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DLN: 93493133047260

OMB No 1545-0047

2008

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

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

benefit trust or private foundation)

Open to Public

		2000			0			Inspection						
			<u> </u>	ax year beginning 07-01-200 ne of organization	8 and ending 06-30-200	) <del>9</del>	D Employer id	entification number						
_		oplicable Please	Saın	t John's Foundation Inc			25 205260	12						
_	dress ch	label o	r Doir	ng Business As			35-205369 E Telephone n							
Naı 	me char	nge print o type. S					(765) 646	0.7.7.2						
Inıt	tal retur	n Specifi Instruc	_ I Null	nber and street (or P O box if mail	is not delivered to street addr	ess) Room/suite	(765) 646- G Gross receip							
Ter	mınatıo		201	5 Jackson Street			d dross receip	<b>113</b> \$ 174,190						
– Am	ended r	eturn		or town, state or country, and ZIP	+ 4		1							
– Apr	olication	pending	Ande	erson, IN 460164339										
			N	1 - 4 d		1								
			n Vanosdo	l address of Principal Officer ol			ns a group returr ates?	n for						
			.5 Jackso				ates.	) 165 J NO						
		<u> </u>		460164339		H(b) Are a	ll affiliates includ	ed?						
Ia	x-exem	pt status 🔽 50	01(c) ( 3 ) ·	◀ (Insert no )	J 527	_		t See instructions )						
W	eb site	e: 🕨 www.stvinc	ent org			H(c) Gro	up Exemption Nu	ımber 🟲						
						1,								
(Тур	e of org	anization 🔽 Corp	oration	trust association other 🕨		<b>L</b> Year of F	ormation 1998 M	State of legal domicile IN						
Pa	rt I	Summary												
	1	Briefly describe	e the orga	nızatıon's mıssıon or most s	ignificant activities									
		To care compa	ssionatel	y for those we serve with dec	dication to excellence and	d Christian id	eals							
<u> </u>				•										
₫														
ankellidilike	2	Check this box 🗔 if the organization discontinued its operations or disposed of more than 25% of its assets												
5			'			12								
			_	ers of the governing body (Pa voting members of the gover										
ĵ.														
				es (Part V, line 2a)	5 .	0								
AVUITURES &				ers (estimate if necessary)			6.							
•				siness revenue from Part VI			7a <sub>-</sub>	0						
	ь	Net unrelated b	ousiness	taxable income from Form 99	90-1, line 34		7Ь	0						
a							or Year	Current Year						
	8	Contributions	and gran	ts (Part VIII, line 1h)		•	484,071	787,793						
Ĕ	9	Program servi	ice reveni	ue (Part VIII, line 2g)	•		0							
Ravenue	10	Investment in	ncome (Pa	rt VIII, column (A), lines 3,	4, and 7d)		335,412	-658,852						
_	11	Other revenue	e (Part VI	II, column (A), lines 5, 6d, 8		525	26,676							
	12		—add line	s 8 through 11 (must equal	ne	820,008	155,617							
	13	12)	mularamo	unts paid (Part IX, column (		374,838	· · · · · · · · · · · · · · · · · · ·							
							374,838	586,332						
	14	·		nembers (Part IX, column (A	_		0							
82	15	Salaries, othe	rcompen	sation, employee benefits (P		0								
Expenses	16a	•	undraisin	g fees (Part IX, column (A),			0							
÷	ь			Part IX, column (D), line 25 $\frac{0}{1}$	,									
Ω				X, column (A), lines 11a-11	/			0						
	17 18	•	-		•		274 929	586,332						
				nes 13–17 (must equal Part			374,838	<u> </u>						
<u> </u>	19	Revenue less	expenses	S Subtract line 18 from line	12		445,170	-430,715						
net Assets ta Fund Balances						Beginr	ning of Year	End of Year						
<del>}</del> %	20	Total assets (	(Part X, III	ne 16)			4,874,741	4,498,961						
, E	21	Total liabilitie	s (Part X,	line 26)			157,153	281,514						
	22	Net assets or	fund bala	nces Subtract line 21 from	line 20		4,717,588	4,217,447						
Pai	rt II	Signature	Block											
				declare that I have examined this	return, including accompanying	g schedules and	statements, and to	the best of my knowledge						
		and belief, it is tr	ue, correct,	and complete Declaration of prep	arer (other than officer) is bas	ed on all informa	ition of which prepa	rer has any knowledge						
Plea		<b> </b>					0-05-13							
ign Iero		Signature of o	officer			Date	2							
161	u	Tom Vanosdo												
		Type or print	name and t	itle										
		Preparer's			Date	Check If	Preparer's PTIN	(See Gen Inst )						
Paid		signature				self- empolyed ▶ <b></b>	-							
	arer's	Firm's name (or y	yours <b>L</b> De	eloitte Tax LLP										
	Only	if self-employed), address, and ZIP	, <b>P</b> _				EIN Þ							
	-	auuress, anu ZIP	± + · 11	1 Monument Circle Suite 2000			Phone no 🕨 (	317) 464-8600						
				dianapolis, IN 462045108			1	<u>,                                    </u>						
1ay 1	the IRS	S discuss this r	eturn with	n the preparer shown above?	(See instructions)			▼ Yes						

## Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organ	nization's mission								
See A	dditional Data Table									
2	Did the organization un the prior Form 990 or		ogram services during the yea	ar which were not listed on	Yes ▽ No					
	If "Yes," describe thes	e new services on Schedu	le O							
3	Did the organization co	ease conducting or make s	ıgnıfıcant changes ın how ıt co		Yes ☑ No					
	If "Yes," describe thes	e changes on Schedule O								
4	Section 501(c)(3) and	l (4) organizations and 494		e largest program services by exp report the amount of grants and a ted						
4a	(Code	) (Expenses \$	586,332 including grants of \$	586,332 ) (Revenue \$	26,676 )					
	seven, three evenings per space and medical supplic care providers have contri	r week Nurses, physicians, dent es Since 1991, the clinic has ope	ists and other health care providers d rated four days per week, eight hour re costs associated with operations ha	hildren's Clinic in 1973, serving indigent o lonated their services and Saint John's He rs per day, serving children sixteen years ave been provided by gifts and fundraisin	alth System donated the of age and younger Health					
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)					
4d	Other program service (Expenses \$	es (Describe in Schedule	O ) grants of \$	) (Revenue \$	)					
4e	Total program servic	e expenses \$	586,332 Must equal Part I)	Line 25, column (B).						

