Department of the Treasury Internal Revenue Service

Ref of Organization Exempt From ome Tax

Under section 601(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 2012 Open to Public Inspection

<u>A</u>	For the	2012 calendar year, or tax year beginning 07/0	01/12 , and ending $06/30$)/13		
В	Check if ap	plicable: C Name of organization ST. MARY'S O	RPHANAGE D/B/A		D Emplo	yer identification number
	Address ch	ange ST. MARY VIL	LA			
\Box	Name char	Doing Business As			62-	-0579243
\Box		Number and street (or P.O. box if mail is not delivered to s	street address)	Room/suite	E Teleph	none number
	Initial return	30 WHITE BRIDGE ROAD			615	5-356-6336
	Terminated	City, town or post office, state, and ZIP code			1	
П	Amended r	eturn NASHVILLE I	IN 37205		G Gross red	eipts\$ 1,985,674
\Box		F. Name and address of principal officer:			C 01000100	
Ш	Application	pending		H(a) Is this a g	group return for	affiliates? Yes X No
				H(b) Are all a	ffiliates include	ed? Yes No
						t. (see instructions)
		pt status: X 501(c)(3) 501(c) () ◀ (insert			,	(<i></i>)
<u>-</u>	Tax-exem		t no.) 4947(a)(1) or 527			N 37 / 3
<u>J</u>	Website:			H(c) Group e		I
72.5777	Form of or		Other >	L Year of formation: 1	.986	M State of legal domicile: TN
	art I	Summary				
	1 B	riefly describe the organization's mission or most signi	ficant activities:			
e S		SEE SCHEDULE O				
Activities & Governance			***************************************			
err	·					
ò	2 C	theck this box ▶ if the organization discontinued its	s operations or disposed of more tha	n 25% of its net as	sets.	
%	3 N	lumber of voting members of the governing body (Part	VI, line 1a)		3	10
Se	4 N	lumber of independent voting members of the governin	ng body (Part VI, line 1b)		4	0
ij	5 T	otal number of individuals employed in calendar year 2	2012 (Part V line 2a)		5	65
cţį	6 T	otal number of volunteers (estimate if necessary)			١.	50
⋖	7a T	otal unrelated business revenue from Part VIII, column	1 (C) line 12			0
	/a	let unrelated business tevelide from Farm Court	T line 24		/a	0
	D IV	let unrelated business taxable income from Form 990-	r, line 34	Prior Ye		Current Year
	8.0	contributions and grants (Part VIII, line 1h)		·	3,088	
Revenue	0 0	Program corving revenue (Part VIII, line 2a)		1 42	5,478	
/en	9 P	rogram service revenue (Part VIII, line 2g)	1,14			
Re	10 11	nvestment income (Part VIII, column (A), lines 3, 4, and		<u>6,787</u>	130,715	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c,			1 550	1 070 515
		otal revenue – add lines 8 through 11 (must equal Part		1,92	1 , 779	1,979,646
	1	Grants and similar amounts paid (Part IX, column (A), li				0
	14 B	enefits paid to or for members (Part IX, column (A), lin	ie 4)			0
S	15 S	alaries, other compensation, employee benefits (Part I	IX, column (A), lines 5–10)	1,49	2,334	1,318,541
benses	16a P	rofessional fundraising fees (Part IX, column (A), line 1	11e)			0
Ç	bT	otal fundraising expenses (Part IX, column (D), line 25				
Ä	17 C	other expenses (Part IX, column (A), lines 11a–11d, 11	f–24e)	69	1,109	585,540
	18 T	otal expenses. Add lines 13–17 (must equal Part IX, co	olumn (A), line 25)	2,18	3,443	1,904,081
	19 R				1,664	75,565
ō	83			Beginning of Cu	rrent Year	End of Year
sets	20 T	otal assets (Part X, line 16)		3,07	6,273	3,314,519
AS	21 T	otal liabilities (Part X, line 26)		16	1,697	151,669
Net Assets or	22 N	let assets or fund balances. Subtract line 21 from line 2		2,91	4,576	3,162,850
	art II	Signature Block				
L	Jnder pen	alties of perjury, I declare that I have examined this return, inc	cluding accompanying schedules and sta	tements, and to the b	est of my ki	nowledge and belief it is
		ct, and complete. Declaration of preparer (other than officer) i				
Sig	an	Signature of officer		- mh	Date	
	ere					
. 16	.16	Type or print name and title				
			parer's signature	Date		DTIN
Pai	id		harer a aithriarme	Į.	Check	L
		JEFFERY A. BETZLER			3/13 self-er	
	eparer	Firm's name	ıC	Firm's EIN	26-2451997	
US	e Only	12 CADILLAC DR S				
			7027		Phone no.	615-916-3100
Ма	y the IR	S discuss this return with the preparer shown above? (see instructions)			Yes No

