

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Department of the Treasury

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150 2009

Open to Public Inspection

A	or the	the 2009 calendar year, or tax year beginning May 1 , 2009, and ending				Ap	April 30,			10		
В			Please	C Name of organization			11		D Employer identification		on numbe	er
=	Address o	-	ge use IRS label or St. Joseph Worker Foundation, Inc.					62-1825301				
=	Name cha	-	pnnt or Number and street (or P O box, if mail is not delivered to street address) Room/suit					E Teleph	one ni	ımber		
=	Initial retu Terminate		type. See 158 Boxwood Drive						615-309-9746			
=	Amended		Specific Instruc-	City or town, state or country, and	IZIP + 4			F Group	Group Exemption			
model model									umber ▶			
	• Sec	tion 501(c)(3)	organiz	zations and 4947(a)(1) nonexe	mpt charitable trusts	must attach	G Acco	unting Met	thod:	✓ Ca	sh 🔲 A	ccrual
				mpleted Schedule A (Form 99)				r (specify)	>			
							H Chec	k ▶ 🗹 if	the o	rganiza	tion is no	t
1.	I Website: ▶ www.stjosephworker.org required to at									hedule	B (Form	990,
J Tax-exempt status (check only one) — ✓ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 990-EZ, or 990-PF).												
K	K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A											
	Form 9			turn is not required, but if the o								
L	Add line			e 9 to determine gross receipts, if					\$			44350
Р	art I	Revenu	ie, Exp	enses, and Changes in	Net Assets or Fu	nd Balanc	es (See the	e instruc	tions	for P	art I.)	
	1	Contribution	ons, gif	ts, grants, and similar amou	nts received				1			44350
	2	Program s	ervice r	revenue including governme	nt fees and contract	ts		[2			0
	3	Membersh	nip dues	s and assessments				[3			0
	4	Investmen	t incom	ie				[4			0
	5a	Gross amo	ount fro	m sale of assets other than	inventory	. 5a		0				
	Ь	Less: cost	or othe	er basis and sales expenses		. 5b		0				
	С			n sale of assets other than ir			ine 5a)		5c			0
E	6	Special event	ts and act	tivities (complete applicable parts of	Schedule G). If any amou	unt is from gam	i ng, check here	▶ 🔲 🗍				
Je J	а	Gross reve	enue (no	ot including \$	44350 of contribut	tions						
Revenue)				0				
	Ь	b Less: direct expenses other than fundraising expenses 6b										
	C	Net incom	e or (lo:	ss) from epasial events and	activities (Subtract I	ine 6b from	line 6a)		6c			0
	7a			ventory, les turb allalio		. 7a	Ī	0			•	
	Ь	Less: cost	of goo	ds sold	70	. 7b		0				
	C	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							7c			0
	8								8			0
	9			dd lines 1, 2 , 3, 4, 5c, 6c, 7d	;_ah∰8	.		▶	9			44350
	10	Grants and	d simila	r amounts paid attach sette	(dule)			· . [10			44367
	11	Benefits p	aid to c	or for members	٠ ل بصب			L	11			0
es	12	Salaries, other compensation, and employee benefits							12			0
enses	13	Professional fees and other payments to independent contractors							13			0
Expe	14	Occupancy, rent, utilities, and maintenance							14			0
ij	15	Printing, publications, postage, and shipping							15			0
	16	Other expenses (describe Bank charge							16			15
	17	Total expenses. Add lines 10 through 16							17			44382
Ş	18) for the year (Subtract line 1					18			(32)
Se	19			nd balances at beginning of								
Ą		end-of-year figure reported on prior year's return)							19			173
Net Assets	20		•	net assets or fund balances	•	-		_	20			0
	21	Net assets	or fun	d balances at end of year. C	ombine lines 18 thre	ough 20 .			21	C	000	141
نا	Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year											
				(See the instructions for I	<u>.</u>			ginning of y	-		End of ye	
	22 Cash, savings, and investments							173	-		141	
2									23		0	
	24 Other assets (describe ►)								24		141	
25 Total assets								173	25 26		141	
	Total liabilities (describe ►) Net assets or fund balances (line 27 of column (B) must agree with line 21)								173			141
2	<u>r N</u>	Cr 922612 01	i iuiiu k	valarices (inte 27 di columni	(U) Inust agree with		<u> </u>					

