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Form 990

## Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization St Joseph Hospital Foundation Inc	
Doing Business As	
Number and street (or P O box if mail is not delivered to street address) One St Joseph Drive	Room/suite
City or town, state or country, and ZIP + 4 Lexington, KY 40504	

## D Employer identification number

61-1159649

## E Telephone number

(859) 313-1000

## G Gross receipts \$ 920,455

F Name and address of Principal Officer  
Barry Stumbo  
One St Joseph Drive  
Lexington, KY 40504

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

H(b) Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)

H(c) Group Exemption Number ►

I Tax-exempt status  501(c) (3) ► (Insert no.)  4947(a)(1) or  527

J Web site: ► www.saintjosephfoundation.org

K Type of organization  Corporation  trust  association  other ►

L Year of Formation 1989 M State of legal domicile KY

## Part I Summary

1	Briefly describe the organization's mission or most significant activities St Joseph Hospital Foundation solicits and administers donations that benefit the charitable, scientific, and educational programs of St Joseph Health System
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .
5	Total number of employees (Part V, line 2a) . . . . .
6	Total number of volunteers (estimate if necessary) . . . . .
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .
7b	Net unrelated business taxable income from Form 990-T, line 34 . . .

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h) . . . . .	3,842,939	1,554,021
9	Program service revenue (Part VIII, line 2g) . . . . .	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-661,063	-678,171
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,967	-110,076
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,212,843	765,774

		Prior Year	Current Year
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,535,893	1,770,314
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 344,210)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	425,537	454,399
18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	1,961,430	2,224,713
19	Revenue less expenses Subtract line 18 from line 12	1,251,413	-1,458,939

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	9,803,410	7,915,710
21	Total liabilities (Part X, line 26)	244,617	200,830
22	Net assets or fund balances Subtract line 21 from line 20	9,558,793	7,714,880

## Part II Signature Block

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	Signature of officer	Date	2010-05-15
	Barry Stumbo President and CEO Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's PTIN (See Gen Inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4	CATHOLIC HEALTH INITIATIVES 9780 MT PYRAMID COURT ENGLEWOOD, CO 80112		EIN <input type="checkbox"/>
				Phone no <input type="checkbox"/> (720) 874-1500

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

The organization's mission is to nurture the healing ministry of the Church by bringing it new life, energy and viability in the 21st century. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities

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

Yes  No

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

**3** Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . .

Yes  No

If "Yes," describe these changes on Schedule O

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

**4a** (Code) (Expenses \$ 1,770,314 including grants of \$ 1,770,314) (Revenue \$ 0)  
SEE SCHEDULE O

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

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

**4d** Other program services (Describe in Schedule O)

(Expenses \$ ) including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 1,770,314 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

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

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

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- 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

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

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

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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

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

23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J

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
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- 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?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b 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

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

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

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10	Yes	
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20		No
21	Yes	
22	Yes	
23	Yes	
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

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

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** 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 IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- 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

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**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

**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

**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

**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

**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

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>	Yes	
<b>31</b>		No
<b>32</b>		No
<b>33</b>		No
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>		No
<b>37</b>		No

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	<b>1a</b> 0	
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0	
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 0	
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b> No	
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b> No	
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	<b>5c</b>	
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	<b>6a</b> No	
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	<b>7a</b> Yes	
<b>7b</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	<b>7b</b> Yes	
<b>7c</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7c</b> No	
<b>7d</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7d</b>	
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b> No	
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b> No	
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b> Yes	
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<b>7h</b> Yes	
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b> No	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	<b>9a</b>	
<b>9b</b>	Did the organization make any taxable distributions under section 4966?	<b>9b</b>	
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter	<b>10a</b>	
<b>10b</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10b</b>	
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter	<b>11a</b>	
<b>11b</b>	Gross income from members or shareholders	<b>11b</b>	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Yes	No
1a Enter the number of voting members of the governing body . . .	1a	25
b Enter the number of voting members that are independent . . .	1b	23
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	No
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? . . . . .	3	No
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	4	No
5 Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	5	No
6 Does the organization have members or stockholders? . . . . .	6	Yes
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	7a	Yes
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a the governing body? . . . . .	8a	Yes
b each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9a Does the organization have local chapters, branches, or affiliates? . . . . .	9a	No
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	9b	No
10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	10	No
11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	11	No

**Section B. Policies**

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	12a	Yes
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c 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
13 Does the organization have a written whistleblower policy? . . . . .	13	Yes
14 Does the organization have a written document retention and destruction policy? . . . . .	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a The organization's CEO, Executive Director, or top management official? . . . . .	15a	Yes
b Other officers or key employees of the organization? . . . . .	15b	No
Describe the process in Schedule O		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	No

**Section C. Disclosure**

17 List the States with which a copy of this Form 990 is required to be filed KY

18 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  
 Jerry Hines  
 961 E Colorado Avenue  
 Colorado Springs, CO 80903  
 (719) 776-7066

## **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.

**Part VII Continued**

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

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

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	230,976		
	<b>d</b> Related organizations . . . . .	<b>1d</b>	120,689		
	<b>e</b> Government grants (contributions)	<b>1e</b>	496,613		
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	705,743		
	<b>g</b> Noncash contributions included in lines 1a-1f \$				
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . .		1,554,021		
Program Service Revenue	<b>2a</b>	Business Code			
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . .		\$ 0		
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . .		272,521		272,521
<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0			
<b>5</b> Royalties . . . . .		0			
<b>6a</b> Gross Rents	(i) Real	(ii) Personal			
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . .					
<b>7a</b>	(i) Securities	(ii) Other			
<b>b</b> Gross amount from sales of assets other than inventory	-950,692				
<b>c</b> Less cost or other basis and sales expenses					
<b>d</b> Gain or (loss)	-950,692				
<b>d</b> Net gain or (loss) . . . . .			-950,692		-950,692
<b>8a</b> Gross income from fundraising events (not including \$ 32,605 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . .	<b>a</b>	230,976			
<b>b</b> Less direct expenses . . . . .	<b>b</b>	154,681			
<b>c</b> Net income or (loss) from fundraising events . . . . .			-122,076		-122,076
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	<b>a</b>				
<b>b</b> Less direct expenses . . . . .	<b>b</b>		0		
<b>c</b> Net income or (loss) from gaming activities . . . . .					
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		0	0	0
<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue	Business Code				
<b>11a</b> ALL OTHER REVENUE		900,099	12,000	0	12,000
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . .		\$ 12,000			
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		765,774	0	0	-788,247

