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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 20 10

B Check if applicable:
- [ ] Address change
- [X] 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 LONDON FOUNDATION, INC.

Doing Business As

Number and street (or P.O box if mail is not delivered to street address) 310 EAST NINTH STREET — Room/suite

City or town, state or country, and ZIP + 4 LONDON, KY 40741

D Employer identification number 26-0438748

E Telephone number (606) 877-3710

G Gross receipts $ 101,816.

F Name and address of principal officer BARRY STUMBO
310 EAST NINTH STREET, LONDON, KY 40741

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

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

H(c) Group exemption number ▶ 0928

I Tax-exempt status: [X] 501(c)(3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ N/A

K Type of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 2007 **M** State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
ST. JOSEPH LONDON FOUNDATION SOLICITS AND ADMINISTERS DONATIONS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF ST. JOSEPH HEALTH SYSTEM.

2 Check this box ▶ [ ] 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)	3	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contribution and grants (Part VIII, line 1h)	5,111.	66,165.
9	Program service revenue (Part VIII, line 2g)		0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	163.	127.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-6,950.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,274.	59,342.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
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) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	0.	826.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	826.
19	Revenue less expenses Subtract line 18 from line 12	5,274.	58,516.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	21,143.	79,659.
21	Total liabilities (Part X, line 26)	0.	0.
22	Net assets or fund balances Subtract line 21 from line 20	21,143.	79,659.

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Part II Signature Block

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

Sign Here

▶ Signature of officer — Date 5-16-11

▶ Barry A. Stumbo Pres & CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature		Date 5/13/11	Check if self-employed ▶ [ ]
Preparer's identifying number (see instructions)	P00642127		
Firm's name (or yours if self-employed), address, and ZIP + 4	CATHOLIC HEALTH INITIATIVES, 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	EIN ▶	47-0617373
		Phone no ▶	720-874-1500

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. ★ Form **990** (2009)

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
ATTACHMENT 3

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 501(c)(4) organizations and section 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 $ 0. including grants of $ 0.) (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** ▶ 0.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	• Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — Yes: X, No:	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
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.*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**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*	25a		X
b	Is the organization 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*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	X	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . . 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	11		
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			X
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			X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5			X
6	Does the organization have members or stockholders?	6		X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, 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*	9a			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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		

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 Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHI NATIONAL FOUNDATION 6385 CORPORATE DRIVE, SUITE 301 COLORADO SPRINGS, 719-548-7090

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

[X] Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Former			
VIRGINIA DEMPSEY BOARD MEMBER	3.00	X							398,368.	60,458.
PEGGY PRATT BOARD MEMBER	1.00	X								
SCOTT WEBSTER BOARD MEMBER	1.00	X								
PAUL SMITH BOARD MEMBER	1.00	X								
WHITNEY GREER STOKES BOARD MEMBER	1.00	X								
MIKE HUMFLEET BOARD MEMBER	1.00	X								
LAWRENCE KUHL BOARD MEMBER	1.00	X								
JANIE WILLIAMS BOARD MEMBER	1.00	X								
HOLBERT HODGES, JR. BOARD MEMBER	1.00	X								
DIANNA MILAM BOARD MEMBER	1.00	X								
BARRY STUMBO PRESIDENT/CEO	1.00	X		X					143,317.	18,094.
APRIL NEASE BOARD MEMBER	1.00	X								
JOE SCHENKENFELDER BOARD MEMBER	1.00	X								
SHARON HERSHBERGER EXECUTIVE DIRECTOR	40.00			X					87,959.	11,840.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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	Former			
1b Total ▶									629,644.	90,392.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
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? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 26-0438748

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	17,996.			
	d Related organizations	1d	37,145.			
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	11,024.			
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f		66,165.			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		127.			127.
	4 Income from investment of tax-exempt bond proceeds		0.			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	8a Gross income from fundraising events (not including $ 17,996. of contributions reported on line 1c) ATCH 4 See Part IV, line 18 a	35,524.				
	b Less direct expenses b	42,474				
	c Net income or (loss) from fundraising events ATCH. 5.		-6,950.			30,145.
	9a Gross income from gaming activities. See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0.			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0			
	12 Total Revenue. See instructions		59,342.			30,272

Form 990 (2009)

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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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	826.		826.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a _____				
b _____				
c _____				
d _____				
e _____				
f All other expenses _____				
25 **Total functional expenses.** Add lines 1 through 24f	826.	0.	826.	0.
26 **Joint Costs.** Check here ▶ ☐ 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
Assets	1	Cash - non-interest-bearing	21,143.	1	0.
	2	Savings and temporary cash investments		2	79,659.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	21,143.	16	79,659.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	0.	25	0.
	26	**Total liabilities.** Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	6,292.	27	6,908.
	28	Temporarily restricted net assets	14,851.	28	72,751.
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	21,143.	33	79,659.
	34	Total liabilities and net assets/fund balances	21,143.	34	79,659.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
ST. JOSEPH LONDON FOUNDATION, INC.	26-0438748

Part I 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.)