			RPHANAGE D/B/A	62-057 4243	Page 2
Pa			m Service Accomplishments	ion in this Dort III	X
1		ribe the organization's mis		ion in this Part III	
		EDULE O		•••••	
2			gnificant program services during the yea		
		90 or 990-EZ? cribe these new services	on Schodulo O	· · · · · · · · · · · · · · · · · · ·	Yes X No
3			g, or make significant changes in how it o	conducts, any program	
•	services?		, or make eighnicant changes in new it		Yes X No
	If "Yes," des	cribe these changes on S		· · · · · · · · · · · · · · · · · · ·	
4	Describe the	e organization's program s	ervice accomplishments for each of its t	hree largest program services, as measure	d by
			•	t the amount of grants and allocations to oth	ners,
	the total exp	enses, and revenue, if an	y, for each program service reported.		
	(Code:	\ (Eypenses \$	1 - 457 - 403 including grants of	of \$ \ \(\(\mathbb{P}\) \(\mathbb{P}\)	. ¢
	ROVIDI	NG CHILD CARE	E SERVICES TO OVER 2	of \$ (Revenue 5.0 CHILDREN	э _.)
			TO PRECCUONTERC		
				· · · · · · · · · · · · · · · · · · ·	***************************************
	•				
				,	
P3,41-4	A-2/A-14-14/00-00-00-00-00-00-00-00-00-00-00-00-00-				
4b	(Code:) (Expenses \$	including grants of	of \$) (Revenue	\$,)
	* * * * * * * * * * * * * * * * * * * *				

					·
	•				
	*				
	*		• • • • • • • • • • • • • • • • • • • •		
4c	(Code:) (Expenses \$	including grants o	of \$) (Revenue	: \$
			***************************************		***************************************

	* * * * * * * * * * * * * * * * * * * *			• • • • • • • • • • • • • • • • • • • •	

-					
			***************************************		***************************************
	Other progra	am services. (Describe in	Schedule O)		
₩	(Expenses		including grants of \$) (Revenue \$	١
4e		am service expenses ▶	1,457,403	, ,	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	. 1	X X	
2		. 2	Λ.	
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			v
1		. 3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II			х
5	ls the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	. 4	**************************************	
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	. 3		
Ū	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	(IVer 2) consists Catachile D. Dout I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	. 6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	· '		
O	complete Schodule D. Part III			х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	. 8	***************************************	_^
J				
	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			x
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted	. 9		
U	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
4	***************************************	. 10	<u> </u>	
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		37	
L	complete Schedule D, Part VI	11a	X	ļ
D	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			3.5
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			٦,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				٠,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	. 12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	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, Parts II and IV	15		X
6	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, Parts III and IV	. 16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	. 17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		l	1

Form 990 (2012) ST. MARY'S ORPHANAGE D/B/A Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? 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			l
	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		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			į
	to defease any tax-exempt bonds?	24c		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			ĺ
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	, and a second of the second o			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			İ
	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, highest compensated employee, or			i
	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,			l
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? 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):			
а	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
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
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,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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,		1	
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V						
	enesia in contouring a response to any question in time rate v	1			Ye	s	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3				
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and						
	reportable gaming (gambling) winnings to prize winners?		· · · · · · · · · · · · · · · · · · ·	1c	X		errerrerrer
2a							
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	65				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax ret			2b	X		0000000
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	-	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or othe		-				
	over, a financial account in a foreign country (such as a bank account, securities account, or other f	inanciai		1.			7.7
L	account)?			4a			X
b	If "Yes," enter the name of the foreign country:						
F	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financia		ints.				weight of the contract of the
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						$\frac{x}{x}$
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action?		5b		-	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	+-		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did organization solicit any contributions that were not tax deductible as charitable contributions?	lile		6-			x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions.	tions or		<u>6a</u>	-		
b	gifts were not tax deductible?	LIONS OF		6b			
7	Organizations that may receive deductible contributions under section 170(c).						****
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly fo	r aoode					
u	and services provided to the payor?	i goods		7a	30000000		988888
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		\dashv	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	 Nas			_	+	
Ū	required to file Form 93933	vuo		7c			
d		7d	1				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	·	it?	7e	004000000	20000000	.0000000
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con			7f		1	
g	If the organization received a contribution of qualified intellectual property, did the organization file F		99 as required?				,
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organi		•				
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting						
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	_					
	organization, have excess business holdings at any time during the year?	_		8			
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the organization make any taxable distributions under section 4966?			9a			,
b	Did the experience make a distribution to a dense dense dense advices as related newspace.			O.I.			
10	Section 501(c)(7) organizations. Enter:		.*				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources						
	against amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	rm 1041	l?	12	а		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			138	а		
	Note. See the instructions for additional information the organization must report on Schedule O.						
b		1	1				
	the organization is licensed to issue qualified health plans	13b					
С	***************************************	13c			4		
14a						_	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sched	ule O			۱ ۵		