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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any 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.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11		No
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νo
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III $\Box$	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule  J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Ī
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		
	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	-		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I			No
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		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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	Yes	
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	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent 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		No

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	е				
						Yes	No
1a	Enter	r the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S	S. Information Returns . Enter -0- if not applicable					
			1a	0			
b	Enter	r the number of Forms W-2G included in line 1a Enter -0- if not applicable	41				
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1c	Yes	
2a	_	ng (gambling) winnings to prize winners?				163	
Za		ments filed for the calendar year ending with or within the year covered by this					
	returi	n	2a	0			
b		least one is reported in 2a, did the organization file all required federal employm			2b		
<b>3</b> -		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			20		
3a		he organization have unrelated business gross income of \$1,000 or more during n?		year covered by tills	3a		Νο
ь	If "Y∈	es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e	edule	0	3b		
4a	Atan	ny time during the calendar year, did the organization have an interest in, or a si	ıgnatı	ire or other authority			
		a financial account in a foreign country (such as a bank account, securities ac	count	, or other financial	4a		NI -
	acco	unt)?			-TG		<u> N o</u>
b		es," enter the name of the foreign country					
		the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> Received Accounts.	port o	r roreign Bank and			
5a		the organization a party to a prohibited tax shelter transaction at any time durir	na the	tax vear?	5a		 N о
ь		iny taxable party notify the organization that it was or is a party to a prohibited		•			N o
					5b		
С		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exemp</i> Thelter Transaction?	t Entil •	y kegaraing Pronibitea	5c		
6a	Dıd tl	he organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Y∈	es," did the organization include with every solicitation an express statement th	atsu	ch contributions or gifts			
		not tax deductible?			6b		
7	_	nizations that may receive deductible contributions under section 170(c).					
а		he organization provide goods or services in exchange for any quid pro quo conf ?	trıbut	ion of \$75 or	7a		N o
b	If "Ye	es," did the organization notify the donor of the value of the goods or services pi	rovide	d?	7b		
c	Dıd tl	he organization sell, exchange, or otherwise dispose of tangible personal propei	rty for	which it was required to			
		orm 8282?			7c		N o
d	If "Y∈	es," indicate the number of Forms 8282 filed during the year	7d				
e	Did tl	he organization, during the year, receive any funds, directly or indirectly, to pay	prem	nums on a personal			
		fit contract?			7e		Νο
f	Dıd tl	he organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		Νο
g	Fora	ll contributions of qualified intellectual property, did the organization file Form 8	899	as required?	7g		
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi	ıle a F	orm 1098-C as			
_	•	red?			7h		
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a orting organizations. Did the supporting organization, or a fund maintained by a s					
	exces	ss business holdings at any time during the	F		8		
		·					
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
a		he organization make any taxable distributions under section 4966?			9a		
ь		he organization make a distribution to a donor, donor advisor, or related person	· ·		9b		
10		on 501(c)(7) organizations. Enter	10:	I			
		ation fees and capital contributions included on Part VIII, line 12	10a				
D	facilit	s receipts, included on Form 990, Part VIII, line 12, for public use of club ties	10b				
11	Secti	ion 501(c)(12) organizations Enter					
а	Gross	s income from members or shareholders					
			11a				
b		s income from other sources (Do not net amounts due or paid to other sources ast amounts due or received from them )	11b				
	-	, in the second of the second		l			
		on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I	lieu	of Form 1041?	12a		
b	If "Ye year	es," enter the amount of tax-exempt interest received or accrued during the	12b				

6

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	ı, desc	ribe the circumstances,
а	Enter the number of voting members of the governing body	1a	12
ь	Enter the number of voting members that are independent	1b	1:

	other officer, director, trustee, or key employee?
3	Did the organization delegate control over management duties customarily performed by or under the direct
	supervision of officers, directors or trustees, or key employees to a management company or other person? .
_	

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any

Did the organiz	atıor	n make any	significant	changes to	ıts orga	anızatıonal	documents	since th	e prior	Form 990	) was
- · · · ·							6				

The time organization become united the year of a material art of the organization of account
Does the organization have members or stockholders?
Does the organization have members, stockholders, or other persons who may elect one or more members of the

	Does the organiza	tıon	have	men	nber	s, s	tock	cholo	ders	, or	other	pers	ons	who	may	elect	one	or	more	e m	nembe	∍rs	of the
	governing body?						-																
h	Are any decisions	of t	he ac	vern	ına h	hody	/ S I I	hiec	t to	ann	roval	hv m	emh	ers	stoc	khold	ers	or	other	r ne	erson	5?	

D	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during t	:he
	year by the following	

	Did the digamization contemporaneously document the meetings held of written detions undertaken during the
	year by the following
<b>a</b>	the governing hody?

b	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chapters, branches, or affiliates? .						

ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch c	hap	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All	orga	anıza	ition	15
must describe in Schedule O the process, if any, the organization uses to review the Form 990		•	٠	

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached a	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	

7b	Yes	
8a	Yes	
8b	Yes	
9a	Yes	
9b	Yes	
10	Yes	
11		No
9b 10	Yes	No

Yes

Yes

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
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			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
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?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed IN
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you 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. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Donald Apple 2015 Jackson Street Anderson, IN 46016 (765) 646-8132

#### 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. Use Schedule J-2 if additional space is needed

- \* List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0 - in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

🔽 Check this box if the organization did not compensate any officer, director, trustee or key employee

		Posit	(C lon (d hat a	chec		l			(E)	(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustea or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Tom Vanosdol , President	50	Х		Х				0	192,888	24,852
Marion Hovermale , Chair	50	Х		Х				0	0	0
Richard L Gross , Emeritus	50	Х						0	0	0
Sister Kathleen Reilly , Secretary	50	Х		Х				0	0	0
Robert E Loose , Treasurer	50	X		Х				0	0	0
Frank Amos , Director	50	Χ						0	0	0
Bobbette Snyder , Director	50	X						0	0	0
Nancy Phenis-Bourke , Director	50	Χ						0	0	0
Charles R King MD , Director	50							0	0	0
Charles F Braddock , Director	50	Х						0	0	0
Frank Campbell MD , Director	50							0	0	0
Anıta Canaday , Dırector	50	Х						0	0	0

#### Part VIII Continued

			(i ition that a			all			(E)	(F)
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	compensation from the	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
			<u> </u>							
			1		-					
1b Total							►	C	192,888	24,852

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	0

| v-- |

Part Statement of Revenue VIII

					<b>(A)</b> Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	paigns 1a	1				314
gifts, grants illar amounts	ь	Membership du	es					
Σ. E	c	Fundraising eve	nts 1c					
£ ä	d	Related organiz	ations 1 <b>d</b>					
% E	e	Government grants	(contributions) <b>1e</b>					
돌	f	All other contribution	ns, gifts, grants, and 1f	787,793				
호 로 함	g	sımılar amounts no	t included above butions included in					
Contributions, and other simil	•							
္မ	h	Total (Add lines	s 1a-1f)		787,793 			
<b>Q</b>				Business Code				
eun	2a							
æ	ь							
90	c							
ē. E	d							
S =	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Ř	g	Total. Add lines	· 2a-2f					
	3		ome (including dividen					
			nounts)		-658,852			-658,852
	4	Income from inves	tment of tax-exempt bond	proceeds 🕨				
	5	Royalties		•				
			(ı) Real	(11) Personal				
	6a	Gross Rents						
	Ь	Less rental expenses						
	c	Rental income or (loss)						
	d	, ,	me or (loss)					
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	ь	Less cost or						
		other basis and sales expenses						
	c	Gain or (loss)						
	d		s)					
	8a	Gross income frevents (not incl						
<u>n</u> e		of contributions	reported on line 1c)					
Other Revenue		See Part IV , lin Attach Schedule	e 18 <i>G ıf total exceeds</i>					
ě			a					
<u>.</u>	ь	Less direct exp	penses b	18,581				
¥	c	Net income or (	loss) from fundraising	events 🕨	26,676	26,676		
•	9a	See part IV, lin						
		\$15,000	ıle G ıf total exceeds					
			а					
	ь		penses b					
	c		loss) from gamıng actı	vities				
	10a	Gross sales of i						
			a					
	ь	Less cost of go	oods sold <b>b</b>					
	С	Net income or (	loss) from sales of inv	entory 🕨				
		Miscellaneous	Revenue	Business Code				
	11a							
	ь							
	c							
	d	All other revenu	ne					
	e e	Total. Add lines	11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	155,617	26,676	0	-658,852
	I	9c. 10c. and 11	.e	▶ .				

# Form 990 (2008) Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orga All other organizations must complete column (A) but are not re				
	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$	586,332	586,332		
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				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising 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				
17	Travel				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 )				
1					
25	Total functional expenses. Add lines 1 through 24f	586,332	586,332	0	0
26	Joint Costs. Check I 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
	1	Cash—non-interest-bearing		530,178	1	924,244
	1	•		· · · · · · · · · · · · · · · · · · ·	2	
	1			157,153	3	281,514
	4		· · · · · ·	,	4	· · · · · · · · · · · · · · · · · · ·
	5	Receivables from current and former officers, directors, trustees, key employ	ees or		5	
	6	Receivables from other disqualified persons (as defined under section 4958)			6	
	7		.		7	
	8				8	
8			_		9	
ĕ	10a	<b>,</b> , <b>,</b> ,,				
Assets		Land, buildings, and equipment cost basis				
	Ь				10c	
	11			4,187,410		3,293,203
	12	Investments—other securities See Part IV, line 11 Complete Part VII of		,,,,,,,	12	
	13	Investments—program-related See Part IV, line 11 Complete Part VIII			13	
	14				14	
	Pledges and grants receivable, net					
					15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		4,874,741	16	4,498,961
	17	Accounts payable and accrued expenses .			17	
	18	Grants payable			18	
	19	Deferred revenue		157,153	19	281,514
	20	Tax-exempt bond liabilities			20	
<u>ā</u>	21	Escrow account liability Complete Part IV of Schedule D			21	
abilit.	22	, , , , , , , , , , , , , , , , , , , ,				
Ï		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			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		157,153	26	281,514
S D O						
e E	27	Unrestricted net assets		423,496	27	0
Balance	28	Temporarily restricted net assets			28	3,714,524
Þ	29	Permanently restricted net assets		4,294,092	29	502,923
or Fund		•				
	30				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Ą	32	Retained earnings, endowment, accumulated income, or other funds			32	
Ŋĕţ	33	Total net assets or fund balances		4,717,588	33	4,217,447
Z	34	Total liabilities and net assets/fund balances		4,874,741	34	4,498,961
	•					
Pa	rt XI	Financial Statements and Reporting				


			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νo
С	If "Yes" to lines 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?	2c		
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?	3a		Νo
b	If "Yes." did the organization undergo the required audit or audits?	3b		

Employer identification number

## OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

To 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.