**Part IX Statement of Functional Expenses****Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,735,830	1,735,830		
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22	34,484	34,484		
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
<b>4</b> Benefits paid to or for members	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	0			
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages	0			
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	0			
<b>9</b> Other employee benefits . . . . .	0			
<b>10</b> Payroll taxes . . . . .	0			
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	0			
<b>c</b> Accounting . . . . .	0			
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising See Part IV, line 17 . . .	0			
<b>f</b> Investment management fees . . . . .	12,204		12,204	
<b>g</b> Other . . . . .	290,830		290,830	
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	13,860		13,860	
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	0			
<b>17</b> Travel . . . . .	15,248		15,248	
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .	0			
<b>19</b> Conferences, conventions and meetings . . . . .	0			
<b>20</b> Interest . . . . .	0			
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	1,647		1,647	
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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 )				
<b>a</b> HOSPITAL ADMINISTRATION	110,189		110,189	
<b>b</b> Dues & subscriptions	2,065		2,065	
<b>c</b> ALL OTHER EXPENSES	8,356		8,356	
<b>f</b> All other expenses				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	2,224,713	1,770,314	110,189	344,210
<b>26</b> <b>Joint Costs.</b> Check <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year	(B) End of year
<b>Assets</b>			
1	Cash—non-interest-bearing . . . . .	142,126	191,794
2	Savings and temporary cash investments . . . . .	1,010,106	2,843,199
3	Pledges and grants receivable, net . . . . .	1,824,212	1,421,117
4	Accounts receivable, net . . . . .	15,604	35
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .	6	
7	Notes and loans receivable, net . . . . .	7	
8	Inventories for sale or use . . . . .	8	
9	Prepaid expenses and deferred charges . . . . .	21,000	11,980
10a	Land, buildings, and equipment cost basis	10a	49,973
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	10b	39,519
		6,576	10c
11	Investments—publicly traded securities . . . . .	11	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	6,783,786	3,437,131
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	13	
14	Intangible assets . . . . .	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	15	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	9,803,410	7,915,710
17	Accounts payable and accrued expenses . . . . .	17	39,875
18	Grants payable . . . . .	18	
19	Deferred revenue . . . . .	19	
20	Tax-exempt bond liabilities . . . . .	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .	22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .	23	
24	Unsecured notes and loans payable . . . . .	24	
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	160,766	160,955
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	26	200,830
	<b>Liabilities</b>		
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets . . . . .	943,985	405,957
28	Temporarily restricted net assets . . . . .	5,900,863	5,203,849
29	Permanently restricted net assets . . . . .	2,713,945	2,105,074
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
30	Capital stock or trust principal, or current funds . . . . .	30	
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
33	Total net assets or fund balances . . . . .	9,558,793	7,714,880
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	34	7,915,710
	<b>Net Assets or Fund Balances</b>		

Part XI Financial Statements and Reporting

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990	<input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other	
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		<b>2a</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	<b>2b</b>	Yes
<b>c</b>	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? . . .	<b>2c</b>	Yes
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	<b>3a</b>	No
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? . . . . .	<b>3b</b>	

2008

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**

St Joseph Hospital Foundation Inc

**Employer identification number**

61-1159649

**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 organization)

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section <b>(See Instructions)</b> )	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
ST JOSEPH HEALTH SYSTEM	611334601	03	Yes		Yes		Yes		1708986
<b>Total</b>									1,708,986

**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.)
**Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3						
5 The portion of total contribution by each 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)						
<b>6 Public Support</b> subtract line 5 from line 4						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions )					<b>12</b>	

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

**Computation of Public Support Percentage**

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	
<b>16a 33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b 33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a 10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b 10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18 Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
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						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

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

**Facts and Circumstances Test**

2008

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**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.

Department of the Treasury  
Internal Revenue Service**Name of the organization**  
St Joseph Hospital Foundation Inc**Employer identification number**

61-1159649

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
2d	

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

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

 Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

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

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .	2,713,945				
b Contributions . . . . .					
c Investment earnings or losses . . . . .	-608,871				
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,105,074				

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

a Board designated or quasi-endowment ► 100 %  
 b Permanent endowment ► 100 %  
 c Term endowment ►

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

(i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .				
d Equipment . . . . .				
e Other . . . . .		49,973	39,519	10,454
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				10,454

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

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

(a) Description	(b) Book value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	►

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
INTERCOMPANY PAYABLE	114,621
GIFT ANNUITY PAYABLE	46,334
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	160,955

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	765,774
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,224,713
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,458,939
4	Net unrealized gains (losses) on investments	4	-384,974
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	-384,974
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,843,913

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	425,292
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-384,974
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	154,681
e	Add lines 2a through 2d . . . . .	2e	-230,293
3	Subtract line 2e from line 1 . . . . .	3	655,585
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	110,189
c	Add lines 4a and 4b . . . . .	4c	110,189
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	765,774

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

1	Total expenses and losses per audited financial statements . . . . .	1	2,379,394
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Losses reported on Form 990, Part IX, line 25 . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	154,681
e	Add lines 2a through 2d . . . . .	2e	154,681
3	Subtract line 2e from line 1 . . . . .	3	2,224,713
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	
b	Other (Describe in Part XIV) . . . . .	4b	
c	Add lines 4a and 4b . . . . .	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,224,713

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Form 990, Schedule D, Part X	FIN 48 FOOTNOTE RE UNCERTAIN TAX POSITIONS	CHI follows Financial Accounting Standards Board (FASB) interpretation No. 48, accounting for uncertainty in income taxes - an interpretation of FASB statement No. 109 (FIN 48), which prescribes criteria for the financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. FIN 48 also provides guidance on derecognition, classification, interest and penalties, accounting in interim periods, disclosure and transition. Management annually reviews its tax positions and has determined that there are no material uncertain tax positions that require recognition in the consolidated financial statements.
Sch D, Part XII and XIII	Other Revenue Included on Books, but Not on Return	The NET revenue from Special Events is stated on the tax return, whereas Gross Revenue from Special Events is reported on the Financial Statements. The associated expenses from Special Events of \$154,681 are not reported on Part IX, Statement of Functional Expenses but rather on Part VII, Statement of Revenue. Equity Transfers of \$110,189 from Saint Joseph Health System are reported in income on the tax return.
Sch D, Part V, Q 4	Endowment Fund Intended Use	The Endowment funds are intended to support and maintain the following operations: 1) The Mary Chiles Hospital in Mount Sterling, 2) The Health Education Center, 3) Nursing, and 4) The Mobile Clinic.

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InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesDepartment of the Treasury  
Internal Revenue Service

► 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.

Name of the organization

St Joseph Hospital Foundation Inc

Employer identification number

61-1159649

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

<b>a</b> <input type="checkbox"/> Mail solicitations	<b>e</b> <input type="checkbox"/> Solicitation of non-government grants
<b>b</b> <input type="checkbox"/> Email solicitations	<b>f</b> <input type="checkbox"/> Solicitation of government grants
<b>c</b> <input type="checkbox"/> Phone solicitations	<b>g</b> <input type="checkbox"/> Special fundraising events
<b>d</b> <input type="checkbox"/> In-person solicitations	

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>	►					

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Golf-Lexington</u> (event type)	(b) Event #2 <u>STARS</u> (event type)	(c) Other Events <u>2</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	151,274	83,875	28,432	263,581
	2 Less Charitable contributions . . . . .	138,044	68,875	24,057	230,976
	3 Gross revenue (line 1 minus line 2) . . . . .	13,230	15,000	4,375	32,605
Direct Expenses	4 Cash Prizes . . . . .			1,000	1,000
	5 Non-cash Prizes . . . . .				
	6 Rent/Facility costs . . . . .				
	7 Other direct expenses . . . . .	52,929	71,596	29,156	153,681
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►				154,681
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►				-122,076

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . . ►				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ►				

9 Enter the state(s) in which the organization operates gaming activities . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	<input type="checkbox"/> 9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	<input type="checkbox"/> 10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	<input type="checkbox"/> 11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	<input type="checkbox"/> 12	

	Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in	13a	
a The organization's facility . . . . .	13b	
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
a 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 ► \$		

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

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  
St. Joseph Hospital Foundation Inc.