Form 990 (2012) ST. MARY'S ORPHANAGE D/B/A 62 - 057 + 243Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI **Section A. Governing Body and Management** Yes No 10 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body? X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters. affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12h c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website | X | Another's website | X | Upon request | Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 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

615-356-6336

TN 37205

NASHVILLE

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee

Check this box if neither the org	(B)	y reia	ileu			lions	CON	(D)	(E)	(F)
Name and Title	Average		(C) Position do not check more					Reportable	Reportable	Estimated
	hours per week		x, unless person is both an ficer and a director/trustee)					compensation from	compensation from related	amount of other
	(list any hours for		officer and a director/trustee) t					the organization	organizations (W-2/1099-MISC)	compensation from the
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe	Former	(W-2/1099-MISC)	(W 271000 MIGO)	organization
	organizations below dotted	idual	ution	ª	empl	est co	er			and related organizations
	line)	trust	al tru		oyee	mpe				
		ee e	istee			Highest compensated employee				
(1) JAMES O'NEILL										
	0.00									
VICE PRESIDENT	0.00	X		X				0	0	0
(2) SUSAN NEY										
	0.00								_	
PRESIDENT	0.00	X		X				0	0	0
(3) PAT SHEPHERD										
TRESURER	0.00			x						0
(4) DEBORA GLENNON	0.00	X	-	^	-			0	0	0
(4) DEBORA GHENNON	0.00									
SECRETARY	0.00	x		x				0	0	0
(5) KATIE STENBERG		† 		-	 -					
(•,	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) ANN WADDEY										
	0.00									
BOARD MEMBER	0.00	X						0	0	0
(7) BETH CIARAMITAR										
	0.00								_	
BOARD MEMBER	0.00	X	ļ	ļ	ļ			0	0	0
(8) JOE GARAFOLA	0.00									
DOADD MEMBED	0.00	X								
BOARD MEMBER (9) JENNIFER KOVALC	0.00	^		ļ				0	0	0
(9) UENNIFER ROVALC.	0.00									
BOARD MEMBER	0.00	x						0	0	0
(10) DORIS CLIPPARD	0.00	125		<u> </u>	\vdash	\vdash				0
(10) 501(11)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) MICHAEL MILLER			<u> </u>	T						
	40.00									
EX. DIRECTOR	0.00			X				84,978	0	7,105
DAA										Form 990 (2012)

		hours per week (list any hours for	bo	x, unle	check ess pe nd a d	rson i	than c s both r/trust	an	Reportable compensation from the organization	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(11 <u>2</u> 1000 m00)	organization and related organizations
(12)											
(13)											
		,							·		
(14)											
(15)											
(16)											
										·	·
(17)											
(18)											
(19)		,									
1b	Sub-total								84,978		7,105
C	Total from continuation she	•						>	84,978		7,105
d 	Total (add lines 1b and 1c) . Total number of individuals (in reportable compensation from	cluding but not I	imite	d to				bov			Yes No
3	Did the organization list any fo	ormer officer, dir	ecto	r, or	trust	ee, l	key e	mpl	oyee, or highest compense	ated	
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organization.	e 1a, is the sum nizations greater	of re thar	port 1 \$15	able 50,00	com	pens f "Ye	satio s," c	on and other compensation complete Schedule J for su	from the	
5	individual	a receive or acc	rue	com	pens	ation	n fror	n ar	ıy unrelated organization oı	r individual	
	ion B. Independent Contracto	ors		~~~~		,					
1	Complete this table for your fix compensation from the organi	zation. Report c							dar year ending with or with	nin the organization's tax y	
	Name and	(A) business address						ļ	Descrip	(B) otion of services	(C) Compensation
								_			
**********									***************************************		
	Total number of independent of	contractors (incl	ıdina	ı hut	not	limit	od to	the	se listed above) who		