Open to Public Inspection

Saint	John's	Foundation Inc						25	205260	•		
Pa	rt I	Reason	for Public C	harity Status (to be co	mpleted	bv all or	ganızatı		-205369: : Instruct			
				ation because it is (Please					. 111001 000	.0110)		
1	Γ	A church, o	onvention of ch	nurches, or association of ch	nurches de	escribed i	n Section	170(b)(1)	(A)(i).			
2	Γ	A school d	escribed in <b>Sec</b> l	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedı	ıle E )						
3	$\Gamma$	A hospital	or a cooperativ	e hospital service organizati	ıon descrı	bed in <b>Sec</b>	ct ion 170(	<b>b)(1)(A)(</b> i	iii). (A ttac	h Schedul	le H)	
4	$\sqcap$	A medical	research organı	zatıon operated ın conjunctı	on with a	hospital d	lescribed	n Section	170(b)(1)	(A)(iii). E	nter the	
		hospital's i	name, city, and	state								
5	Γ	An organiz	atıon operated f	or the benefit of a college or	universit	y owned o	r operate	d by a gov	ernmental	unıt desc	rıbed ın	
		Section 17	0(b)(1)(A)(iv).	(Complete Part II )								
6	Г	A federal, s	state, or local g	overnment or governmental	unıt desc	rıbed ın <b>S</b> e	ection 170	(b)(1)(A)	(v).			
7	Г	An organiz	ation that norm	ally receives a substantial p	art of its	support fr	om a gove	rnmental u	unit or fron	n the gene	eral publi	с
	_	described i	n Section 170(l	o)(1)(A)(vi) (Complete Par	tII)							
8			•	ed in <b>Section 170(b)(1)(A)</b>		•	•					
9	ı			ally receives (1) more than								SS
		· ·		ated to its exempt functions	_		· ·		-			
			_	estment income and unrelate			`			k) from bu	sınesses	
	_			on after June 30, 1975 See								
10	ı T	-	-	and operated exclusively to	•		•				•	•
11	~	•	•	and operated exclusively fo orted organizations describe		, ,			•	,		
				type of supporting organiza							(,(-,	
		a 🔽 T	ype I <b>b</b>	Type II <b>c</b>	Type III	- Functio	nally Inte	grated	d	Гтуре	III - Ot	her
e	굣		-	rtify that the organization is								
		section 50		agers and other than one or	more pub	licly supp	ortea orga	inizations	aescribea	in section	1509(a)(	1) or
f				d a written determination fro	m the IR	5 that it is	a Type I,	Type II o	r Type III	supportin	ng organi:	zation,
		check this				_						Г
g		Since Augu following pe		as the organization accepte	d any gift	or contrib	ution from	n any of the	9			
				r indirectly controls, either a	alone or to	ogether wi	ıth person	s describe	d ın (ıı)		Yes	No
			•	ng body of the the supported		=	•		. ,	11g	_	No
		(ii) a family	y member of a p	erson described in (i) above	2					11g(		No
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) a	bove?				11g(	iii)	Νο
h		Provide the	following infori	nation about the organizatio	ns the or	ganızatıon	supports				•	
		ame of	(ii) EIN	(iii) Type of organization		s the		you notify	1	s the		nount of
		ported		(described on lines 1-9 above or IRC section		ation in listed in		anızatıon	_	ation in	supp	ort?
	Organ	nızatıon		(See Instructions)		verning		<b>i)</b> of your port?		rganized US?		
				(,,		ment?		F				
					Yes	No	Yes	No	Yes	No		
		1adison										
	nty Hea em Inc	IUI	350876389	3	Yes		Yes		Yes		(	504913
							1	1				
							1	<del> </del>				
							1	1				
	.1						+	+				604,913
	• •		ı	i .	1		1	1	1		1	001,010

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(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 The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	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 instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, Check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	<b>(e)</b> 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

#### **Additional Data**

Software ID: Software Version:

**EIN:** 35-2053693

Name: Saint John's Foundation Inc

#### Form 990, Part III, Line 1 - Briefly describe the organization's mission:

Saint John's Foundation is conducted for charitable, benevolent, educational and health care purposes. The foundation is a non-profit corporation organized to raise funds for specific projects of Saint John's Health System of St. Vincent Madison County Health System, Inc. primarily the Children's Clinic. Such programs are staffed and operated with direct involvement of Saint John's Health System for the purposes of providing general health care and facilities for children in need of health care on an outpatient basis without regard to race, creed, color, national origin, or sex, without charge. The cost of the services is defrayed by donations of services and from gifts and grants used for the care of poor children.

DLN: 93493133047260

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** Saint John's Foundation Inc

			135-2053693
Par	Organizations Maintaining Donor A organization answered "Yes" to Form 9		unds or Accounts. Complete if the
		(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> T	Total number at end of year		
2 /	Aggregate Contributions to (during year)		
3 /	Aggregate Grants from (during year)		
<b>4</b> /	Aggregate value at end of year		
	Did the organization inform all donors and donor adv funds are the organization's property, subject to the	_	nor advised Yes No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit?		
Part	Conservation Easements. Complete	e if the organization answered "Yes" t	o Form 990, Part IV, line 7.
1       	Purpose(s) of conservation easements held by the of the preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space	tion or pleasure)	n historically importantly land area ertified historic structure
	Complete lines 2a-2d if the organization held a qua on the last day of the tax year	lified conservation contribution in the form	Held at the End of the Yea
а	Total number of conservation easements		2a
b		<b>L</b> .	2b
	Total acreage restricted by conservation easemen		
с	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in (c)	acquired after 8/17/06	2d
ı	Number of conservation easements modified, transf	ferred, released, extinguished, or terminate	ed by the organization during
1	the taxable year ►		
.	Number of states where property subject to conserv	vation easement is located ►	
	Does the organization have a written policy regardir enforcement of the conservation easements it holds		ations, and Yes No
	Staff or volunteer hours devoted to monitoring, insp	ecting and enforcing easements during the	year 🕨
,	A mount of expenses incurred in monitoring, inspect	ing, and enforcing easements during the y	ear ► \$
	Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of sec	Yes No
- 1	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financia ments	I statements that describes
art	Organizations Maintaining Collecti Complete if the organization answered	·	or Other Similar Assets.
	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets hel provide, in Part XIV, the text of the footnote to its fi	d for public exhibition, education or resear	ch in furtherance of public service,
ı	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research i	
(	(i) Revenues included in Form 990, Part VIII, line	1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
_	If the organization received or held works of art, his following amounts required to be reported under SFA		or financial gain, provide the
a	Revenues included in Form 990, Part VIII, line 1		<b>►</b> \$
ь,	Assets included in Form 990, Part X		<b>►</b> \$