**Employer identification number**

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

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 if additional space is needed.

2 Enter total number of section 501(c)(3) and government organizations

**3 Enter total number of other organizations**

**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) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Assistance to patients	29	14,508			
Assistance to associates	38	19,976			

**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

Identifier	Return Reference	Explanation
Schedule I Part I Q 2	Procedures for monitoring the use of grants	All grants are provided to tax-exempt 501(c)3 organizations

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Open to Public  
Inspection**Schedule J**  
(Form 990)**Compensation Information**

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.**

Department of the Treasury  
Internal Revenue Service**Name of the organization**

St Joseph Hospital Foundation Inc

**Employer identification number**

61-1159649

**Part I Questions Regarding Compensation**

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

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

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

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

**3** Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a

**a** Receive a severance payment or change of control payment?  
**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?  
**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

**501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.**

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

**a** The organization?

**b** Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		No
<b>4b</b>	Yes	
<b>4c</b>		No
<b>5a</b>		No
<b>5b</b>		No
<b>6a</b>		No
<b>6b</b>		No
<b>7</b>		No
<b>8</b>		No

**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.

**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.

Identifier	Return Reference	Explanation
Sch J Part I Q 4a	Severance Payments	During the 2008 Calendar Year, CHI (A related 501 (c)(3) organization) participated in post termination payment arrangements and maintained supplemental non qualified deferred compensation arrangements for its employees Post termination payments are addressed in executive employment agreements for CHI employees at the level of Vice President and above including the MBO CEOs These employment agreements require that in order for the executive to receive post termination payments, these individuals must execute a general release and settlement agreement Post termination payment agreements are periodically reviewed for overall reasonableness in light of the executives overall compensation package
Sch J Part I Q 4b		DURING THE 2008 CALENDAR YEAR, CHI MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR VICE PRESIDENTS AND ABOVE, INCLUDING MBO CEOs THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE AND RECEIVED THE FOLLOWING PAYMENTS Ken Haynes \$16,215 THE PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN WERE INCLUDED IN THE INDIVIDUALS' REPORTABLE COMPENSATION FOR SCHEDULE J NO CONTRIBUTIONS WERE MADE TO THE CHI NON-QUALIFIED PLAN FOR THE 2008 CALENDAR YEAR

SCHEDULE M  
(Form 990)Department of the Treasury  
Internal Revenue Service

## Non-Cash Contributions

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

OMB No 1545-0047

2008

Open to Public  
InspectionName of the organization  
St Joseph Hospital Foundation Inc

Employer identification number

61-1159649

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .	X	1	495	Cost
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		444	Cost
5 Clothing and household goods . . . . .	X		580	Cost
6 Cars and other vehicles . . . . .	X	3	2,200	Cost
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	11	6,912	Cost
20 Drugs and medical supplies . . . . .	X	1	425	Cost
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
Gift				
25 Other (describe Certificates )	X	13	540	Cost
Various Door Prizes/Goody				
26 Other (describe Bag Supplies )	X	18	8,882	Cost
Golf Event				
27 Other (describe Supplies )	X	6	4,544	Cost
Rental				
Items/Beverage Service/Valet )	X	1	3,458	Cost
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .			29	

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		
30a		No

30a		No
31	Yes	

31	Yes	
32a		No

32a		No
33		

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes", describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .

b If "Yes", describe in Part II

33 If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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Open to Public  
Inspection**SCHEDULE O**  
(Form 990)**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.**Department of the Treasury  
Internal Revenue Service**Name of the organization**  
St Joseph Hospital Foundation Inc**Employer identification number**

61-1159649

Identifier	Return Reference	Explanation
Form 990, Part VI, Q 12c	Procedures for monitoring and enforcing the COI policy	This policy covers all directors, officers who hold the title vice president and above, and to all affiliates of the Corporation. A conflict exists when the action of an individual on behalf of the Corporation involves obtaining a direct or indirect personal gain or creating an adverse or potentially adverse effect on the Corporation's interests. Each director must report to the Board Chair situations that may create a conflict of interest when he or she becomes aware of such situations. In the case of an officer, disclosure must be made to the Corporation's CEO who will report such disclosure to the Board Chair. A written record of the disclosure will be made. In addition to the ongoing disclosure obligation, the Corporation's Chief Executive Officer shall annually send to all directors and officers a copy of this Policy and the Conflict of Interest Disclosure Statement. The statements must be completed, signed, and reviewed by the Chief Executive Officer and the Board Chair Executive Officer and the Board Chair

Identifier	Return Reference	Explanation
Statement of Program Service Accomplishments	Form 990 Part III Q4a	INTRODUCTION The Saint Joseph Hospital Foundation was incorporated as a 501(c)(3), tax-exempt, charitable foundation in 1989 to raise and administer funds in support of the core values and strategic plan of Saint Joseph Hospital, Saint Joseph East and Saint Joseph-Jessamine (all are now part of St Joseph Health System). The Saint Joseph Hospital Foundation is governed by a Board of Directors which is comprised of individuals within the community and one Board member from the parent organization, Saint Joseph Hospital. The Saint Joseph Hospital Foundation provides support for several outreach programs and services including the Appalachian Outreach Program, Employee Assistance Fund, Nursing and Allied Health Scholarships, Patient and Family Assistance Fund, the Saint Joseph Free Health Clinic and the Eastern Kentucky Mobile. In late 2007, the Saint Joseph Hospital Foundation began providing management and administrative support for the Saint Joseph-Mount Sterling Foundation and the Saint Joseph-Berea Foundation. II. QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT The Saint Joseph Hospital Foundation's current 4-member staff and 25-member Board of Directors raise funds through special events, annual giving, major gifts, planned giving, corporate/foundation grants to help fund the programs and outreach services of Saint Joseph Foundation, Saint Joseph East and Saint Joseph-Jessamine. In FY 2009, the Saint Joseph Hospital Foundation raised approximately \$1.5 million. For the same time frame, the Foundation provided over \$1.7 million in program support to Saint Joseph Hospital, Saint Joseph East and Saint Joseph-Jessamine to fund critical programs and services. In addition, in the last five years the Saint Joseph Hospital Foundation has raised over \$12 million and returned nearly \$7.2 million to support these vital programs.

Identifier	Return Reference	Explanation
Form 990, Part VI, Q 19	Availability of Governing documents, COI Policy, Financial Statements	THE ORGANIZATION'S FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG

Identifier	Return Reference	Explanation
990 Part VI Line 6	Members or Stockholders	According to the bylaws of St Joseph Hospital Foundation, Inc., the entity's sole member is Saint Joseph Health System Inc., a Kentucky non-profit corporation.