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).**

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).**

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?

	Yes	No
(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 supported organization? 11g(i)		X
(ii) A family member of a person described in (i) above? 11g(ii)		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		X

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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	
ATTACHMENT 1									
Total									

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** 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 **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT
SAINT JOSEPH HEALTH SYSTEM	61-1334601	03	X	X	X	
TOTAL AMOUNT OF SUPPORT						

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ 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)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 acquisition, acces sion, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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 solici t 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 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, custo dian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . . ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	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 XI V

Part V Endowment Funds. Complete if 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the y ear end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Term endowment ▶ _____ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizati ons listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of t he organization's endowment funds

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				

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		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

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

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Amount
Federal income taxes	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. FIN 48 Footnote. 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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	59,342.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	826.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	58,516.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	58,516.

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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			
c	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	

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

1	Total expenses and losses per audited financial statements			1	
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
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 must equal Form 990, Part I, line 18.)*			5	

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 IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information *(continued)*

REPORTING OF LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740

SCH. D PART XIV

ST. JOSEPH LONDON FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2010 READS AS FOLLOWS:

"CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX.

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."

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization
ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number
26-0438748

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

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 services? ☐ 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(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
Total ▶						

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 HEART GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other Events 0 (total number)	(d) Total events (add col. (a) through col (c))
Revenue	1 Gross receipts	12,620.	40,900.		53,520.
	2 Less: Charitable contributions	13,296.	4,700.		17,996.
	3 Gross income (line 1 minus line 2)	-676.	36,200.		35,524.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				( )
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				35,524.

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 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % / No	Yes % / No	Yes % / No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities: _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain:			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain.			
11	Does the organization operate gaming activities with nonmembers?	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?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in:				
a	The organization's facility	13a	%		
b	An outside facility	13b	%		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ▶				
	Address ▶				
15 a	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 of the third party:				
	Name ▶				
	Address ▶				
16	Gaming manager information:				
	Name ▶				
	Gaming manager compensation ▶$ _____				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.** ▶**See separate instructions.**

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b	If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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.			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☐ Compensation survey or study		
	☐ Form 990 of other organizations	☐ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VIRGINIA DEMPSEY	(i)							
	(ii)	283,292.	99,691.	15,385.	24,750.	35,708.	458,826.	
BARRY STUMBO	(i)							
	(ii)	131,621.	11,406.	290.		18,094.	161,411.	
	(i)							
	(ii)							
	(i)							
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	(ii)							

JSA

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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.

METHODS USED TO ESTABLISH CEO COMPENSATION

SCHEDULE J, PART I, Q. 3

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL WAS ESTABLISHED AND PAID BY CATHOLIC HEALTH INITIATIVES, (CHI), A RELATED ORGANIZATION. CHI USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: (1) COMPENSATION COMMITTEE; (2) INDEPENDENT COMPENSATION CONSULTANT; (3) WRITTEN EMPLOYMENT CONTRACTS; (4) COMPENSATION SURVEY OR STUDY; (5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

POST-TERMINATION PAYMENTS

SCHEDULE J, PART I, Q. 4A

POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT AGREEMENTS FOR CHI'S 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 ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE. NO REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CHI

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.

DURING THE 2009 CALENDAR YEAR.

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, Q. 4B

DURING THE 2009 CALENDAR YEAR CHI MAINTAINED A SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN FOR SENIOR VICE PRESIDENTS AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUAL WAS ELIGIBLE TO PARTICIPATE DURING THE 2009 CALENDAR YEAR AND RECEIVED THE FOLLOWING CONTRIBUTION:

VIRGINIA DEMPSEY - $24,750

NO INDIVIDUALS RECEIVED PAYMENTS FROM THE SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN DURING THE 2009 CALENDAR YEAR.