Par	Organizations Maintaining Co	llections of Art	, His	tori	cal Treasur	es, or Othei	Similar Asse	ts (cor	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	ofth	ie foll	-	-	se of its collection	ı	
а	Public exhibition		d	Γ	Loan or excha	nge programs			
b	Scholarly research		e	$\Gamma$	Other				
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	ın hov	v the	further the org	janization's ex	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
Par	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plete	e if the organi		ered "Yes" to Fo	rm 99	0,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	diary	for c	ontributions or	other assets n	ot	Yes	∏ No
b	If "Yes," explain why in Part XIV and comple	te the following tab	le						
							A mou	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Γ,	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete								
		(a)Current Year	(b)	Prior \	'ear (c)Two	Years Back (d)T	hree Years Back (e)	Four Ye	ars Back
1a	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the yea	r end balance held a	is						
а	Board designated or quasi-endowment								
ь	Permanent endowment								
	Term endowment ►								
с За	Are there endowment funds not in the posses organization by	ssion of the organiza	ation	that a	re held and adr	mınıstered for t	:he	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
h	If "Yes" to 3a(II), are the related organizatio	•					3b		
ט	Describe in Part XIV the intended uses of th	e organization's end							
4									
4	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 990, Par	t X, line 10.	T		
4	t VI Investments—Land, Buildings  Description of investment	s, and Equipme	nt. S	(;	orm 990, Par a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par		s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par 1a	Description of investment	s, and Equipme	<u>nt. S</u>	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	( <b>d</b> ) Bo	ok value
4 Par 1a b	Description of investment	s, and Equipme	<u>nt.</u> S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par Par 1a b c	Description of investment  Land	s, and Equipme	nt. S	(;	a) Cost or other	(b)Cost or other	(c) Depreciation	(d) Bo	ok value
Par 1a b c d	Description of investment  Land		· · ·	(i ba	a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12 ) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
			]	
			]	
			]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25 ) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts 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 XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per l	Return
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	A mounts 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 4a	1	
b	Other (Describe in Part XIV)		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	rt XIV Supplemental Information		
Cor	mplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art XIV,	lines 1b and 2b,

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

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Ident if ier	Ret urn Reference	Explanation
		In June 2006, the FASB issued Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48), which clarifies the accounting for uncertainty in income tax positions recognized in financial statements in accordance with FASB Statement No 109, Accounting for Income Taxes FIN 48 prescribes a recognition threshold and measurement attribute for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return Effective June 30, 2007, Saint John's Foundation, Inc adopted FIN 48 The adoption of FIN 48 did not have a material impact on the organization's financial position or results of operations

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DLN: 93493133047260

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

**Supplemental Information Regarding** 

**Fundraising or Gaming Activities** 

Open to Public

nternal revenue e ervice						Inspection
Name of the organization					Employer ider	tification number
Saint John's Foundation Inc					35-2053693	
Part I Fundraising Ac	tivities. Complet	e if the o	rganızatı	ion answered "Yes" f	to Form 990, Part IV	, line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the 1	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
<b>b</b> Email solicitations				f Solicitation of	government grants	
c Phone solicitations				g   Special fundrais	sing events	
d   In-person solicitation:	s					
<b>2a</b> Did the organization have or key employees listed in	•		•			Г <sub>Yes</sub> Г <sub>N</sub>
<b>b</b> If "Yes," list the ten highe to be compensated at leas						
		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	
(i) Name of individual						(vi) A mount paid to
or entity (fundraiser)	(ii) A ctivity					(or retained by)
						organization
		Yes	No			
Total			▶			

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

			(a) Event #1  Golf Classic	<b>(b)</b> Event #2	(c) O ther Events	( <b>d)</b> To	(a) th	
			(event type)	(event type)	(total number)	60	(c))	
ΦŢ	1	Gross receipts	45,257				4 !	5,257
Revenue	2	Less Charitable contributions						
	3	Gross revenue (line 1 minus line 2)	45,257	,			4 !	5,257
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ă	7	Other direct expenses	18,581				18	8,581
Drea	8	Direct expense summary Add line	es 4 through 7 in column	(d)			18	8,581
	9	Net income summary Combine lir	nes 3 and 8 ın column (d)	)			20	6,676
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted mor	e thar	1
Reveilue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) th		
~	1	Gross revenue						
s Sec	2	Cash prizes						
tben	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
۵	5	Other direct expenses						
	6	Volunteer labor	┌ Yes% ┌ No	┌ Yes%	┌ Yes			
	7	Direct expense summary Add lines	s 2 through 5 in column (	d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)	🛌			
9	Ent	er the state(s) in which the organiza	tion operates gaming act	tivities			Yes	No
a		the organization licensed to operate		· · · · · · · · · · · · · · · · · · ·		. 9a		
b	If"	No," Explain						
10a	— Wer	re any of the organization's gaming l	ıcenses revoked, suspen	ded or terminated durin	g the tax year?	10a		
b	If "	Yes," Explain						
11		oc the organization energy	activities with newself	re 2				
11 12		es the organization operate gaming a the organization a grantor, beneficiar				11		
		ned to administer charitable gaming				. 12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493133047260

