer hardware	12/29/93	475	0	0
31	Computer hardware	3/24/94	604	0	0
32	End table	6/30/94	179	0	0
33	Computer hardware	10/11/94	870	0	0
34	Office chair	3/30/95	156	0	0
35	Corporate table display	6/30/95	5,400	0	0
36	Fax machine	11/01/95	270	0	0
37	Computer credenza	2/13/96	400	0	0
38	Computer hardware and software	4/09/96	3,576	0	0
39	Walnut computer table	6/10/97	272	0	0
40	Office equipment - VCC	10/01/97	6,780	0	0
41	Table, wingback chair and pictures	1/14/98	673	0	0
42	Blue leather loveseat	1/14/98	623	0	0
43	Computer upgrade	1/27/98	10,400	0	0
44	Telephone system	6/26/98	3,127	0	0
45	Software - family data	4/12/99	605	0	0
46	Netgear computer upgrade	5/14/99	3,713	0	0
47	Lounge couch	12/31/88	839	0	0
48	Indoor equipment	3/31/89	7,819	0	0
49	Indoor equipment	4/30/89	1,331	0	0
50	Refrigerator	5/31/89	170	0	0
51	Washer	5/31/89	315	0	0
52	Cots	2/28/90	434	0	0
53	Cots	10/15/90	283	0	0
54	Firetruck	5/31/91	295	0	0
55	Cots and tricycles	5/31/91	273	0	0
56	Changing table	2/08/93	275	0	0
57	Cots	6/30/93	200	0	0
58	Cots	6/30/94	587	0	0
59	12" pre-school chairs (14)	4/17/95	321	0	0
60	14" pre-school chairs (20)	4/19/95	255	0	0
61	Stack cots (9 sets)	9/06/95	735	0	0
62	Cots (32)	2/01/96	706	0	0
63	Blue stack chairs (38)	2/05/96	644	0	0
64	Chairs, bean bags and storage units	9/11/96	3,655	0	0
65	Program equipment - VCC	10/01/97	6,888	0	0
66	Walkie talkies (4)	11/01/97	508	0	0
67	Sony portable phones (2)	11/19/97	180	0	0

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**Future Depreciation Report****FYE: 6/30/11**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
68	900mhz cordless phones (2)	5/29/98	432	0	0
69	Whirlpool dryer	5/14/99	395	0	0
70	Outdoor signs	9/30/86	421	0	0
71	Architect fees	3/20/87	4,200	0	0
72	Architect fees	7/20/87	3,641	0	0
73	Wall construction	4/14/88	1,552	0	0
74	Architect fees	4/29/88	2,982	0	0
75	Architect fees	6/30/88	2,450	0	0
76	CDC renovation	12/31/88	260,587	0	0
77	Portable rental	12/31/88	17,817	0	0
78	Portable phone hook-up	12/31/88	1,600	0	0
79	Architect fees	12/31/88	22,604	0	0
80	CDC renovation	2/28/89	19,338	0	0
81	Architect fees	2/28/89	4,513	0	0
82	Portable rental	3/31/89	1,461	0	0
83	North wing leasehold improvement	3/31/89	3,804	0	0
84	CDC renovation	6/30/89	22,773	0	0
85	Architect fees	6/30/89	77	0	0
86	Drink fountain	6/29/90	450	0	0
87	Painting	2/28/92	736	0	0
88	CDC renovation	3/31/92	187	0	0
89	CDC renovation	11/30/92	1,096	0	0
90	Landscaping	4/13/93	673	0	0
91	Paint office	9/14/93	1,875	0	0
92	Alarm covers	11/17/93	331	0	0
93	Blinds crown	4/26/94	2,263	0	0
94	CDC carpet	4/29/94	5,125	0	0
95	Bronze signs (4)	10/21/94	260	0	0
96	Ceramic tile bathroom floors	12/01/95	3,350	0	0
97	Vinyl tile classroom flooring	12/12/95	1,470	0	0
98	Bathroom partitions	4/09/96	686	0	0
99	CDC painting	9/24/96	2,200	0	0
100	Ceramic tile backsplash	10/31/96	2,400	0	0
101	Painting	11/01/96	1,605	0	0
102	Reinstall lavatories	12/05/96	1,423	0	0
103	Carpet readiness area	6/17/97	2,200	0	0
104	Leasehold improvements - VCC	10/01/97	26,253	0	0
105	Painting and repair	2/11/98	865	0	0
106	Sony 20" television	4/08/97	300	0	0
107	Cots - 6 sets, 5 each	4/08/97	944	0	0
108	Stack chairs (21)	3/12/97	377	0	0
109	Ricoh copier	2/28/97	3,500	0	0
110	Navy-striped loveseat	6/10/97	569	0	0
111	MAS 90 for Windows upgrade	3/10/98	2,920	0	0
112	Upholstery for chairs (2)	1/28/99	505	0	0
113	Tables - St. Henry's program	11/01/96	1,160	0	0
114	Sand and water play table	2/11/97	210	0	0
115	Dryer	8/13/99	733	0	0
116	Cots (10)	10/19/99	258	0	0
117	Carpet	10/29/99	700	0	0
118	Sinks and cabinets (2)	12/21/99	240	0	0
119	Wall	12/21/99	350	0	0
120	Program equipment	9/15/99	450	0	0
121	Downstairs baths	2/08/00	2,430	0	0
122	Couch and loveseat	4/13/00	1,522	0	0
123	Carpet	4/28/00	2,800	0	0
124	Dinosaur playground	11/29/00	500	0	0
125	Carpet and tile	1/30/01	16,614	0	0
126	Changing table	2/28/01	540	0	0
127	Painting	3/09/01	3,430	0	0
128	OKI printer	3/30/01	479	0	0
129	Painting	4/30/01	3,320	0	0
130	Building air conditioner	5/10/01	402	0	0
131	Glider rocker	6/22/01	252	0	0
132	Blocks of Fun	6/22/01	387	0	0
133	Shapes and alpha rugs	6/22/01	695	0	0
134	6 Angeles Basic 14inch trike	6/29/01	600	0	0
135	2 slid-lid storage	6/30/01	613	0	0
136	Fence	7/30/01	493	0	0
137	MAS 90 software	7/17/01	2,235	0	0
138	Daycare interior-paint	3/18/02	3,515	0	0