SCHEDULE O (Form 990)	Supplemental Information to Form 990	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	2009 Open to Public Inspection

Name of the organization	Employer identification number
ST. JOSEPH LONDON FOUNDATION, INC.	26-0438748

ATTACHMENT 2

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, Q. 4A

THE SAINT JOSEPH-LONDON FOUNDATION IS DEDICATED TO BUILDING A HEALTHIER COMMUNITY THROUGH PHILANTHROPIC LEADERSHIP, CHARITABLE OUTREACH AND EDUCATIONAL PROGRAMMING THAT SUPPORT THE HOSPITAL'S PRIMARY MISSION OF PROVIDING COMPASSIONATE, CURATIVE AND SPIRITUAL CARE TO ALL WHO SEEK IT.

OUR GOVERNING BODY IS MADE UP OF LOCAL BUSINESS OWNERS AND/OR LEADERS WHO HAVE AN INTEREST IN FUTURE GROWTH OF OUR HOSPITAL AND THE COMMUNITY WE SERVE.

OUR PRIMARY PURPOSE WILL BECOME THAT OF SUPPORTING EXISTING HOSPITAL PROJECTS AND VENTURES, AS WELL AS ASSISTING NEW HEALTHCARE INITIATIVES. A MAJOR PORTION OF OUR FOUNDATION WILL BE A SCHOLARSHIP FUND TO HELP LOCAL STUDENTS WITH EXPENSES DURING THEIR COLLEGE PURSUITS.

FOR THE FISCAL YEAR OF 2010, OUR FOUNDATION RECEIVED DONATIONS SPECIFICALLY DESIGNATED FOR ITEMS FOR THE NEW HOSPITAL (COMPLETED IN AUGUST 2010).

- AN AFFAIR FOR THE HEART GALA WAS HELD IN FEBRUARY 2010 TO BENEFIT THE SAINT JOSEPH - LONDON HEART PROGRAM. APPROXIMATELY $9,000 WAS RAISED TO PURCHASE EQUIPMENT.

Name of the organization: ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number: 26-0438748

ATTACHMENT 2 (CONT'D)

- 1ST ANNUAL CHARITY GOLF EVENT WAS HELD IN JULY 2009. APPROXIMATELY $20,000 WAS RAISED AT THIS EVENT.

MEMBERS OR SHAREHOLDERS

FORM 990, PART VI, Q. 6

THE SOLE MEMBER OF THE CORPORATION IS ST. JOSEPH HEALTH SYSTEM , A KENTUCKY NONPROFIT CORPORATION.

ELECTING BOARD MEMBERS

FORM 990, PART VI, Q. 7A

THE SOLE MEMBER HAS THE POWER TO APPOINT, REPLACE OR REMOVE THE MEMBERS OF THE BOARD OF DIRECTORS.

GOVERNING POWERS

FORM 990, PART VI, Q. 7B

ST. JOSEPH LONDON FOUNDATION, INC.'S (SJLF) 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:

1. APPROVE MEMBERS OF THE SJLF BOARD
2. AMENDMENT OF THE CORPORATE DOCUMENTS OF SJLF
3. APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJLF

Name of the organization: ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number: 26-0438748

ATTACHMENT 2 (CONT'D)

4. ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJLF

THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

1. SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJLF
2. REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJLF
3. APPROVAL OF ISSUANCE OF DEBT BY SJLF
4. APPROVAL OF PARTICIPATION OF SJLF IN A JOINT VENTURE
5. APPROVAL OF FORMATION OF A NEW CORPORATION BY SJLF
6. APPROVAL OF A MERGER INVOLVING SJLF
7. APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJLF
8. TO REQUIRE THE TRANSFER OF ASSETS BY SJLF 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.

PROCESS FOR REVIEWING THE FORM 990

FORM 990, PART VI, Q. 11

THE CHIEF FINANCE OFFICER (CFO) AND THE DIRECTOR OF FINANCE REVIEW THE RETURN. SUBSEQUENT TO THEIR REVIEW, THE TAX DEPARTMENT FILES THE RETURN

Name of the organization: ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number: 26-0438748

ATTACHMENT 2 (CONT'D)

WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED FOR REVIEW.