Pа	rt VI	Staten Check	n ent of Reve if Schedule C	nue Dicon	tains a r	esponse i	to anv question in	this Part VIII.		
							(A)	(B) Related or	(C)	(D)
							Total revenue	exempt function	Unrelated business revenue	Revenue excluded from tax under sections
တ္တ	•							revenue		512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts		Federated car		1a						
ي ق		Membership d	tonto.	1b 1c						
ar A		Fundraising ev Related organ		1d		·				
s, G		Government grants		1e		89,159				
Sign		All other contribution	[-,0						
the		and similar amounts		1f		478,358				
E G	g	Noncash contributio	ns included in lines 1a-	1f:	\$					
<u>응</u>	h	Total. Add line	es 1a–1f			>	567,51	7		
Program Service Revenue						Busn. Code				
evel	2a	PROGRAM	SERVICE REVI	ENUE			1,281,41	1,281,414	<u> </u>	,
e Y	b									
اکّز	C									
n Se	d						***************************************			
grar	e •		am service rever					X		
Po		, -	es 2a-2f				1,281,41	1		
			come (including o							
		and other simi			,	>	136,743	3		136,743
	4		nvestment of tax	-exem	pt bond pr	oceeds >				
	5	Royalties				🕨				
			(i) Real		(ii) P	ersonal				
	6a	Gross rents								
	b	Less: rental exps.	· · · · · · · · · · · · · · · · · · ·			***				
	C	Rental inc. or (loss)	· · · · · · · · · · · · · · · · · · ·							
		Net rental inco	ome or (loss) (i) Securities		(ii)	Other				
		sales of assets other than inventory	(i) decurities		(11)	Ottlei				
	b	Less: cost or other				**************************************				
		basis & sales exps.				6,028				
	С	Gain or (loss)				-6,028				
	d	Net gain or (lo	ss)				-6,02	-6,028	3	
<u>e</u>	8a	Gross income from	om fundraising ever	nts						
Other Revenue		(not including \$								
Re			eported on line 1c)							
je	L.	See Part IV, line								
₹			rpenses (loss) from fund		. ovente					
			om gaming activities	1	g events .	······				
	Ju	See Part IV, line								
	b		penses							
			(loss) from gam		tivities					***************************************
	10a	Gross sales of	f inventory, less							
		returns and all	owances	. a						
		Less: cost of g		b						
	С	,	(loss) from sales	s of in	ventory					
ļ	44:	Mise	cellaneous Revenue			Busn. Code				
	11a b									
	C	• • • • • • • • • • • • • • • • • • • •								
	-		 iue							
			es 11a–11d			>				
	12	Total revenue	e. See instruction	ıs		>	1,979,64	6 1,275,386	5 0	136,743

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). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (B) Do not include amounts reported on lines 6b. Program service expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 92,083 92,083 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 948,681 734,621 214,060 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 51,311 43,669 7,642 Other employee benefits 149,466 119,919 29,547 54,426 Payroll taxes 77,000 22,574 11 Fees for services (non-employees): a Management 5,000 5,000 b Legal c Accounting 9,210 9,210 Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) Advertising and promotion 12 Office expenses Information technology 14 Royalties 15 260,965 Occupancy 229,633 31,332 16 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,517 Conferences, conventions, and meetings 7,442 75 19 20 Payments to affiliates 21 10,285 Depreciation, depletion, and amortization 10,285 22 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 219,619 215,177 SUPPLIES 4,442 b CLEANING SERVICES 41,045 35,709 5,336 BAD DEBT EXPENSE 9,656 С 9,656 MISCELLANEOUS EXPENSES 8,834 8,834 d All other expenses 13,409 6,522 6,887 1,904,081 1,457,403 Total functional expenses. Add lines 1 through 24e 446,678 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