Identifier	Return Reference	Explanation
990 Part VI Line 7	Electing Directors	According to the organization's bylaws, directors of the corporation shall be appointed by the corporate member no later than June 30 of each year. The names and qualifications of each individual accepted by the board of directors shall be submitted to the corporate member, who shall appoint or refuse each nominee in accordance with the corporate member's bylaws. The corporate member may unilaterally appoint one or more individuals to the board of directors should the board fail to furnish the corporate member with a list of individuals qualified to serve on the board of directors of the corporation.

Identifier	Return Reference	Explanation
990 Part VI Line 7b	Governing Powers	St Joseph Hospital Foundation, Inc's (SJHF) corporate member is St Joseph Health System, Inc (SJHS). Pursuant to Section 5.4 of SJHF's bylaws, both SJHS and Catholic Health Initiatives (CHI) (SJHS's Sole Corporate Member) have specific rights set forth and reserved in the CHI governance matrix. Pursuant to the governance matrix the following rights are reserved to the SJHS Board: Approve members of the SJHF board; Amend the corporate documents of SJHF; Approve Removal of a member of the governing body of SJHF; Adoption of long range and strategic plans for SJHF; The following rights are reserved to the CHI board directly or through powers delegated to the CHI Chief Executive Officer: Substantial change in the mission or philosophy of SJHF; Removal of a member of the governing body of SJHF; Approval of issuance of debt by SJHF; Approval of participation of SJHF in a joint venture; Approval of formation of a new corporation by SJHF; Approval of a merger involving SJHF; Approval of the sale of all or substantially all of the assets of SJHF; To require the transfer of assets by SJHF to CHI to accomplish CHI's goals and objectives, and to satisfy CHI debts. In addition, pursuant to Section 5.5.2 of the organization's bylaws, SJHS or CHI may, in exercise of its approval powers, grant or withhold approval in whole or in part, or may, in its complete discretion, after consultation with the Board and the President and Chief Executive Officer of the organization, recommend such other or different actions as it deems appropriate.

Identifier	Return Reference	Explanation
990 Part VII	Estimate of Hours Devoted to Related Organizations	COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES.

Identifier	Return Reference	Explanation
990 Part VI Line 15b	Process for Determining Compensation	During the tax year ended 6/30/09, no officers, directors, or trustees received compensation from the organization. Any executive compensation paid to officers, directors or trustees by related organizations was set by a compensation committee utilizing an independent consultant and comparability studies and the appropriate board oversight to determine compensation. St Joseph Hospital Foundation's President and CEO is compensated by St Joseph Health System (SJHS), a related non-profit organization. SJHS Executive Leadership compensation is reviewed by the executive committee to the SJHS Board and deliberations and decisions are documented in the board records and meeting minutes. An outside consultant provided comparative data on base compensation, total compensation, and executive benefits.

Identifier	Return Reference	Explanation
Form 990, Part VI, Q 1a	Executive Committee Composition and Authority	Pursuant to Section 8.6 of the Bylaws of St Joseph Hospital Foundation, the Executive Committee is composed of the board chair, the board vice chair, the President and CEO, the Treasurer, the Secretary each of whom shall serve as an ex officio voting member of the Executive Committee. Each individual appointed to the Executive Committee shall serve for a term of one year or until his or her successor is duly appointed by the Board of Directors. The Executive Committee shall consist of only directors of the Corporation. Further, pursuant to Section 8.6 of the Corporation's bylaws, the executive committee has and may exercise such powers as may be delegated to it by the board of directors.



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

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

**Open to Public  
Inspection**

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► See separate instructions.

► See separate instructions

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
St Joseph Hospital Foundation Inc

**Employer identification number**

61-115964

## Part I Identification of Disregarded Entities

<b>(A)</b> Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity
See Additional Data Table					

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

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

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

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	<b>(E)</b> Type of entity (C corp, S corp, or trust)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of-year assets	<b>(H)</b> Percentage ownership
See Additional Data Table							

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	<b>(A)</b> Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	St Joseph Health System Inc	b	1,708,986
(2)	St Joseph Health System Inc	c	110,189
(3)			
(4)			
(5)			
(6)			

## 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.

**Software ID:**  
**Software Version:**  
**EIN:** 61-1159649  
**Name:** St Joseph Hospital Foundation Inc

## Form 990, Schedule R, Part I - Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Total income (\$)	(E) End-of-year assets (\$)	(F) Direct Controlling Entity
Memorial Health Partners 6028 Shallowford Road Chattanooga, TN 37421 62-1784262	Hospice Care	TN			MHCS
Memorial Hospital Auxiliary 2525 de Sales Avenue Chattanooga, TN 37404 62-1839548	Support MHCSF	TN	162,658	142,597	MHCSFound
Pathway Hospice LLC 1050 SW 3rd Ave Suite 1600 Ontario, OR 97914 93-1310235	Hospice Care	OR	67,355	1,266,816	CHI
LincCare 8055 O Street Lincoln, NE 68510 47-0697010	Hospice Care	NE			St EHS
Mercy Therapeutic Radiology Associates L 1111 6th Avenue Des Moines, IA 50314 42-1521367	Physician	IA	7,138,989	26,159,105	CHI-IA Corp
Perinatal Center of Iowa LLC 1111 6th Avenue Des Moines, IA 50314 83-0397103	Physician	IA	-343,811	1,342,382	CHI-IA Corp
Mercy North ASC LLC 1111 6th Avenue Des Moines, IA 50314 20-1703871	Ambulatory	IA	-10,993	1,712,012	CHI-IA Corp
Mercy Pet Scanner LLC 1111 6th Avenue Des Moines, IA 50314 42-0680448	Physician	IA			CHI-IA Corp