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY

FORM 990, PART VI, Q. 12C

ALL OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES ARE REQUIRED ANNUALLY TO COMPLETE AND SIGN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. ALL CONFLICT OF INTEREST STATEMENTS ARE REVIEWED BY THE BOARD CHAIR AND THE PRESIDENT/CEO OF ST. JOSEPH LONDON FOUNDATION. ANY OFFICER, DIRECTOR, TRUSTEE, OR KEY EMPLOYEE WHO DECLARES A CONFLICT OF INTEREST IS PROHIBITED FROM PARTICIPATING IN ANY GOVERNING BODY'S DELIBERATION AND DECISIONS. DEPARTMENT LEADERS DISCLOSE ANY POTENTIAL CONFLICTS TO THE CRO WITH THE CEO DETERMINING THE COURSE OF ACTION FOR ANY POTENTIALLY SIGNIFICANT CONFLICTS.

PROCESS FOR DETERMINING COMPENSATION CEO/EXECUTIVE DIRECTOR

FORM 990, PART VI, Q. 15A

THE ORGANIZATION'S CEO'S COMPENSATION IS PAID BY CHI. CHI USES THE HAY GROUP AS AN INDEPENDENT THIRD PARTY TO ASSESS EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE THE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. COMPENSATION OF CHI'S SENIOR MOST EXECUTIVES (INCLUDING EACH MBO CEO) IS REVIEWED ON AN INDIVIDUAL BASIS ANNUALLY. THE HAY GROUP REVIEWS BOTH CASH AND TOTAL COMPENSATION FOR OVERALL REASONABLENESS, FOR ADHERENCE TO CHI'S COMPENSATION PHILOSOPHY, AND FOR COMPARABILITY TO THE NOT-FOR-PROFIT HEALTHCARE MARKET. THIS INDEPENDENT REVIEW IS DELIVERED BY HAY GROUP TO THE HR COMMITTEE OF THE CHI BOARD OF

Name of the organization: ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number: 26-0438748

ATTACHMENT 2 (CONT'D)

STEWARDSHIP TRUSTEES ANNUALLY AT THEIR SEPTEMBER MEETING AND MINUTES ARE SHARED WITH THE FULL BOARD AT THE DECEMBER MEETING. THE LAST REVIEW WAS SEPTEMBER, 2010. IN ADDITION, IN DECEMBER 2009, HAY GROUP COMPLETED A COMPREHENSIVE REVIEW OF ALL CHI POSITIONS AT THE LEVEL OF VICE PRESIDENT AND ABOVE TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS.

PROCESS FOR DETERMINING COMPENSATION OFFICERS

FORM 990, PART VI, Q. 15B

DURING THE TAX YEAR ENDED 6/30/10, 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.

PUBLIC INSPECTION OF DOCUMENTS

FORM 990, PART VI, Q. 19

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE GOVERNING DOCUMENTS ARE AVAILABLE FROM THE SECRETARY OF STATE.

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.

ESTIMATE OF HOURS

FORM 990, PART VII

COMPENSATION REPORTED ON FORM 990, PART VII, WAS PAID TO THESE

Name of the organization: ST. JOSEPH LONDON FOUNDATION, INC.
Employer identification number: 26-0438748

ATTACHMENT 2 (CONT'D)

INDIVIDUALS BY RELATED ORGANIZATIONS IN FULFILLMENT OF THEIR DUTIES AS FULL TIME, 60 HOUR PER WEEK EMPLOYEES OF THE RELATED ORGANIZATIONS.

ATTACHMENT 3

FORM 990, PART III, LINE 1 - 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.

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
HEART GALA	13,296.
GOLF	4,700.
TOTAL	17,996.

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
HEART GALA	-676.	12,346.	-13,022.
GOLF	36,200.	30,128.	6,072.
TOTALS	35,524.	42,474.	-6,950.

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37.
▶ Attach to Form 990. ▶ See separate Instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number
26-0438748

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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

Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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 section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH COMMUNITY HEALTH SERVICES 71-0897107 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11A	CHI
ST. JOSEPH COMMUNITY HEALTH FOUNDATION 85-0253087 300 CENTRAL SW SUITE 300 ALBUQUERQUE, NM 87102	FOUNDATION	NM	501(C)(3)	7	SJCHS
ST. FRANCIS OF BAKER CITY 93-0412495 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	HOSPITAL	OR	501(C)(3)	3	CHI
ST. ELIZABETH HEALTH CARE FOUNDATION 94-3164869 3325 POCAHONTAS ROAD BAKER CITY, OR 97814	FOUNDATION	OR	501(C)(3)	7	SEHS
FLAGET MEMORIAL HOSPITAL FOUNDATION, INC 56-2351341 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	FUNDRAISING	KY	501(C)(3)	11A	FH
FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL 61-1345363 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	HOSPITAL	KY	501(C)(3)	3	CHI
LAKEWOOD HEALTH CENTER 41-0758434 600 MAIN AVENUE SOUTH BAUDETTE, MN 56623	LTERM CARE	MN	501(C)(3)	3	CHI