ran.	Check if Schedule O contains a response to a	av question in th	via Dart V	Park and the state of the comment of	7	
	Crieck if Schedule O contains a response to a	iy question in tr	iis Part X	(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing			42	1	42
2	Savings and temporary cash investments			45,851	2	148,622
3	Pledges and grants receivable, net			186,902	3	176,902
4				34,250	4	47,167
5	Loans and other receivables from current and former			31/230	-	47,10
	trustees, key employees, and highest compensated		515,			
	0 1/ 0 10 (0)				5	
6	Loans and other receivables from other disqualified	persons (as defi	ned under section			
	4958(f)(1)), persons described in section 4958(c)(3)(
	sponsoring organizations of section 501(c)(9) volunta					
,	organizations (see instructions). Complete Part II of				6	
7		Solicadic E			7	
8 8	Inventories for sale or use			731	8	380
9	Prepaid expenses and deferred charges			789		1,066
- 1	Land, buildings, and equipment: cost or					1,000
	other basis. Complete Part VI of Schedule D	10a	622,127			
l b	Less: accumulated depreciation	10b	607,316		10c	14,811
11	Investments—publicly traded securities	[100]		2,780,503		2,925,529
12	Investments—other securities. See Part IV, line 11			277007303	12	2,525,52.
13	Investments—program-related. See Part IV, line 11				13	
14					14	
15	Other assets. See Part IV, line 11				15	
16	Total assets. Add lines 1 through 15 (must equal lin	a 34)		3,076,273		3,314,519
17	Accounts payable and accrued expenses		161,697	17	151,669	
18	Grants payable			18	131,001	
19	Deferred revenue				19	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I	V of Schedule I)		21	
22	Loans and other payables to current and former office					
	trustees, key employees, highest compensated emp					
22	disqualified persons. Complete Part II of Schedule L	·			22	
23	Secured mortgages and notes payable to unrelated t				23	
24	Unsecured notes and loans payable to unrelated thir	d parties			24	
25	Other liabilities (including federal income tax, payable					
	parties, and other liabilities not included on lines 17-2					
	of Schedule D	•			25	
26	Total liabilities. Add lines 17 through 25			161,697	26	151,669
1	Organizations that follow SFAS 117 (ASC 958), ch			-		
3	complete lines 27 through 29, and lines 33 and 34					
27	Unrestricted net assets			417,860	27	576 , 98!
27 28	Temporarily restricted net assets			186,902		178,402
	Permanently restricted net assets			2,309,814		2,407,463
.	Organizations that do not follow SFAS 117 (ASC					, , , ,
30 31 32	complete lines 30 through 34.					
30	Capital stock or trust principal, or current funds				30	
31	Paid-in or capital surplus, or land, building, or equipn	nent fund			31	
32	Retained earnings, endowment, accumulated income	e, or other funds	;		32	
33	T			2,914,576	33	3,162,850
34	Total liabilities and net assets/fund balances			3,076,273	34	3,314,519

Form **990** (2012)

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

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...

Form **990** (2012)

3a

3b

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public

Department of the Treasury
Internal Revenue Service
Name of the organization

ST. MARY'S ORPHANAGE D/B/A

ST. MARY VILLA

Employer identification number

			DI. MAKI ATI	11112					04-	.05/:	1443			
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete	this pa	art.) Se	e inst	ruction	iS.			
The	orga	nization is not	a private foundation because	se it is: (For lines 1 through 11, o	check only	one box	ː.)							
1		A church, cor	nvention of churches, or ass	sociation of churches described	in section	170(b)(1)(A)(i).							
2	П		cribed in section 170(b)(1)(,,,,							
3				ce organization described in se	ction 170	(b)(1)(A)(iii)							
4				d in conjunction with a hospital				\/1\/A\/i	ii\ Ente	ar the ho	enital'e	name		
7		city, and state		a in conjunction with a nospital t	aescribeu	III Secure	1170(1	<i>/</i> ('		er tile lic	spilai s	Hallie	'1	
_		• .												
5				of a college or university owned	or operati	ed by a g	overnme	entai uni	t descri	bed in				
			(b)(1)(A)(iv). (Complete Part	,										
6			-	jovernmental unit described in s										
7		An organizati	ion that normally receives a	substantial part of its support from	om a gove	ernmenta	l unit or t	from the	genera	ıl public				
		described in	section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Parl	: II.)									
9	X	An organizati	ion that normally receives: (1) more than 33 1/3% of its sup	oort from	contributi	ons, me	mbershi	p fees,	and gro	ss			
	-			npt functions—subject to certain						_				
				nd unrelated business taxable ir	•									
				60, 1975. See section 509(a)(2)				, , ,, ,, ,,	4011100					
10			. "	exclusively to test for public safe			•							
11	H	_		exclusively for the benefit of, to	•				, aut th	_				
• •								-						
				ted organizations described in s						section				
				the type of supporting organizati			ı							
		a Type	· ·	c Type III–Function			d				ionally ir	ntegra	ted	
е				ganization is not controlled direc										
				er than one or more publicly sup	ported or	ganizatio	ns descr	ibed in s	ection	509(a)(1)			
		or section 50	9(a)(2).											
f		If the organiz	ation received a written dete	ermination from the IRS that it is	a Type I,	Type II,	or Type	III suppo	orting					
		organization,	check this box											
g		Since Augus	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of tl	ne							
		following per	rsons?											
		(i) A persor	n who directly or indirectly co	ontrols, either alone or together	with perso	ns descr	ibed in (ii) and					Yes	No
			w, the governing body of the		•			,			ſ	11g(i)		
			member of a person descri								[11g(ii)		
				described in (i) or (ii) above?										
L			· ·	., .,							t	11g(iii)	L	L
				he supported organization(s).	T# \				T	T				
(e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	(iv) Is the c	•		rou notify nization in	(VI) organizat	s the	(vii) A		of monet	ary
	0,8	ar iization		above or IRC section		document?		of your		zed in the		supp	ort	
				(see instructions))			sup	oort?	U.	S.?				
					Yes	No	Yes	No	Yes	No				
(A)														
(B)														
(C)													***************************************	
(D)														
		****			<u> </u>									
(E)														
							<u> </u>							
T - 1	_1													
Tota	11		I		400000000000000000000000000000000000000	Parasa (1986)	1	100000000000000000000000000000000000000	100000000000000000000000000000000000000	1000000000000				