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
St Joseph Community Health Services 300 Central SW Suite 300 Albuquerque, NM 87102 71-0897107	Community	NM	501(c)(3)	11a	CHI
St Joseph Community Health Foundation 300 Central SW Suite 300 Albuquerque, NM 87102 85-0253087	Foundation	NM	501(c)(3)	7	SJCHS
St Joseph Healthcare System 500 Copper NW Suite 102 Albuquerque, NM 87102 85-0201285	Healthcare	NM	501(c)(3)	11a	CHI
St Elizabeth Health Services Inc 3325 Pocahontas Road Baker City, OR 97814 93-0412495	Hospital	OR	501(c)(3)	3	CHI
St Elizabeth Health Care Foundation 3325 Pocahontas Road Baker City, OR 97814 94-3164869	Foundation	OR	501(c)(3)	7	SEHS
Flaget Memorial Hospital Foundation Inc 4305 New Shepherdsville Road Bardstown, KY 40004 56-2351341	Fundraising	KY	501(c)(3)	11a	FH
Flaget Healthcare DBA Flaget Memorial 4305 New Shepherdsville Road Bardstown, KY 40004 61-1345363	Hospital	KY	501(c)(3)	3	CHI
Lakewood Health Center 600 Main Avenue South Baudette, MN 56623 41-0758434	LTerm Care	MN	501(c)(3)	3	CHI
Appletree Court 601 Oak Street Breckenridge, MN 56520 41-1850500	Senior Homes	MN	501(c)(3)	9	SFH
Healthcare and Wellness Foundation 2400 St Francis Drive Breckenridge, MN 56520 76-0761782	Foundation	MN	501(c)(3)	11a	SFMC
St Francis Home 2400 St Francis Drive Breckenridge, MN 56520 41-0729978	LTerm Care	MN	501(c)(3)	9	CHI
St Francis Medical Center 2400 St Francis Drive Breckenridge, MN 56520 41-0695598	Healthcare	MN	501(c)(3)	3	CHI
Carrington Health Center 800 North 4th Street Carrington, ND 58421 45-0227311	Healthcare	ND	501(c)(3)	3	CHI
Saint Clare's Community Care 66 Ford Road Denville, NJ 07834 22-2876836	Healthcare	NJ	501(c)(3)	11b	SCHS
Saint Clare's Foundation Inc 66 Ford Road Denville, NJ 07834 22-2502997	Fundraising	NJ	501(c)(3)	7	SCHS
Good Samaritan College of Nursing & Heal 375 Dixmyth Ave Cincinnati, OH 45220 31-1778403	Education	KY	501(c)(3)	2	GHS
Total Healthcare PO Box 7021 Colorado Springs, CO 80933 84-0927232	Healthcare	CO	501(c)(3)	3	CHI Colorado
Memorial Health Care System Inc 2525 De Sales Avenue Chattanooga, TN 37404 62-0532345	Hospital	TN	501(c)(3)	3	CHI
Memorial Health Care System Foundation 2525 De Sales Avenue Chattanooga, TN 37404 62-1839548	Foundation	TN	501(c)(3)	7	MHCS
Memorial Health Partners Foundation Inc 6028 Shallowford Road Chattanooga, TN 37421 03-0417049	Healthcare	TN	501(c)(3)	9	MHCS
The Community Limited Care Dialysis Cent 619 Oak Street Accounting-3 West Cincinnati, OH 45206 23-7419853	Dialysis	OH	501(c)(2)	none	GSH
Good Samaritan Foundation of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH 45206 31-1206047	Foundation	OH	501(c)(3)	11a	GSH
The Good Samaritan Hospital of Cincinnati 619 Oak Street Accounting-3 West Cincinnati, OH 45206 31-0537486	Hospital	OH	501(c)(3)	3	TRI-HEALTH
Saint Clare's Hospital 66 Ford Road Denville, NJ 07834 22-3319886	Hospital	NJ	501(c)(3)	3	CHI
St Francis Life Care Corporation 19 Pocono Road 34 Denville, NJ 07834 22-2536017	Elderly Care	NJ	501(c)(3)	9	SCHS
Universal Health Corporation 619 Oak Street Accounting-3 West Cincinnati, OH 45206 31-1074519	Physicians	OH	501(c)(3)	11a	GSH
Catholic Health Initiatives Colorado Fou 961 East Colorado Avenue 961 East Colorado Avenue 84-0902211	Foundation	CO	501(c)(3)	7	CHI Colorado
SET of Colorado Springs Inc 825 E Pikes Peak Avenue Bldg 29 Colorado Springs, CO 80903 84-1183355	LTerm Care	CO	501(c)(3)	7	CHI Colorado
Catholic Health Initiatives 1999 Broadway Suite 4000 Denver, CO 80202 47-0617373	Healthcare	CO	501(c)(3)	9	CHI
Catholic Health Care Federation 1999 Broadway Suite 4000 Denver, CO 80202 20-8473567	Jurid Person	CO	501(c)(3)	11a	CHI

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

<b>(A)</b> Name, address, and EIN of related organization	<b>(B)</b> Primary Activity	<b>(C)</b> Legal Domicile (State or Foreign Country)	<b>(D)</b> Exempt Code section	<b>(E)</b> Public charity status (if 501(c)(3))	<b>(F)</b> Direct Controlling Entity
Global Health Initiatives 1999 Broadway Suite 4000 Denver, CO 80202 20-1536108	Ministries	CO	501(c)(3)	11a	CHI
Health SET 4200 West Conejos Place 436 Denver, CO 80204 84-1102943	Low Inc Care	CO	501(c)(3)	7	CHI Colorado
Bishop Drumm Retirement Center 1111 6th Avenue Des Moines, IA 50314 42-0725196	LTerm Care	IA	501(c)(3)	9	CHI-IA Corp
Mercy Medical Center - Des Moines AKA 1111 6th Avenue Des Moines, IA 50314 42-0680448	Hospital	IA	501(c)(3)	3	CHI-IA Corp
House of Mercy 1111 6th Avenue Des Moines, IA 50314 42-1323808	Shelter	IA	501(c)(3)	7	CHI-IA Corp
Mercy Auxiliary of Central Iowa 1111 6th Avenue Des Moines, IA 50314 42-6076069	Auxiliary	IA	501(c)(3)	11a	CHI-IA Corp
Mercy Clinics Inc 1111 6th Avenue Des Moines, IA 50314 42-1193699	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy College of Health Sciences 1111 6th Avenue Des Moines, IA 50314 42-1511682	Education	IA	501(c)(3)	2	CHI-IA Corp
Mercy Foundation of Des Moines IA 1111 6th Avenue Des Moines, IA 50314 23-7358794	Foundation	IA	501(c)(3)	7	CHI-IA Corp
Mercy Medical Center - Centerville FKA 1 St Josephs Drive Centerville, IA 52544 42-0680308	Hospital	IA	501(c)(3)	3	CHI-IA Corp
Mercy Professional Practice Associates 1111 6th Avenue Des Moines, IA 50314 42-1470935	Physician	IA	501(c)(3)	9	CHI-IA Corp
Mercy Hospital of Devils Lake 1031 East Seventh Street Devils Lake, ND 58301 45-0227012	Healthcare	ND	501(c)(3)	3	CHI
St Joseph's Lifecare Foundation 30 West 7th Street Dickinson, ND 58601 36-3418207	Foundation	ND	501(c)(3)	11a	SJHHC
St Joseph's Hospital and Health Center 30 West 7th Street Dickinson, ND 58601 45-0226429	Healthcare	ND	501(c)(3)	3	CHI
Mercy Regional Medical Center of Durango 1010 Three Springs Blvd Durango, CO 81301 84-0405515	Hospital	CO	501(c)(3)	3	CHI
CHI Kentucky Inc 3900 Olympic Blvd Suite 400 Erlanger, KY 41018 20-2741651	Healthcare	KY	501(c)(3)	11a	CHI
Villa Nazareth Inc 801 Page Drive Fargo, ND 58103 45-0226714	LT Care	ND	501(c)(3)	9	CHI
St Catherine Hospital 401 East Spruce Street Garden City, KS 67846 48-0543721	Hospital	KS	501(c)(3)	3	CHI
St Catherine Hospital Development Found 401 East Spruce Street Garden City, KS 67846 20-0598702	Foundation	KS	501(c)(3)	11a	SCH
Saint Francis Medical Center Foundation PO Box 9804 Grand Island, NE 68802 47-0630267	Foundation	NE	501(c)(3)	7	SFMC
Saint Francis Medical Center PO Box 9804 Grand Island, NE 68802 47-0376601	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Central Kansas Medical Center 3515 Broadway Great Bend, KS 67530 48-0543724	Hospital	KS	501(c)(3)	3	CHI
Central Kansas Medical Center Foundation 3515 Broadway Great Bend, KS 67530 48-6120330	Fundraising	KS	501(c)(3)	11c	N/A
St Joseph Memorial Hospital 923 Carroll Ave Larned, KS 67550 48-1253246	Hospital	KS	501(c)(3)	3	CKMC
MNMCH Inc 220 North Pennsylvania Columbus, KS 66725 48-1216238	Hospital	KS	501(c)(3)	3	SJRM C
Mercy Lifecare Systems 2727 McClelland Blvd Joplin, MO 64804 43-1305163	Property Mgmt	MO	501(c)(3)	11a	SJRM C
St John's Medical Group 2727 McClelland Blvd Joplin, MO 64804 43-1882377	Phys Practice	MO	501(c)(3)	9	SJRM C
St John's Mercy Regional Foundation 2727 McClelland Blvd Joplin, MO 64804 43-1308084	Foundation	MO	501(c)(3)	7	SJRM C
St John's Regional Medical Center 2727 McClelland Blvd Joplin, MO 64804 44-0545809	Hospital	MO	501(c)(3)	3	CHI
Good Samaritan Health Systems Inc PO Box 1990 Kearney, NE 68848 47-0659441	Community	NE	501(c)(3)	11a	CHI Nebraska