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	OP DIAGNOSTICS	NE	SERMC	RELATED	-155,495.	993,429.		X	272.		X
CENTRAL NEBRASKA REHAB SERVICE 3004 W FAIDLEY AVE	PHYSICAL THERAPY	NE	CHI	RELATED	1,816,979.	2,933,623.		X	5,050.		X
MERCY WEST ENDOSCOPY LLC 90-01 1601 NW 114TH ST, SUITE 244	AMBULATORY SURG	IA	CHI-IA CORP	RELATED	1,917,716.	1,695,121.		X			X
AUDUBON LAND COMPANY LLC 84-15 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	67,577.	9,001,605.		X			X
BRECKENRIDGE MEDICAL CLINIC LL 555 SOUTH PARK AVENUE PLAZA 11	MEDICAL CLINIC	CO	THC	RELATED				X			X
PENRAD IMAGING 84-1072619 1390 KELLY JOHNSON BLVD	MEDICAL IMAGING	CO	THC	RELATED	1,922,441	8,248,492.		X			X
ST ANTHONY REGIONAL MTN CANCER 4231 W 16TH AVENUE	CANCER CENTER	CO	THC	RELATED	60,513.	318,803.		X			X

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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 43-1457881 2727 MCCLELLAND BLVD JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORP	-1,033,832.	2,093,683.	100.0000
MOUNTAIN MANAGEMENT SERVICES INC 62-1570739 6028D SHALLOWFORD ROAD CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORP	348,642.	4,530,845.	100.0000
MEDQUEST 45-0392137 1301 15TH AVENUE WEST WILLISTON, ND 58801	SALE OF DME	ND	MHOF WILLISTON	C CORP	-16,794.	911,494.	100.0000
ST ANTHONY DEVELOPMENT COMPANY 93-1216943 1415 SOUTHGATE PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORP	41,861.	3,047,938.	100.0000
GOOD SAMARITAN OUTREACH SERVICES 47-0659440 PO BOX 1990 KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORP	-2,491,623.	840,232.	100.0000
HEALTH SYSTEMS ENTERPRISES, INC. 47-0664558 PO BOX 1990 KEARNEY, NE 68848	MANAGEMENT	NE	GSH	C CORP	10,957.	1,559,747.	100.0000
MERCY PARK APARTMENTS, LTD 42-1202422 1111 6TH AVENUE DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORP	227,244.	1,806,199.	100.0000

Part V **Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
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 or (iv) rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d		X
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n		X
o	Reimbursement paid to other organization for expenses	1o		X
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

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.

	(a) Name of other organization	(b) Transaction type (a–r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproportionate allocations? Yes	(f) No	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

SCHEDULE R-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule R (Form 990)

▶ Attach to Form 990 to list additional information for Schedule R (Form 990), Part I; Part II; Part III; Part IV; Part V, line 2; or Part VI.

▶ See Instructions for Schedule R (Form 990).