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						·
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						
	tion B. Total Support	•					
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						-
12	Gross receipts from related activities, etc.	(see instructions)				12	
13	First five years. If the Form 990 is for the	organization's firs					
	organization, check this box and stop her						
Sec	tion C. Computation of Public Sเ						
14	Public support percentage for 2012 (line 6	, column (f) divide	d by line 11, colum	nn (f))		14	%
15	Public support percentage from 2011 Scho	edule A, Part II, lin	e 14			15	%_
16a	33 1/3% support test—2012. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more, o	heck this	
	box and stop here . The organization qual	ifies as a publicly s	supported organiza	ation			
b	33 1/3% support test—2011. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3% or m	ore,	
	check this box and stop here. The organiz	zation qualifies as	a publicly supporte	ed organization			
17a	10%-facts-and-circumstances test—201	I2. If the organizat	ion did not check a	a box on line 13, 16	6a, or 16b, and line	e 14 is	
	10% or more, and if the organization meet						
	Part IV how the organization meets the "fa organization						>
b	10%-facts-and-circumstances test—201	I1. If the organizat	ion did not check a	a box on line 13, 10	6a, 16b, or 17a, an	d line	
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	" test, check this b	oox and stop here .		
	Explain in Part IV how the organization me	eets the "facts-and	-circumstances" te	est. The organization	on qualifies as a pu	ublicly	
	supported organization					*****************	▶ □
18	Private foundation. If the organization did	d not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and se	е	
	instructions						

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

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

Sec	tion A. Public Support	quanty arraor ar				/	
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	624,384	636,436	413,240	455,610	568,685	2,698,355
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	1,410,818	1,508,704	1,596,635	1,455,765	1,267,329	7,239,251
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	2,035,202	2,145,140	2,009,875	1,911,375	1,836,014	9,937,606
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						
	Add lines 7a and 7b	300000000000000000000000000000000000000	000000000000000000000000000000000000000				
8	Public support (Subtract line 7c from line 6.)						9,937,606
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	2,035,202	2,145,140	2,009,875	1,911,375	1,836,014	9,937,606
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-26,916	174,327	129,761	154,218	136,743	568,133
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	***************************************					
С	Add lines 10a and 10b	-26,916	174,327	129,761	154,218	136,743	568,133
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	2,008,286	2,319,467	2,139,636	2,065,593	1,972,757	10,505,739
14	First five years. If the Form 990 is for the						20/303/703
	organization, check this box and stop her						>
Sec	tion C. Computation of Public S					·	
15	Public support percentage for 2012 (line 8	3, column (f) divided	l by line 13, colum	n (f))		15	94.59%
16	Public support percentage from 2011 Sch	edule A, Part III, lin	e 15	 	·		94.50%
	tion D. Computation of Investme					T 4= T	0/
17 18	Investment income percentage for 2012 (Investment income percentage from 2011		U 15mm 47			40	5 %
10 19a	33 1/3% support tests—2012. If the orga			14 and line 15 is		 	5 %
ıza	17 is not more than 33 1/3%, check this b	oox and stop here .	The organization o	qualifies as a public	ly supported orga	nization	> X
b	33 1/3% support tests—2011. If the orga					·	. —
	line 18 is not more than 33 1/3%, check the	-	=	•			▶ ∐
<u>20</u>	Private foundation. If the organization di	a not check a box o	on line 14, 19a, or	19b, check this box	k and see instructi	ons	

	orm 990 or 990-EZ) 2012				62-0579243	Page 4
Part IV	Part II, line 17a or instructions).	ormation. Com 17b; and Part III	piete this part to , line 12. Also co	provide the explana complete this part for	ations required by Part II, line 10; any additional information. (See	
		······································				
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Open to Public Inspection

Employer identification number

Name of the organization ST. MARY'S ORPHANAGE D/B/A ST. MARY VILLA

62-0579243 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 Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 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)? In Part XIII. describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X.