Schedule I (Form 990)

## Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

2008

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer ident	ification number
Saint John's Foundation Inc						35-2053693	
Part I General Inform	mation on Grar	its and Assistance	1			•	
<ol> <li>Does the organization mathe selection criteria use</li> <li>Describe in Part IV the organization</li> </ol>	d to award the gran rganization's proce	ts or assistance? dures for monitoring th	e use of grant funds in th	e United States			
Form 990, Part : Part IV and Sch	IV, line 21 for an edule I-1 if addit	y recipient that rece ional space is	ived more than \$5,00	00. Check this box i	f no one recipient rec	eived more than \$5	
<b>1(a)</b> Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Vincent Madison County Health System Inc2015 Jackson Street Anderson,IN 46016	35-0876389	501(c)(3)	586,332				O perating grant
2 5 1 1 1 1 1 6	F01/ \/2\						
2 Enter total number of seconganizations					•		1
3 Enter total number of oth	er organızatıons .						▶

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.

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

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

See Additional Data Table

ode i i daliti olidi. Data i dalie								
Ident if ier	Return Reference	Explanation						
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The finance committee ensures that funds are distributed appropriately according to Ascension Health's strategic business plan and consistent with corporate policies and procedures						

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DLN: 93493133047260

OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Department of the Treasury Internal Revenue Service For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization Saint John's Foundation Inc **Employer identification number** 

35-2053693

Рα	Questions Regarding Compensation	<u>n                                    </u>				
		_			Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Γ	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "N			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive		• • • • • • • • • • • • • • • • • • • •	2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all the	hat appl	у			
	Compensation committee	<u> </u>				
	Independent compensation consultant	고	·			
	Form 990 of other organizations	ı	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	paymen	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal nor	nqualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	ompensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr	ovide th	he applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	mplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A, payments not described in lines 5 and 6? If "Yes," o			7		Νo
8	Were any amounts reported in Form 990, Part VII, is subject to the initial contract exception described in Part III		•			NI -

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
Tom Vanosdol (I)	192,888			4,696	20,156	217,740		
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

#### Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation			
-					
	•				

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

## **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

DLN: 93493133047260

Name of the organization Saint John's Foundation Inc  ${\bf Employer\ identification\ number}$ 

35-2053693

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Saint John's Foundation, Inc has a single corporate member, St Vincent Health, Inc

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		Saint John's Foundation, Inc. has a single corporate member, St. Vincent Health, Inc. who has the ability to elect members to the governing body of Saint John's Foundation, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7b		All decisions that have a material impact to Saint John's Foundation, Inc 's financial information or corporation as a whole are subject to approval by its sole corporate member, St. Vincent Health, Inc.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Management, including certain officers, works diligently to complete the Form 990 and attached schedules in a thorough manner. Management presents the Form 990 to a designated committee of the Board to review and answer any questions. Prior to filing the returns, all Board members are provided the Form 990 and management team members are available to answer any Board member questions.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The organization regularly and consistently monitors and enforces compliance with the conflict of interest policy in that any director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the directors and members of the committee with governing board delegated powers considering the proposed transaction or arrangement. The remaining individuals on the governing board or committee meeting will decide if conflicts of interest exist. Each director, principal officer and member of a committee with governing board delegated powers annually signs a statement which affirms such person has received a copy of the conflicts of interest policy, has read and understands the policy, has agreed to comply with the policy, and understands that the organization is charitable and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish its tax exempt purpose

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, Ine 15		In determining compensation of the organization's CEO, executive director, or top management official, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, review ed and approved the compensation. In review of the compensation, the CEO, executive director, and top management were compared to other hospitals in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. Individuals were not present when their compensation was decided. In determining compensation of other officers or key employees of the organization, the process included a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision. The board, in executive session, reviewed and approved the compensation. In the review of the compensation, the other officers or key employees of the organization were compared to other hospitals' employees in the area that hold the same position. During the review and approval of the compensation, documentation of the decision was recorded in the board minutes. The compensation process is completed from a related organization.

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The organization will provide any documents open to public inspection upon request

ldentifier	Return Reference	Explanation
Part XI, Line 2A and 2B	Audited Financial Statements	The financial statements of the organization were audited on a consolidated basis. An audit committee has been delegated the responsibility to oversee the audited financial statements and the selection of the independent accountants that audited the financial statements.

Identifier	Return Reference	Explanation
Part I, Line 6	Total Number of Volunteers	The total number of volunteers for the organization is 5. This consists of volunteers participating in multiple areas throughout the organization such as assisting with fundraising projects. Some volunteers also participate in the various community service programs that the organization performs within the community.

ldentifier	Return Reference	Explanation
Form 990, Part III, Line 4c	Community Benefit Report	Saint John's Foundation contributed for various needs at Saint John's Health System including the diabetes education, hospice, Marie's Hope, Sister Marie Bush scholarship, and radiology scholarships, capital equipment for the hospital and educational expenses for hospital staff

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

Cat No 51056K

Schedule O (Form 990) 2008

DLN: 93493133047260

OMB No 1545-0047

2008

Open to Public Inspection

## **SCHEDULE R** (Form 990)

Saint John's Foundation Inc

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

**Related Organizations and Unrelated Partnerships** 

Department of the Treasury ► See separate instructions. Internal Revenue Service Name of the organization