OMB No 1545-0047

2009

Open to Public Inspection

Name of filing organization

ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

Part I Continuation of 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

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
APPLETREE COURT 41-1850500 601 OAK STREET BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501(C)(3)	9	SFH
HEALTHCARE AND WELLNESS FOUNDATION 76-0761782 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	FOUNDATION	MN	501(C)(3)	11A	SFMC
ST. FRANCIS HOME 41-0729978 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI
ST. FRANCIS MEDICAL CENTER 41-0695598 2400 ST. FRANCIS DRIVE BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI
CARRINGTON HEALTH CENTER 45-0227311 800 NORTH 4TH STREET CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)	3	CHI
SAINT CLARE'S COMMUNITY CARE 22-2876836 66 FORD ROAD DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11B	SCHS
SAINT CLARE'S FOUNDATION, INC. 22-2502997 66 FORD ROAD DENVILLE, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS
GOOD SAMARITAN COLLEGE OF NURSING & HEAL 31-1778403 375 DIXMYTH AVE CINCINNATI, OH 45220	EDUCATION	KY	501(C)(3)	2	GHS
TOTAL HEALTHCARE 84-0927232 P.O. BOX 7021 COLORADO SPRINGS, CO 80933	HEALTHCARE	CO	501(C)(3)	3	CHI COLORAD
MEMORIAL HEALTH CARE SYSTEM, INC. 62-0532345 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	HOSPITAL	TN	501(C)(3)	3	CHI
MEMORIAL HEALTH CARE SYSTEM FOUNDATION 62-1839548 2525 DE SALES AVENUE CHATTANOOGA, TN 37404	FOUNDATION	TN	501(C)(3)	7	MHCS
MEMORIAL HEALTH PARTNERS FOUNDATION, INC 03-0417049 6028 SHALLOWFORD ROAD CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS
THE COMMUNITY LIMITED CARE DIALYSIS CENT 23-7419853 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)	NONE	GSH
GOOD SAMARITAN FOUNDATION OF CINCINNATI, 31-1206047 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	FOUNDATION	OH	501(C)(3)	11A	GSH
THE GOOD SAMARITAN HOSPITAL OF CINCINNAT 31-0537486 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	HOSPITAL	OH	501(C)(3)	3	TRI-HEALTH
SAINT CLARE'S HOSPITAL 22-3319886 66 FORD ROAD DENVILLE, NJ 07834	HOSPITAL	NJ	501(C)(3)	3	CHI
ST. FRANCIS LIFE CARE CORPORATION 22-2536017 19 POCONO ROAD DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS
TRIHEALTH PHYSICIAN INSTITUTE 31-1074519 619 OAK STREET, ACCOUNTING-3 W CINCINNATI, OH 45206	PHYSICIANS	OH	501(C)(3)	11A	GSH