Pa	rt III Organizations Maintainin	g Collections of	Art, Historical Tr	easures, or Ot	<u>her Similar</u> A	ssets	(contir	ued)	
3	Using the organization's acquisition, access collection items (check all that apply):	ion, and other records	, check any of the follo	owing that are a sign	nificant use of its				
а	Public exhibition	d L	oan or exchange prog	rams					
b	Scholarly research								
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	how they further the o	rganization's exemr	ot purpose in Part				
	XIII.			·ga····p					
5	During the year, did the organization solicit	or receive donations o	f art historical treasur	es or other similar					
•	assets to be sold to raise funds rather than		•	·			Ye	e 🗌	No
Pa	rt IV Escrow and Custodial Ar				ed "Yes" to Fo	rm 990		THE PERSON NAMED IN	140
	line 9, or reported an amou	_		inzation anowers	00 100 101 0	,,,,,	o, i dit	٠٧,	
1a	Is the organization an agent, trustee, custoo			other assets not					
14	in alcolated on Forms 000 Don't VO		•				Ye		No
h	If "Yes," explain the arrangement in Part XII		lowing table:					5	NO
D	ii res, explain the arrangement in Fait An	i and complete the ion	lowing table.				Amount		
	Poginning holongo				4-		Amount		
						· · · · · · · · · · · · · · · · · · ·			
a	Additions during the year		. i		1d				
	Distributions during the year				1 1				
	Ending balance								
	Did the organization include an amount on						Ye	s 📙	No
	If "Yes," explain the arrangement in Part XII				00 D-d IV C-	- 40			
Г, с	rt V Endowment Funds. Com								
	.	(a) Current year	(b) Prior year 2,932,340	(c) Two years back	(d) Three years		(e) Four	years b	ack
	Beginning of year balance	2,780,503	2,932,340	2,465,99	2,294	, 151			
	Contributions			····					
С	Net investment earnings, gains, and	106 000	445 604	404 80					
	losses	136,023	115,681	484,70	186	,601			
	Grants or scholarships								
е	Other expenditures for facilities and								
	programs	-22,407	-20,468	-18,36	51 -15	,360			
f	Administrative expenses								
g	End of year balance	2,925,529			2,465	,998			
2	Provide the estimated percentage of the cu		e (line 1g, column (a))	held as:					
	Board designated or quasi-endowment	17.71%							
	Permanent endowment ► 82.29 %								
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the poss	ession of the organiza	tion that are held and	administered for the	,				
	organization by:	•						Yes	No
	(i) unrelated organizations						3a(i)	X	
	(ii) related organizations						3a(ii)		_ <u>X</u> _
b	If "Yes" to 3a(ii), are the related organizatio	ns listed as required o	n Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	ne organization's endo	wment funds.			· · · · · · · · · · · · · · · · · · ·			
Pa	art VI Land, Buildings, and Equ	<mark>uipment.</mark> See For	m 990, Part X, line	e 10.					
	Description of property	(a) Cost or other b	easis (b) Cost or o	ther basis (c) Accumulated		(d) Book	value	,
		(investment)	(othe	er)	depreciation				
1a	Land								
b	Buildings								
С	Leasehold improvements			50,632	446,37			4,:	254
	Equipment		1'	71,495	160,93	8		10,	557
е	Other		·						
Tota	I. Add lines 1a through 1e. (Column (d) musi	equal Form 990, Part	X, column (B), line 10)(c).)		•		14,	811

Part VII Investments—Other Securities. See Form		02-03/9243	Page 3
(a) Description of security or category	(b) Book value	(c) Method of valuatio	
(including name of security)		Cost or end-of-year market	value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	>		
Part VIII Investments—Program Related. See Form	990, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuatio	n:
		Cost or end-of-year market	value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description	,		(b) Book value
(1)			(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		:	
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part X, line			
1. (a) Description of liability	(b) Book value	_	
(1) Federal income taxes		_	
(2)		_	
(3) (4)		\dashv	
(5)		\dashv	
(6)		\dashv	
(7)		-	
(8)		_	
(9)			
(10)		_	
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	>		
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote.	ote to the organization's final	ncial statements that reports the organi	zation's
liability for uncertain tax positions under FIN 48 (ASC 740). Check here	if the text of the footnote has	been provided in Part XIII	П

	dule D (Form 990) 2012 ST. MARY S ORPHANAGE D/B/A	62-05792	
Pε	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per R	eturn
1	Total revenue, gains, and other support per audited financial statements		1 2,152,355
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		, , , , , , , , , , , , , , , , , , , ,
а		2a 172,70	9
b	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	
d	Other (Describe in Part VIII.)	2d	\dashv
			172 700
	=		2e 172,709
3	Subtract line 2e from line 1		3 1,979,646
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	_
b	Other (Describe in Part XIII.)	4b	_
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 1,979,646
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With Expenses per	Return
1	Total expenses and losses per audited financial statements		1 1,904,081
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	-	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Prior year adjustments Other losses		-
d		2d	
	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3 1,904,081
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		_
b	Other (Describe in Part XIII.)	4b	
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5 1,904,081
D-	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li	ines 1a and 4; Part IV, lines 1b a	and 2b;
Com			
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li		
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con		
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con		
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional
Com Part	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, li V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also con mation.	nplete this part to provide any ad	lditional

