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<b>efile GRAPHIC print - DO NOT PROCESS</b>	<b>LATEST DATA - Production</b>	<b>DLN: 93493138008029</b>
Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>  ► The organization may have to use a copy of this return to satisfy state reporting requirements.	OMB No. 1545-0047  <b>2008</b>  <b>Open to Public Inspection</b>

**A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C</b> Name of organization ALTRU HEALTH FOUNDATION  Doing Business As  Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 6002  City or town, state or country, and ZIP + 4 GRAND FORKS, ND 58206	<b>D</b> Employer identification number 45-0368330  <b>E</b> Telephone number (701) 780-5200  <b>G</b> Enter gross receipts \$ 4,619,779
<b>F</b> Name and address of principal officer: JON GREEN PO BOX 6002 GRAND FORKS, ND 58206		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If "No," attach a list. See instructions.)  <b>H(c)</b> Group exemption number ►	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Web site: ► WWW.ALTRU.ORG	
<b>K</b> Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other►		<b>L</b> Year of Formation: 1982 <b>M</b> State of legal domicile. ND	

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: Altru Health Foundation's primary role is to raise money to support the mission and corporate operations of other not-for-profit corporations within the Altru family. Donations to the Foundation may be realized through outright gifts of cash, stock or property, bequests, various planned or deferred gifts, and grants by individuals, private businesses, publicly held corporations, other philanthropic foundations and government granting agencies. See Additional Data Table See Additional Data Table See Additional Data Table		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	14
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	10
<b>5</b>	Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	5
<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	47
<b>7a</b>	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	
		<b>Prior Year</b>	<b>Current Year</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	1,521,294	1,297,093
<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .		0
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d, ) . . . . .	459,671	56,345
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, and 10c, and 11e) . . . . .	293,393	-51,212
<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	2,274,358	1,302,226
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	1,144,516	1,387,835
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		0
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	278,536	307,422
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		295
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ► 251,395		
<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	199,802	88,116
<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	1,622,854	1,783,668
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .	651,504	-481,442
		<b>Beginning of Year</b>	<b>End of Year</b>

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DLN: 93493138008029

**SCHEDULE A**  
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No 1545-0047

**2008**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceTo be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.

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

Name of the organization  
ALTRU HEALTH FOUNDATION

Employer identification number

45-0368330

**Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)**The organization is not a private foundation because it is (Please check only **one** applicable box.)

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

	Yes	No
<b>11g(i)</b>		No
<b>11g(ii)</b>		No
<b>11g(iii)</b>		No

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section )	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U.S.?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ALTRU HEALTH SYSTEM	450310462	3	Yes		Yes		Yes		1379915
ALTRU HEALTH RESOURCES	450368332	11	Yes		Yes		Yes		7920
<b>Total</b>									1,387,835

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

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Schedule A (Form 990 or 990-EZ) 2008