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
CATHOLIC HEALTH INITIATIVES COLORADO FOU 84-0902211 961 EAST COLORADO AVENUE COLORADO SPRINGS, CO 80903	FOUNDATION	CO	501(C)(3)	7	CHI COLORAD
S.E.T. OF COLORADO SPRINGS, INC. 84-1183335 825 E. PIKES PEAK AVENUE, BLDG COLORADO SPRINGS, CO 80903	LTERM CARE	CO	501(C)(3)	7	CHI COLORAD
CATHOLIC HEALTH INITIATIVES 47-0617373 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	HEALTHCARE	CO	501(C)(3)	9	CHI
CATHOLIC HEALTH CARE FEDERATION 20-8473567 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	JURDIC PERSO	CO	501(C)(3)	11A	CHI
GLOBAL HEALTH INITIATIVES 20-1536108 1999 BROADWAY, SUITE 4000 DENVER, CO 80202	MINISTRIES	CO	501(C)(3)	11A	CHI
HEALTH S.E.T. 84-1102943 4200 WEST CONEJOS PLACE, #436 DENVER, CO 80204	LOW INC.CARE	CO	501(C)(3)	7	CHI COLORAD
BISHOP DRUMM RETIREMENT CENTER 42-0725196 1111 6TH AVENUE DES MOINES, IA 50314	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP
MERCY MEDICAL CENTER - DES MOINES A/K/A 42-0680448 1111 6TH AVENUE DES MOINES, IA 50314	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
HOUSE OF MERCY 42-1323808 1111 6TH AVENUE DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP
MERCY AUXILIARY OF CENTRAL IOWA 42-6076069 1111 6TH AVENUE DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11A	CHI-IA CORP
MERCY CLINICS, INC. 42-1193699 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY COLLEGE OF HEALTH SCIENCES 42-1511682 1111 6TH AVENUE DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP
MERCY FOUNDATION OF DES MOINES, IA 23-7358794 1111 6TH AVENUE DES MOINES, IA 50314	FOUNDATION	IA	501(C)(3)	7	CHI-IA CORP
MERCY MEDICAL CENTER - CENTERVILLE F/K/A 42-0680308 1 ST. JOSEPH'S DRIVE CENTERVILLE, IA 52544	HOSPITAL	IA	501(C)(3)	3	CHI-IA CORP
MERCY PROFESSIONAL PRACTICE ASSOCIATES, 42-1470935 1111 6TH AVENUE DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP
MERCY HOSPITAL OF DEVILS LAKE 45-0227012 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI
SAINT JOSEPH'S HOSPITAL FOUNDATION 36-3418207 30 WEST 7TH STREET DICKINSON, ND 58601	FOUNDATION	ND	501(C)(3)	11A	SJHHC
ST. JOSEPH'S HOSPITAL AND HEALTH CENTER 45-0226429 30 WEST 7TH STREET DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
MERCY REGIONAL MEDICAL CENTER OF DURANGO 84-0405515 1010 THREE SPRINGS BLVD DURANGO, CO 81301	HOSPITAL	CO	501(C)(3)	3	CHI
CHI KENTUCKY, INC 20-2741651 3900 OLYMPIC BLVD., SUITE 400 ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11A	CHI
VILLA NAZARETH, INC. 45-0226714 801 PAGE DRIVE FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI
ST. CATHERINE HOSPITAL 48-0543721 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	HOSPITAL	KS	501(C)(3)	3	CHI
ST. CATHERINE HOSPITAL DEVELOPMENT FOUND 20-0598702 401 EAST SPRUCE STREET GARDEN CITY, KS 67846	FOUNDATION	KS	501(C)(3)	11A	SCH
SAINT FRANCIS MEDICAL CENTER FOUNDATION 47-0630267 P.O. BOX 9804 GRAND ISLAND, NE 68802	FOUNDATION	NE	501(C)(3)	7	SFMC
SAINT FRANCIS MEDICAL CENTER 47-0376601 P.O. BOX 9804 GRAND ISLAND, NE 68802	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
CENTRAL KANSAS MEDICAL CENTER 48-0543724 3515 BROADWAY GREAT BEND, KS 67530	HOSPITAL	KS	501(C)(3)	3	CHI
ST. JOSEPH MEMORIAL HOSPITAL 48-1253246 923 CARROLL AVE LARNED, KS 67550	HOSPITAL	KS	501(C)(3)	3	CKMC
MNMCH, INC. 48-1216238 220 NORTH PENNSYLVANIA COLUMBUS, KS 66725	HOSPITAL	KS	501(C)(3)	3	SJRMC
MERCY LIFECARE SYSTEMS 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGM	MO	501(C)(3)	11A	SJRMC
ST. JOHN'S MEDICAL GROUP 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTIC	MO	501(C)(3)	9	SJRMC
ST. JOHN'S MERCY REGIONAL FOUNDATION 43-1308084 2727 MCCLELLAND BLVD JOPLIN, MO 64804	FOUNDATION	MO	501(C)(3)	7	SJRMC
ST. JOHN'S REGIONAL MEDICAL CENTER 44-0545809 2727 MCCLELLAND BLVD JOPLIN, MO 64804	HOSPITAL	MO	501(C)(3)	3	CHI
GOOD SAMARITAN HOSPITAL 47-0379755 P.O. BOX 1990 KEARNEY, NE 68848	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
GOOD SAMARITAN HOSPITAL FOUNDATION 47-0659443 P.O. BOX 1810 KEARNEY, NE 68848	FOUNDATION	NE	501(C)(3)	7	GSH
ST JOSEPH HEALTH MINISTRIES 23-2342997 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	HEALTH	PA	501(C)(3)	11A	CHI
ST JOSEPH HEALTH MINISTRIES FOUNDATION 23-2605579 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	FUNDRAISING	PA	501(C)(3)	11A	SJHM