Schedule D (Fo	orm 990) 2012	ST. MARY	S ORPHANAGE	D/B/A	62-0579243	Page 5
Part XIII	Supplemen	tal Information	S ORPHANAGE (continued)			
			(0011011010101)			
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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 **2012**

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

Pepartment of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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 11B - 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**

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Name(s) shown on return

ST. MARY'S ORPHANAGE D/B/A

ST. MARY VILLA

(99)

Identifying number 62-0579243

	iss or activity to which this form relates NDIRECT DEPRECIA	TTON						
000000000000000000000000000000000000000		ense Certain Prop	erty Under Secti	ion 179				
***********		any listed property			omplete Part	1.		
1	Maximum amount (see instructi	!===\					1	500,000
2	Total cost of section 179 proper		e instructions)				2	
3	Threshold cost of section 179 p	roperty before reduction	n in limitation (see inst	tructions)			3	2,000,000
4	Reduction in limitation. Subtract	t line 3 from line 2. If ze	ro or less, enter -0-				4	
5	Dollar limitation for tax year. Subtract		The state of the s				5	
6		otion of property		Cost (business use or		Elected cost		

7	Listed property. Enter the amou	int from line 29			7			
8	Total elected cost of section 17		ts in column (c), lines	6 and 7			8	
9	Tentative deduction. Enter the s	smaller of line 5 or line					9	
10	Carryover of disallowed deducti						10	
11	Business income limitation. Ent	er the smaller of busine	ess income (not less th	nan zero) or line	5 (see instruction	ns)	11	
12	Section 179 expense deduction	. Add lines 9 and 10. bu	ut do not enter more th	nan line 11			12	
13	Carryover of disallowed deducti	on to 2013. Add lines 9	and 10. less line 12	>	13			
Note	: Do not use Part II or Part III bel							
STREET, STREET	The state of the s	ation Allowance a		iation (Do no	ot include list	ed proper	rty)	(See instructions)
14	Special depreciation allowance					ou propor	<u>.y.,</u>	(GGG MIGH GGHGHG)
	during the tax year (see instruct			• , .			14	
15	Property subject to section 168(15	
16	Other depreciation (including A	CRS)		*****************			16	10,283
Transport	rt III MACRS Depreci	ation (Do not inclu	ide listed property	(See instru	ctions)		-10	10,203
		<u> </u>	Section		otiono.)			
17	MACRS deductions for assets p	placed in service in tax y	vears beginning before	2012		Ī	17	0
18	If you are electing to group any assets pla							
		–Assets Placed in Ser					/stem	1
		(b) Month and year	(c) Basis for depreciation		T	T		
	(a) Classification of property	placed in service	(business/investment use only-see instructions)		(e) Convention	(f) Metho	d	(g) Depreciation deduction
19a	3-year property	5014100	orny=see mandenone)					
<u> </u>	5-year property					 		
	7-year property							
d	10-year property	\dashv						
	15-year property	\neg						
f	20-year property							
	25-year property	_		25 yrs.		S/L		
y _	Residential rental			27.5 yrs.	. DANA	S/L		
•••	property				MM MM	 		
i	Nonresidential real			27.5 yrs.	MM	S/L	*************	
•	property			39 yrs.	MM	S/L		
************		Assets Placed in Servi	ice During 2012 Tay	Vear Heing the		S/L	Svoto	<u> </u>
 20a	Class life	100010111000011100111	During 2012 Tax	Teal Using the	Alternative Dep	T	byste	
		\dashv		10.000		S/L		
	12-year 40-year			12 yrs.	N A N A	S/L		
********	ı rt IV Summary (See ir	netructions \		40 yrs.	MM	S/L		<u> </u>
	Listed property. Enter amount fr			***************************************		· T		
21			inos 10 and 20 iii		04 =====		21	
22	Total. Add amounts from line 12						00	10 000
22	and on the appropriate lines of y				s		22	10,283
23	For assets shown above and pla portion of the basis attributable		ne current year, enter	rne .				
		to section 263A costs			23			- AECO