**Employer identification number** 

35-2053693

Parti	identification of disregarded Entitles	

<b>(A)</b> Name, address, and EIN of disregarded entity	( <b>B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
CIHS Newco LLC 8425 Harcourt Road Indianapolis, IN 46260 35-2174403	Land holding company	IN	870,826		Central Indiana Health System Cardiac Services Inc
Endoscopy Center LLC 3755 E 82nd St Ste 270 Indianapolis, IN 46240 32-0029881	Endoscopy center	IN	652,864	2,828	St Vincent Carmel Hospital Inc
Med One of St John's LLC 4925 Scatterfield Road Anderson, IN 46013 35-1959875	Medical services	IN	-283,610		St Vincent Madison County Health System Inc
St Joseph Primary Care LLC 1907 W Sycamore Street Kokomo, IN 46901 74-2979291	Physician practices	IN	-3,752,021		St Joseph Hospital & Health Center Inc
St Joseph Surgical Management Co LLC 1907 W Sycamore Street Kokomo, IN 46901 02-0137212	Management company	IN	14,892		St Joseph Hospital & Health Center Inc

## Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public chanty status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
See Additional Data Table					

Part III Identification of			T		1		_	1		1 -			-	
<b>(A)</b> Name, address, and EIN of related organization	Prin	<b>(B)</b> nary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	incom	(E) dominant ne(related, estment, related)	Share	<b>(F)</b> e of total income	( <b>G</b> ) Share of end-of- year assets		prtionate tions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	agıng ner?
										Yes	No		Yes	No
ee Additional Data Table														
Part IV Identification of	Related	l Organizations	Taxable as	s a Corporation	or Tr	ust				·				
( <b>A)</b> Name, address, and EIN of related orga		(B) Primary activity		(C) Legal domicile (state or foreign country)		( <b>D</b> ) Direct contro		(E) Type of entity (C corp, S corp or trust)	Share of total income	end	( <b>G)</b> Share of d-of-yea assets	( <b>H</b> ) Percentage r ownership		

(5)

(6)

Part V Tr	ansactions with	Related	Organizations	

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No	
	During the tax year, did the orgranization engage in any of the following transactions with one or more relat	ted organizations listed in Parts II-IV	?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No	
b	Gift, grant, or capital contribution to other organization(s)			1b	Yes		
c	Gift, grant, or capital contribution from other organization(s)			1c		No	
d	Loans or loan guarantees to or for other organization(s)			1d		No	
e	Loans or loan guarantees by other organization(s)			1e		No	
f	Sale of assets to other organization(s)			1f		No	
	Purchase of assets from other organization(s)			1g		No	
	Exchange of assets			1h		No	
	Lease of facilities, equipment, or other assets to other organization(s)			1i		No	
i	Lease of facilities, equipment, or other assets from other organization(s)			1j		No	
	Performance of services or membership or fundraising solicitations for other organization(s)			1k		No	
	Performance of services or membership or fundraising solicitations for other organization(s)  I Performance of services or membership or fundraising solicitations by other organization(s)						
	sharing of facilities, equipment, mailing lists, or other assets			1m		No	
	Sharing of paid employees			1n		No	
0	Reimbursement paid to other organization for expenses			10		No	
	Reimbursement paid by other organization for expenses			1р		No	
а	O ther transfer of cash or property to other organization(s)			1q		No	
_	O ther transfer of cash or property from other organization(s)			1r		No	
	If the answer to any of the above is "Yes," see the instructions for information on who must complete th		and transaction thresholds				
	(A) Name of other organization(s)	(B) Transaction type(a-r)	<b>(C)</b> Amount Involved				
(1)	St Vincent Madison County Health System Inc	В		!	586,33	2	
(2)							
(3)							
(4)	<u> </u>						

#### Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_	
<b>(A)</b> Name, address, and EIN of entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		( <b>G)</b> Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	)
			Yes	No		Yes	No		Yes	No
			•	•		•		Cabadul	D / Form	

Ascension Health

St Louis, MO63145 31-1662309

412 N Monroe Street Williamsport, IN47993

2001 W 86th Street

Indianapolis, IN46260

74-3130159 SVSM Inc

81-0607827

Po Box 45998

(F)

Direct Controlling

Entity

N/A

Software ID: **Software Version:** 

**EIN:** 35-2053693

Name: Saint John's Foundation Inc

(B)

Primary Activity

National health system

(C)

Legal Domicile

(State

or Foreign Country)

МΟ

(D)

Exempt Code

section

501(C)(3)

501(C)(3)

501(C)(3)

ΙN

ΙN

11a - Type I

11a - Type I

Hospital Inc

St Vincent Health Inc

(E)

Public charity

status

(ıf 501(c)(3))

11a - Type I

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

(A)