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Good Samaritan Hospital PO Box 1990 Kearney, NE68848 47-0379755	HealthCare	NE	501(c)(3)	3	CHI Nebraska
Good Samaritan Hospital Foundation PO Box 1810 Kearney, NE68848 47-0659443	Foundation	NE	501(c)(3)	7	GSH
Bachmann Realty Corporation 2135 Noll Drive Suite C Lancaster, PA17603 23-3019013	Real estate	DE	501(c)(3)	11a	SJHM
St Joseph Health Ministries 2135 Noll Drive Suite C Lancaster, PA17603 23-2342997	Health	PA	501(c)(3)	11a	SJHM
St Joseph Health Ministries Foundation 2135 Noll Drive Suite C Lancaster, PA17603 23-2605579	Fundraising	PA	501(c)(3)	11a	SJHM
St Joseph Health Services Inc 2135 Noll Drive Suite C Lancaster, PA17603 20-1425375	Dental care	PA	501(c)(3)	11a	SJHM
Continuing Care Hospital 150 North Eagle Creek Drive Lexington, KY40509 61-1400619	LTACH	KY	501(c)(3)	3	SJHS
Saint Joseph Berea Hospital Foundation 305 Estill Street Berea, KY40403 26-0152877	Foundation	KY	501(c)(3)	7	SJHS
Saint Joseph Health System Inc 150 N Eagle Creek Dr Lexington, KY40509 61-1334601	Hospital	KY	501(c)(3)	3	CHI
St Joseph Hospital Foundation Inc One St Joseph Drive Lexington, KY40504 61-1159649	Foundation	KY	501(c)(3)	11a	SJHS
Saint Joseph Medical Foundation Inc One St Joseph Drive Lexington, KY40504 31-1539059	Phy Practices	KY	501(c)(3)	3	SJHS
Visiting Nurse Association of Saint Clar 191 Woodport Road Sparta, NJ07871 22-1768334	Home Health	NJ	501(c)(3)	9	SCHS
Saint Elizabeth Foundation 555 South 70th Street Lincoln, NE68510 47-0625523	Foundation	NE	501(c)(3)	7	SERMC
Saint Elizabeth Health Services 555 South 70th Street Lincoln, NE68510 36-3233120	Healthcare	NE	501(c)(3)	3	SERMC
Saint Elizabeth Health Systems 555 South 70th Street Lincoln, NE68510 36-3233121	Healthcare	NE	501(c)(3)	11a	CHI
Saint Elizabeth Regional Medical Center 555 South 70th Street Lincoln, NE68510 47-0379836	Healthcare	NE	501(c)(3)	3	CHI Nebraska
The Physician Network 8055 O Street Suite 300 Lincoln, NE68510 47-0780857	Healthcare	NE	501(c)(3)	11a	CHI Nebraska
Lisbon Area Health Services 905 Main Street Lisbon, ND58054 82-0558836	Healthcare	ND	501(c)(3)	3	CHI
Alverna Apartments 300 SE 8th Avenue Little Falls, MN56345 41-1351177	Lterm Care	MN	501(c)(3)	9	CHI
Unity Family Healthcare 815 2nd Street SE Little Falls, MN56345 41-0721642	Healthcare	MN	501(c)(3)	3	CHI
St Anthony's Hospital Association 4 Hospital Drive Morrilton, AR72110 71-0245507	Healthcare	AR	501(c)(3)	3	SVIMC
St Vincent Infirmary Medical Center 2 St Vincent Circle Little Rock, AR72205 71-0236917	Healthcare	AR	501(c)(3)	3	CHI
St Vincent Medical Group 2 St Vincent Circle Little Rock, AR72205 71-0830696	Healthcare	AR	501(c)(3)	9	SVIMC
Maria-Joseph Center 4830 Salem Avenue Dayton, OH45416 31-0935118	Healthcare	OH	501(c)(3)	9	SHP
Marymount Medical Center Foundation 310 East Ninth Street London, KY40741 26-0438748	Foundation	KY	501(c)(3)	11a	SJHS
Samaritan Behavioral Health 601 S Edwin C Moses Blvd Dayton, OH45408 02-0633634	Hospital	OH	501(c)(3)	3	SHP
Mercy Medical Center 1512 12th Avenue Road Nampa, ID83686 82-0200896	Hospital	ID	501(c)(3)	3	CHI
Mercy Medical Center Foundation 1512 12th Avenue Road Nampa, ID83686 26-1737256	Foundation	ID	501(c)(3)	11a	Mercy Med Ct
Mercy Physician Group Inc 1512 12th Avenue Road Nampa, ID83686 20-8192593	Phys Group	ID	501(c)(3)	9	Mercy Med Ct
St Mary's Hospital 1314 3rd Avenue Nebraska City, NE68410 47-0443636	Hospital	NE	501(c)(3)	3	CHI Nebraska