• • • • • • • • • • • • • • • • • • • •	()					. ugo -		
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part II	l.)		Expenses		
<i>N</i> ha		uired for section c)(3) and 501(c)(4)						
Desc	What is the organization's primary exempt purpose? Aid to the poor of Haiti escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise							
manı	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation f		nizations and section (a)(1) trusts, optional		
each	program title.					thers.)		
28	66 students received educational scholarships							
	i							
	(Grants \$ 24185) If this amount	includes foreign grants, ch	eck here	. ▶ [28a	24185		
29	348 persons received financial assistance for medical							

	(Grants \$ 19352) If this amount	includes foreign grants, ch	ock here	. ▶ [☑ 29a	19352		
30	Grant to "St. Joseph Worker Foundation, Inc. for Chi					10002		
30	the Community Foundation of Middle Tennessee, Inc.							
	the Community i Canadator of Mindale Fernicesee, inc							
	(Cronto ¢ 930 \ If this omount	includes foreign grants, ch	ook horo	r	 □ _{30a}	830		
24			eck liefe		<u> 30a</u>	- 550		
31	Other program services (attach schedule)				7 242			
22	(Grants \$) If this amount Total program service expenses (add lines 28a	includes foreign grants, che			31a ▶ 32	44367		
	t IV List of Officers, Directors, Trustees, and Key							
ı aı	List of Officers, Directors, Trustees, and Rej	(b) Title and average	(c) Compensation		ibutions to	(e) Expense		
	(a) Name and address	hours per week	(If not paid,	employee be	enefit plans &			
land	Mildonon	devoted to position	enter -0)	deterred co	mpensation	other allowances		
	Wildeman	President, 1 hour			^			
	Boxwood Drive, Franklin, TN 37069		0		0	0		
		Vice-Pres, Treasurer, 4 hrs	_		0	0		
	Boxwood Drive, Franklin, TN 37069		0		<u>U</u>	,		
	/ Seibert	Secretary, 1 hour						
2230	N 720 E, Dubois, IN 47527		0		0	0		
		-						
		-						
						ļ		
		1						
		1						
		<u> </u>						
		1						

	0-EZ (2009)		P	age 3					
Part V Other Information (Note the statement requirements in the instructions for Part V.)									
			Yes	No					
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓					
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓					
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.								
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓					
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year?	35b 36		√					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0								
b 38a	Did the organization file Form 1120-POL for this year?	37b		√					
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓					
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved								
a	Initiation fees and capital contributions included on line 9	*	٠	:					
b	Gross receipts, included on line 9, for public use of club facilities								
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i					
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0	Ä.) \						
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit		<u>}^</u> .						
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓					
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	; **	·	10 at a a a a a a a a a a a a a a a a a a					
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	:							
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1					
41	List the states with which a copy of this return is filed. ▶ None (Not required in Tennessee)								
42a	The diganization of books are in our core	15-30		5					
		37069	-6968						
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No					
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	res	V					
	If "Yes," enter the name of the foreign country: ▶	720							
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		√					
	If "Yes," enter the name of the foreign country: ▶			_					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. 1	▶ □					
			V	Nie					
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		Yes	NO					
44	Form 990-EZ	44		1					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If								
	"Yes," Form 990 must be completed instead of Form 990-EZ	45		✓					