Name, address, and EIN of related organization

Central Indiana Health System Cardiac Services Inc

Central Indiana Health System Cardiac Services Inc					Ct V t ll t l
2001 W 86th Street Indianapolis, IN46260 35-1869951	Freestanding outpatient center	IN	501(C)(3)		St Vincent Hospital & Health Care Center Inc
Jubilee Partnerships Inc  2301 N Park Avenue Indianapolis, IN46205 35-2060765	O utreach activities	IN	501(C)(3)		St Vincent Hospital & Health Care Center Inc
Rehabiliation Hospital of Indiana Inc  4141 Shore Drive Indianapolis, IN46254 35-1786005	Rehabiliation hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Joseph Hospital & Health Center Inc  1907 W Sycamore Street Kokomo, IN46901 35-0992717	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Joseph Foundation of Kokomo Indiana Inc  1907 W Sycamore Street Kokomo, IN46901 23-7313206	Supporting organization	IN	501(C)(3)	11a - Type I	St Joseph Hospital & Health Center Inc
St Vincent Carmel Hospital Inc  13500 N Meridian Street Carmel, IN46032 74-3107055	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Clay Hospital Inc  1206 E National Avenue Brazil, IN47834 35-2112529	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
St Vincent Frankfort Hospital Inc  1300 S Jackson Frankfort, IN46041 35-2099320	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Frankfort Hospital Foundation Inc 1300 S Jackson Frankfort, IN46041 35-1531734	Supporting organization	IN	501(C)(3)		St Vincent Frankfort Hospital Inc
St Vincent Health Inc  8425 Harcourt Road Indianapolis, IN46260 35-2052591	Parent company	IN	501(C)(3)	11c - Type III-FI	Ascension Health
St Vincent Hosptial and Health Care Center Inc 2001 W 86th Street Indianapolis, IN46260 35-0869066	Hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Hospital Foundation Inc 10330 N Meridian Street Ste 430N Indianapolis, IN46290 35-6088862	Supporting organization	IN	501(C)(3)		St Vincent Hospital & Health Care Center Inc
St Vincent Jennings Hospital Inc  301 Henry Street North Vernon, IN47265 35-1841606	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
St Vincent Madison County Health System Inc  1331 South A Street Elwood, IN46036 35-0876389	Hospital	IN	501(C)(3)	3-170(b)(1)(A)(III)	St Vincent Health Inc
St Vincent Mercy Hospital Foundation Inc  1331 South A Street Elwood, IN46036 31-1066871	Supporting organization	IN	501(C)(3)	11a - Tyne I	St Vincent Madison County Health System Inc
St Vincent New Hope Inc  8450 N Payne Road Indianapolis, IN46260 35-1733591	Intermediate care facility	IN	501(C)(3)	9-509(A)(2)	St Vincent Health Inc
St Vincent Pediatric Rehab Center Inc 1707 W 86th Street Indianapolis, IN46260 35-2048898	Specialty hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Hospital & Health Care Center Inc
St Vincent Randolph Hospital Inc  473 Greenville Avenue Winchester, IN47394 35-2103153	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Randolph Hospital Foundation Inc 473 Greenville Avenue Winchester, IN47394 35-2133006	Supporting organization	IN	501(C)(3)	l .	St Vincent Randolph Hospital Inc
St Vincent Seton Specialty Hosptial Inc  8050 Township Line Road Indianapolis, IN46260 35-1712001	Long term care hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Williamsport Hospital Inc 412 N Monroe Street Williamsport, IN47993 35-0784551	Critical access hospital	IN	501(C)(3)	3-170(b)(1)(A) (III)	St Vincent Health Inc
St Vincent Williamsport Hospital Foundation Inc 412 N Monroe Street	Supporting organization	IN	501(C)(3)		St Vincent Williamsport Hospital Inc

Supporting organization

Holding company

Form 990, Schedule R, P	إart III - Identific،		Related Org	janizations T	axable as a Partne	ṛship					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F)	(G)	allocatio	prtionate ions?	(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	Gene Mana Parti	( <b>J)</b> eral or naging tner?
I 10330 N Meridian St Ste I	Sale and rental services	IN	St Vincent Hospital & Health Care Center Inc	Related	86,204	385,741	Yes	No No		Yes	No No
Care Group Cardiovascular Management LLC 8333 Naab Road Ste 200 Indianapolis, IN46960 22-3937477	Management of cardiovascular service lines	IN	Central Indiana Health System Cardiac Services Inc	Related	406,087	11,904		No			No
Carmel Ambulatory Surgery Center LLC 13421 Old Meridian St Ste 150 Carmel, IN46032 32-0014795	A mbulatory surgery center	1 1	St Vincent Carmel Inc	Related	7,451,061	1,126,911		No			No
Chartwell Midwest Indiana LLC 8040 Castleway Drive Indianapolis, IN46250 35-1985233	Home care IV/infusion services	IN	St V incent Hospital & Health Care Center Inc	Related	-31,142	-224,860		No			No
Cooperative Managed Care Services LLC 6602 E 75th Street Suite 300 Indianapolis, IN46250 35-1999227	Case management	IN	St Vincent Hospital & Health Care Center Inc	Unrelated	-1,210	1,057,875		No			No
Endoscopy Center LLC  13421 Old Meridian St Ste 150 Carmel, IN46032 32-0029881	Endoscopy center		St Vincent Carmel Inc	Related	652,864	2,828		No			No
Fishers Ambulatory Surgery Center LLC 136914 E State Road 238 Fishers, IN46037 26-2001288	A mbulatory surgery center	IN	St Vincent Hospital & Health Care Center Inc	Related	-393,426	264,784		No			Νο
Hancock Physician Network LLC	Primary care physician practices	IN	St Vincent Hospital & Health Care Center Inc	Related	-1,425,906	1,161,509		No			No
Lafayette Heart Program Holding LLC 11515 W Dragoon Trail Mishawaka, IN46544 38-3750811	Cardiac care services	IN	Central Indiana Health System Cardiac Services Inc	Related	-28,073	14,397,410		No			No
Indianapolis, IN46278 26-4020296	Real estate holding	I I	St V incent Carmel Inc	Related				No			No
Neuro Oncology Equipment LLC 10330 N Meridian St Ste 430N Indianapolis, IN46290 74-3103803	Sale and rental services	IN	St Vincent Hospital & Health Care Center Inc	Related	764,005	364,226		No			No
Northside Cardiac Cath Lab Partnership 2001 W 86th Street Indianapolis, IN46260 35-1854388	O utpatient cath lab	IN	Central Indiana Health System Cardiac Services Inc	Related	131,397	8,887		No			No
2015 Jackson Street Anderson, IN46016 01-0822977	Surgery center	IN	St Vincent Madison County Health System Inc	Related	2,723,912	1,818,751		No			No
1600 Addison, TX75001 20-3749962	Holding company	IN	Center Inc	Related	-258,674	-651,858		No			No
Indianapolis, IN46290 36-4492612	Heart hospital	IN	Central Indiana Health System Cardiac Services Inc	Related	12,260,976	-31,447,008		No			No
St Vincent Northwest Radiology LLC	MRI facilities	IN	St Vincent Hospital & Health Care Center Inc	Related	74,467	160,268		No			No
1 1001 W 86th Street	O utpatient vascular lab	IN	Central Indiana Health System Cardiac Services Inc	Related	301,501	67,282		No			No