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
St Mary's Hospital Foundation 1314 3rd Avenue Nebraska City, NE68410 47-0707604	Foundation	NE	501(c)(3)	7	SMH
Oakes Community Hospital 314 South 8th Street Oakes, ND58474 45-0231675	Hospital	ND	501(c)(3)	3	CHI
Oakes Community Hospital Foundation 314 South 8th Street Oakes, ND58474 71-0966606	Foundation	ND	501(c)(3)	11a	OCH
Holy Rosary Medical Center DBA The Domi 351 SW 9th Street Ontario, OR97914 93-0433692	Hospital	OR	501(c)(3)	3	CHI
Holy Rosary Medical Center Foundation 351 SW 9th Street Ontario, OR97914 20-2683560	Foundation	OR	501(c)(3)	11a	HRMC
St Joseph's Area Health Services 600 Pleasant Avenue Park Rapids, MN56470 41-0695603	Hospital	MN	501(c)(3)	3	CHI
St Anthony Hospital 1601 SE Court Avenue Pendleton, OR97801 93-0391614	Hospital	OR	501(c)(3)	3	CHI
St Anthony Hospital Foundation 1601 SE Court Avenue Pendleton, OR97801 93-0992727	Foundation	OR	501(c)(3)	11a	SA Hospital
Gettysburg Medical Center 606 East Garfield Avenue Gettysburg, SD57442 46-0234354	Hospital	SD	501(c)(3)	3	SMHC
St Mary's Healthcare Center 801 East Sioux Avenue Pierre, SD57501 46-0230199	Healthcare	SD	501(c)(3)	3	CHI
Mt St Joseph Inc 3060 SE Stark Street Portland, OR97214 93-0386870	Nursing Care	OR	501(c)(3)	9	CHI
Pueblo Stepup 1925 East Orman Avenue Suite G52 Pueblo, CO81004 84-1234295	Community	CO	501(c)(3)	7	CHI
Bornemann Healthcare Corporation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2187242	Healthcare	PA	501(c)(3)	11a	CHI
St Joseph Medical Center Foundation 2500 Bernville Road PO Box 316 Reading, PA19603 23-2649362	Foundation	PA	501(c)(3)	11a	SJRHN
St Joseph Medical Group 2500 Bernville Road PO Box 316 Reading, PA19603 20-8544021	Healthcare	PA	501(c)(3)	9	BHC
St Joseph Regional Health Network 2500 Bernville Road PO Box 316 Reading, PA19603 23-1352211	Healthcare	PA	501(c)(3)	3	CHI
Linus Oakes Inc 2700 Stewart Parkway Roseburg, OR97470 93-0821381	Senior Living	OR	501(c)(3)	9	MMC
Mercy Foundation Inc 2700 Stewart Parkway Roseburg, OR97470 93-6088946	Foundation	OR	501(c)(3)	7	MMC
Mercy Medical Center 2700 Stewart Parkway Roseburg, OR97470 93-0386868	Hospital	OR	501(c)(3)	3	CHI
Franciscan Villa of South Milwaukee Inc 3601 South Chicago Avenue South Milwaukee, WI53172 39-1093829	Healthcare	WI	501(c)(3)	9	CHI
Enumclaw Community Hospital 1450 Battersby Avenue Enumclaw, WA98022 91-0715805	Hospital	WA	501(c)(3)	3	FHS
Franciscan Foundation 1717 South J Street Tacoma, WA98405 91-1145592	Fundraising	WA	501(c)(3)	9	FHS
Franciscan Health System FKA Franciscan 1717 South J Street Tacoma, WA98405 91-0564491	Healthcare	WA	501(c)(3)	3	CHI
Franciscan Medical Group 1708 South Yakima Avenue Tacoma, WA98405 91-1939739	Healthcare	WA	501(c)(3)	9	FHS
St Joseph Medical Center Foundation In 7601 Osler Drive Towson, MD21204 52-1681044	Fundraising	MD	501(c)(3)	7	SJMC
St Joseph Medical Center Inc 7601 Osler Drive Towson, MD21204 52-0591461	Hospital	MD	501(c)(3)	3	CHI
St Joseph Physician Enterprises 7601 Osler Drive Towson, MD21204 52-1311775	Physicians	MD	501(c)(3)	11a	CHI
Samaritan Health Foundation 2222 Philadelphia Drive Dayton, OH45406 23-7296923	Foundation	OH	501(c)(3)	7	SHP
Mercy Hospital of Valley City 570 Chautauqua Boulevard Valley City, ND58072 45-0226553	Hospital	ND	501(c)(3)	3	CHI
Mercy Medical Center 1301 15th Avenue West Williston, ND58801 45-0231183	Healthcare	ND	501(c)(3)	3	CHI

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

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
Mercy Medical Foundation  1301 15th Avenue West Williston, ND58801 45-0381803	Foundation	ND	501(c)(3)	11a	MMC
Samaritan Health Partners  2222 Philadelphia Drive Dayton, OH45406 31-1107411	Healthcare	OH	501(c)(3)	11a	CHI
St Vincent Foundation  Two St Vincent Circle Little Rock, AR72205 51-0169537	Fundraising	AR	501(c)(3)	11a	SVIMC
Auxiliary of Holy Rosary Hospital Inc  351 SW 9th Street Ontario, OR97914 94-3059469	Hospital	OR	501(c)(3)	9	HRM C
The Mercy Hospital of Devils Lake Fdn  1031 East Seventh Street Devils Lake, ND58301 35-2367360	Foundation	ND	501(c)(3)	11a	MHDL
Alegent Health - Bergan Mercy Health Sys  7500 Mercy Road Omaha, NE68124 47-0484764	Hospital	NE	501(c)(3)	3	CHI
Alegent Health - Mercy Hospital Corning  PO Box 368 Corning, IA50841 42-0782518	Hospital	IA	501(c)(3)	3	AHBMHS
Mercy Health Care Foundation  PO Box 368 Corning, IA50841 42-1461064	Foundation	NE	501(c)(3)	11a	AHMH
Mercy Hospital Foundation Council Bluff  800 Mercy Drive Council Bluffs, IA51503 42-1178204	Foundation	IA	501(c)(3)	11a	N/A

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?	
							Yes	No		Yes	No
Superior Medical Imaging LLC 5000 North 26th Street Lincoln, NE68521 26-2884555	OP Diagnostics	NE	SERMC	Related		2,091,929		No			No
Central Nebraska Rehab Services 3004 W Fairley Ave Grand Island, NE68802 81-0653461	Physical Therapy	NE	CHI	Related	15,827,712	4,183,006		No			No
Mercy West Endoscopy LLC 1601 NW 114th St Suite 244 Clive, IA50325 90-0129077	Ambulatory Surg	IA	CHI-IA Corp	Related	1,690,849	2,016,353		No			No
Audubon Land Company LLC 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 84-1513085	Real Estate	CO	THC	Related		9,259,533		No			No
Breckenridge Medical Clinic LLC 555 South Park Avenue Plaza 11 Breckenridge, CO80424 65-1295958	Medical Clinic	CO	THC	Related				No			No
Penrad Imaging 1390 Kelly Johnson Blvd Colorado Springs, CO80920 84-1072619	Medical Imaging	CO	THC	Related	314,771	9,836,292		No			No
St Anthony Regional Mtn Cancer Center 4231 W 16th Avenue Denver, CO80112 37-1568013	Cancer Center	CO	THC	Related	-242,741	546,966		No			No
St Francis Land Company 5390 N Academy Blvd Suite 300 Colorado Springs, CO80918 26-3134100	Real Estate	CO	THC	Related	-66,738	15,439,923		No			No
OrthoColorado LLC 11650 West 2nd Place Lakewood, CO80255 37-1577105	Ortho Hospital	CO	THC	Related		2,821,680		No			No
Mercy Outpatient Surgery Center LLC 1512 12th Avenue Road Nampa, ID83686 84-1380439	Surgery Center	ID	MMC	Related	-484,585	1,129,360		No		Yes	
Peninsula Radiation Oncology 314 Martin Luther King Jr Way 11 Tacoma, WA98405 87-0808610	Healthcare Srvc	WA	FHS	Related	282,899	2,387,702		No			No
Healthcare Support Services LLC PO Box 9804 Grand Island, NE688029804 72-1546196	Laundry	NE	CHI	Related	73,817	3,912,695		No	-88,608		No
Bluegrass Regional Imaging Center 1218 South Broadway Suite 310 Lexington, KY40504 61-1386736	Diagnostic	KY	SJ HospitalLex	Related	260,714	4,317,057		No			No
Ambulatory Surgery Cntr Rsbg LLC 2750 W Harvard Roseburg, OR97471 93-1293442	Day Surgery	OR	Mercy Medical	Related	190,224	2,092,370		No		Yes	
North River Surgery Center LLC 2209 Wildwood Avenue Sherwood, AR72120 71-0799771	Ambul Surg Ctr	AR	SVIMC	Related	-42,795	1,650,592		No			No
CHI Operating Investment Program LP 9780 Mt Pyramid Court 3rd Floor Englewood, CO80112 47-0727942	Investments	CO	CHI	Investment	58,022	4,069,968		No		Yes	

**Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Percentage ownership
Mercy Health Services Corporation 2727 McClelland Blvd Joplin, MO 64804 43-1457881	DME	MO	St John's RMC	C Corp	-17,953	2,093,683	100 %
Mountain Management Services Inc 6028D Shallowford Road Chattanooga, TN 37422 62-1570739	mgmt svc org	TN	MHCS	C Corp	383,380	11,783,040	100 %
MedQuest 1301 15th Avenue West Williston, ND 58801 45-0392137	Sale of DME	ND	MHof Williston	C Corp	38,645	921,119	100 %
St Anthony Development Company 1415 Southgate Pendleton, OR 97801 93-1216943	Athletic Club	OR	St Anthony H	C Corp	17,998	3,142,823	100 %
Healthcare Management Inc 555 South 70th Street Lincoln, NE 68510 47-0662703	Billing Services	NE	NA	C Corp			
GOOD SAMARITAN OUTREACH SERVICES PO BOX 1990 KEARNEY, NE 68848 47-0659440	MEDICAL CLINIC	NE	GSHS	C Corp			100 %
HEALTH SYSTEMS ENTERPRISES INC PO BOX 1990 KEARNEY, NE 68848 47-0664558	MANAGEMENT	NE	GSHS	C Corp	17,676	1,769,891	100 %
Mercy Park Apartments Ltd 1111 6th Avenue Des Moines, IA 50314 42-1202422	Housing	IA	CHI-IA Corp	C Corp	23,229	1,878,898	100 %
Des Moines Medical Center Inc 1111 6th Avenue Des Moines, IA 50314 42-0837382	Real Estate	IA	CHI-IA Corp	C Corp	-56,189	1,093,386	91 13 %
Comcare Services 4231 W 16th Avenue Denver, CO 80204 84-0904813	Inactive	CO	CHIC	C Corp			100 %
Mednow Inc 1512 12th Avenue Road Nampa, ID 83686 82-0389927	Outpat Pharmacy	ID	Mercy Med Ctr	C Corp	4,534,408	5,348,476	100 %
Saint Clare's Primary Care Inc 66 Ford Road Denville, NJ 07834 22-2441202	Billing Services	NJ	SCCC	C Corp	-483,820	2,590,487	100 %
Healthcare Mgmt Services Org Inc 1149 Market St Tacoma, WA 98402 91-1865474	Health Org	WA	FHS	C Corp			100 %
Physician Health System Network 1149 Market St Tacoma, WA 98402 91-1746721	Health Org	WA	FHS	C Corp			100 %
Saint Clare's Health Care Solutions Inc 66 Ford Road Denville, NJ 07834 20-4969477	Nursing	NJ	SCHCS	C Corp	-81,617		100 %
Mercy Services Corp 2700 Stewart Parkway Roseburg, OR 97470 93-0824308	Retail Sales	OR	Mercy Medical	C Corp	-276,939	1,649,984	100 %
Caduceus Medical Associates Inc 6028 Shallowford Road Suite D Chattanooga, TN 37422 62-1570736	Healthcare	TN	MHCS	C Corp		1,008	100 %
CENTRAL KANSAS HEALTH SERVICES ASSOCIATI 3515 Broadway Great Bend, KS 67530 48-1042853	MEDICAL EQUIPMENT	KS	CKMC	C Corp	100	-309,321	100 %
St Vincent Community Health Services In Two St Vincent Circle Little Rock, AR 72205 71-0710785	Healthcare	AR	SVIMC	C Corp	1,018,000	10,399,000	100 %
Alternative Insurance Management Service 3900 Olympic Boulevard Suite 400 Erlanger, KY 41018 84-1112049	Management Servic	CO	N/A	C Corp		4,445,439	100 %
Nazareth Assurance Company 76 St Paul Street Suite 500 Burlington, VT 05401 03-0304831	Insurance	VT	CHI	C Corp	262	5,695	100 %
Franciscan Services Inc 9780 Mt Pyramid Ct Englewood, CO 80112 23-2487967	Healthcare	CO	CHI	C Corp	-252,887	7,815,631	100 %
SJH Services Corporation 9780 Mt Pyramid Ct Englewood, CO 80112 23-2307408	Healthcare	CO	FSI	C Corp	106,864	3,481,247	100 %
St Joseph Development Company Inc 1717 South J Street Tacoma, WA 98405 91-1480569	Rental	WA	FSI	C Corp	1,153,946	11,984,725	100 %
Towson Management Inc 7601 Osler Drive Towson, MD 21204 52-1710750	Management Servic	MD	FSI	C Corp	74,937	474,456	100 %

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 61-1159649  
**Name:** St Joseph Hospital Foundation Inc

### Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
Brutus Clay , Treasurer	1 0	X		X					
Mike Ades , Board Member	1 0	X							
Sally Blake , Board Member	1 0	X							
Cary Blaydes , Board Member	1 0	X							
Peter Cassidy , Board Member	1 0	X							
Susan Dean , Board Member	1 0	X							
CV Ethington , Board Member	1 0	X							
Nelson Fonticiella , Secretary	1 0	X	X						
Doug Hacker , Board Chair	1 0	X		X					
Laura Hardage , Board Member	1 0	X							
Robert Hewett , Board Member	1 0	X							
Walter Hillenmeyer , Board Member	1 0	X							
Joseph Hood , Board Member	1 0	X							
Jane Hodges , Board Member	1 0	X							
Ken Haynes , Board Member	1 0	X					483,188	32,751	
Barry Stumbo , President/CEO	1 0	X					125,337	11,238	
Magdalene Karon , Board Member	1 0	X							
David Keedy , Board Member	1 0	X							
Mike Marnhout , Board Member	1 0	X							
Porter Peeples , Board Member	1 0	X							
Leon Smith , Board Member	1 0	X							
Patricia Takacs , Board Member	1 0	X							
Teresa Wallen , Vice Chair	1 0	X		X					
Linda Rumpke , Board Member	1 0	X							
Robert Salley , Board Member	1 0	X							