Part \	Л	-50	ction 501(c)(3) organizations and s 1(c)(3) organizations and section 494 d complete the tables for lines 50 an	17(a)(1) nonexem	1) nonex pt charit	cempt charit able trusts m	able trusts only. Ansternation	II sec ons 4	tion 6–49	b
46			organization engage in direct or indirect						Yes	No
	candidates for public office? If "Yes," complete Schedule C, Part I							46		✓
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II									✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?								-	√
			organization make any transfers to an ex was the related organization a section 5	•		•		49a 49b	-	
50	Com	nple	te this table for the organization's five hi	ghest compensate	d employ		n officers, directors,	truste		
			ees) who each received more than \$100,0	(b) Title and ave		ne organizatio (c) Compensation			Exper	
	(a) N	lame	and address of each employee paid more than \$100,000	hours per wee devoted to posi	ek	(o) compondum	employee benefit plans & deferred compensation	ac	count a	ind
None										
					1			 		
			mber of other employees paid over \$100			0	<u> </u>	<u> </u>		
51		0,00	te this table for the organization's five to 0 of compensation from the organization Name and address of each independent contractor	n. If there is none,	enter "No	one."	Type of service		more	
None		(0)				(6)	Type of service	(0) 00	пропо	
									-	
							_			
								_		
								_		
	Tota	ıl nu	mber of other independent contractors e	ach receiving over	\$100.00					
u	TOta	ıı +ıu	mber of other independent contractors e	ach receiving over	\$100,00	· · · · · · · · · · · · · · · · · · ·				
			der penalties of perjury, I declare that I have examine belief, it is true, correct, and complete Declaration							
Sign Here	Diland Wilderson 7/8/2010									
		7	Signature of officer				Date#			
	Richard Wildeman, Vice-President/Treasurer Type or print name and title									
Paid			parer's		Date	Check if self-	Preparer's identifying nu	nber (Se	e instruc	tions)
Prepare	er's	_	nature			employed ▶	.			
Use On	Jnly yours it self-employed),				EIN ►					
	لـــُــ		ress, and ZIP + 4 Focuses this return with the preparer shown	above? Securetr	uctions		Phone no ▶	Yes		
iviay (1)	e inc	J UI	sous this return with the preparer show	LADOVE: OCC IIISIII	20110113	· · · · ·				(2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 (0)**119** Open to Public

Department of the Treasury ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. Inspection Internal Revenue Service Employer identification number Name of the organization 62 1825301 St. Joseph Worker Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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). 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: 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). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33\% % of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/3 % 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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. **d** ☐ Type III–Other c Type III-Functionally integrated a 🗌 Type I **b** Type II 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (ii) EIN (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (v) Did you notify (vi) Is the organization (described on lines 1-9 in col. (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? US? No Yes Yes Yes No No

Total

(f) Total

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

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

(a) 2005

(b) 2006

(c) 2007

(d) 2008

(e) 2009

		ŀ				1				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	19952	21773	23115	28595		44350	137785		
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	0	0	0	0		0	0		
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0			0		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0		0	0		
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0		0	0		
6	Total. Add lines 1 through 5	19952	21773	23115	28595		44350	137785		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0		0	0		
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the									
	amount on line 13 for the year	0	0	0	0		0	0		
_	Add lines 7a and 7b	U	U	U	U		- 0			
8	Public support (Subtract line 7c from line 6.)	:		ř			l	137785		
	tion B. Total Support									
Ca	llendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e)	2009	(f) Total		
9	Amounts from line 6	19952	21773	23115	28595		44350	137785		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0		0	0		
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0		0	0		
С	Add lines 10a and 10b	0	0	0	0		0	0		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on	0	0	0	0		0	0		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0		0	0		
13	Total support. (Add lines 9, 10c, 11, and 12.)	19952	21773	23115	28595		44350	137785		
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourth	-	ear as	a sectio	n 501(c)(3) ▶ □		
Sec	tion C. Computation of Public Su	·- 								
15 16	Public support percentage for 2009 (lin Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	ne 13, column	(f) . 	15 16		100 % 100 %		
Sec	tion D. Computation of Investmen					T T		0 0/		
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . 17 0 %									
18	Investment income percentage from 20					18	on 201/ 0			
19a	33\% % support tests - 2009. If the organism not more than 33\% %, check this b									
b	33% % support tests—2008. If the organ line 18 is not more than 33% %, check this	ization did not	check a box on	line 14 or line	19a, and line 1	6 is mo	ore than 3	33/3 %, and		
20	Private foundation. If the organization		_		•		_	_		
				,,				or 990-EZ) 2009		