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**Future Depreciation Report****FYE: 6/30/11**

FYE: 6/30/2010

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
139	Downstairs painting	2/23/02	3,660	0	0
140	Infant changing table	7/27/01	540	0	0
141	Rest Mats	11/13/01	660	0	0
142	Complete computer system	12/01/01	14,181	0	0
143	1/5 of street sign	5/30/03	3,855	0	0
144	1/5 of fixtures on sign	12/29/03	300	0	0
145	Changing Island	10/31/03	400	0	0
146	5 section locker	8/31/03	349	0	0
147	3 Dell computers & monitors	6/22/06	900	180	0
148	2 washing machines	6/21/06	776	155	0
149	Food Warmer	10/16/06	1,629	325	0
150	Dryer	3/26/07	415	83	0
151	(2) Laptop Computers	2/13/07	2,896	579	0
152	Refrigerator	6/13/07	445	89	0
153	Calvin the Caterpillar	6/30/07	861	172	0
154	Climbing Tunnel	6/30/07	2,644	529	0
155	(3) COMPUTERS - MODEL #881	6/30/08	2,700	540	0
156	CLIMBER FOR DEV. CENTER	6/30/08	300	60	0
157	ECE CURRICULUM	6/30/08	2,400	480	0
158	PRINTER - MIKE	8/31/07	284	57	0
159	FAX MACHINE	11/30/07	30	6	0
160	CUBICLE WALL/DOOR	1/27/09	975	195	195
161	LAPTOP COMPUTER W/ PRINTER	9/02/08	1,309	262	262
162	REFRIGERATOR - ST. HENRY	8/19/08	469	94	94
163	DIGITAL CAMCORDER	10/19/08	218	44	44
164	DRYER - SOUTH WING	2/19/09	432	87	87
165	8 COMPUTERS & PRINTERS	1/15/09	13,600	2,720	2,720
166	SINKS AT GUADALUPE	6/30/10	8,926	1,785	1,785
167	BUILD-OUT OF OUR LADY OF GUADALUP	6/30/10	116,160	7,744	7,744
168	ARCHITECT FEES	6/30/10	12,029	802	802
169	LOCKERS	6/30/10	5,318	355	355
170	PROCARE SOFTWARE	10/05/09	2,368	474	474
171	PROCARE SOFTWARE	10/05/09	2,510	502	502
172	TELEPHONE SYSTEM	6/30/10	9,983	1,997	1,997
<b>Total Other Depreciation</b>			<b>842,673</b>	<b>20,316</b>	<b>17,061</b>
<b>Total ACRS and Other Depreciation</b>			<b>842,673</b>	<b>20,316</b>	<b>17,061</b>
<b>Grand Totals</b>			<b>842,673</b>	<b>20,316</b>	<b>17,061</b>

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**Federal Statements**

FYE: 6/30/2010

**Tax-Exempt Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
	\$ 2,206		14		
Total	\$ 2,206				

## Federal Statements

## Form 990, Part IX, Line 24f - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
INSURANCE	\$ 6,433	\$ 5,683	\$ 750	
OTHER PROFESSIONAL SERVIC	3,431		3,431	
PRINTING	3,107	1,000	2,107	
MARKETING	2,398	38	2,360	
POSTAGE	1,138		1,138	
Total	\$ 16,507	\$ 6,721	\$ 9,786	\$ 0

**Edmondson Betzler & Montgomery PLLC**  
**12 Cadillac Dr Ste 210**  
**Brentwood, TN 37027**  
**615-916-3100**

September 16, 2010

**CONFIDENTIAL**

ST. MARY'S ORPHANAGE D/B/A  
ST. MARY VILLA  
30 WHITE BRIDGE ROAD  
NASHVILLE, TN 37205

Dear :

We have prepared the following returns from information provided by you without verification or audit.

990 - Return of Organization Exempt From Income Tax

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Edmondson Betzler & Montgomery PLLC