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
ST. JOSEPH HEALTH SERVICES, INC. 20-1425375 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	DENTAL CARE	PA	501(C)(3)	11A	SJHM
CONTINUING CARE HOSPITAL 61-1400619 150 NORTH EAGLE CREEK DRIVE LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS
SAINT JOSEPH BEREA HOSPITAL FOUNDATION, 26-0152877 305 ESTILL STREET BEREA, KY 40403	FOUNDATION	KY	501(C)(3)	7	SJHS
SAINT JOSEPH HEALTH SYSTEM, INC. 61-1334601 150 N. EAGLE CREEK DR. LEXINGTON, KY 40509	HOSPITAL	KY	501(C)(3)	3	CHI
ST. JOSEPH HOSPITAL FOUNDATION, INC. 61-1159649 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAINT JOSEPH MEDICAL FOUNDATION, INC. 31-1539059 ONE ST. JOSEPH DRIVE LEXINGTON, KY 40504	PHY PRACTICE	KY	501(C)(3)	3	SJHS
VISITING NURSE ASSOCIATION OF SAINT CLAR 22-1768334 191 WOODPORT ROAD SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS
SAINT ELIZABETH FOUNDATION 47-0625523 555 SOUTH 70TH STREET LINCOLN, NE 68510	FOUNDATION	NE	501(C)(3)	7	SERMC
SAINT ELIZABETH HEALTH SERVICES 36-3233120 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC
CHI NEBRASKA 36-3233121 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI
SAINT ELIZABETH REGIONAL MEDICAL CENTER 47-0379836 555 SOUTH 70TH STREET LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASK
THE PHYSICIAN NETWORK 47-0780857 8055 O STREET, SUITE 300 LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI NEBRASK
LISBON AREA HEALTH SERVICES 82-0558836 905 MAIN STREET LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI
ALVERNA APARTMENTS 41-1351177 300 SE 8TH AVENUE LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	9	CHI
UNITY FAMILY HEALTHCARE 41-0721642 815 2ND STREET SE LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI
ST. ANTHONY'S HOSPITAL ASSOCIATION 71-0245507 4 HOSPITAL DRIVE MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC
ST. VINCENT INFIRMARY MEDICAL CENTER 71-0236917 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI
ST. VINCENT MEDICAL GROUP 71-0830696 #2 ST. VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
MARIA-JOSEPH CENTER 31-0935118 4830 SALEM AVENUE DAYTON, OH 45416	HEALTHCARE	OH	501(C)(3)	9	SHP
SAINT JOSEPH LONDON FOUNDATION, INC. 26-0438748 310 EAST NINTH STREET LONDON, KY 40741	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAMARITAN BEHAVIORAL HEALTH 02-0633634 601 S. EDWIN C. MOSES BLVD. DAYTON, OH 45408	HOSPITAL	OH	501(C)(3)	3	SHP
MERCY MEDICAL CENTER 82-0200896 1512 12TH AVENUE ROAD NAMPA, ID 83686	HOSPITAL	ID	501(C)(3)	3	CHI
MERCY MEDICAL CENTER FOUNDATION 26-1737256 1512 12TH AVENUE ROAD NAMPA, ID 83686	FOUNDATION	ID	501(C)(3)	11A	MERCY MED C
MERCY PHYSICIAN GROUP, INC. 20-8192593 1512 12TH AVENUE ROAD NAMPA, ID 83686	PHYS GROUP	ID	501(C)(3)	9	MERCY MED C
ST. MARY'S HOSPITAL 47-0443636 1314 3RD AVENUE NEBRASKA CITY, NE 68410	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASK
ST. MARY'S HOSPITAL FOUNDATION 47-0707604 1314 3RD AVENUE NEBRASKA CITY, NE 68410	FOUNDATION	NE	501(C)(3)	7	SMH
OAKES COMMUNITY HOSPITAL 45-0231675 314 SOUTH 8TH STREET OAKES, ND 58474	HOSPITAL	ND	501(C)(3)	3	CHI
OAKES COMMUNITY HOSPITAL FOUNDATION 71-0966606 314 SOUTH 8TH STREET OAKES, ND 58474	FOUNDATION	ND	501(C)(3)	11A	OCH
ST. DOMINIC AT ONTARIO 93-0433692 351 S.W. 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501(C)(3)	3	CHI
HOLY ROSARY MEDICAL CENTER FOUNDATION 20-2683560 351 SW 9TH STREET ONTARIO, OR 97914	FOUNDATION	OR	501(C)(3)	11A	HRMC
ST. JOSEPH'S AREA HEALTH SERVICES 41-0695603 600 PLEASANT AVENUE PARK RAPIDS, MN 56470	HOSPITAL	MN	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL 93-0391614 1601 S.E. COURT AVENUE PENDLETON, OR 97801	HOSPITAL	OR	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL FOUNDATION 93-0992727 1601 S.E. COURT AVENUE PENDLETON, OR 97801	FOUNDATION	OR	501(C)(3)	11A	SA HOSPITAL
GETTYSBURG MEDICAL CENTER 46-0234354 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442	HOSPITAL	SD	501(C)(3)	3	SMHC
ST. MARY'S HEALTHCARE CENTER 46-0230199 801 EAST SIOUX AVENUE PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI
MT. ST. JOSEPH, INC. 93-0386870 3060 SE STARK STREET PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
PUEBLO STEPUP 84-1234295 1925 EAST ORMAN AVENUE, SUITE PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHI
BORNEMANN HEALTHCARE CORPORATION 23-2187242 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11A	CHI
ST. JOSEPH MEDICAL CENTER FOUNDATION 23-2649362 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	FOUNDATION	PA	501(C)(3)	11A	SJRHN
ST. JOSEPH MEDICAL GROUP 20-8544021 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC
ST. JOSEPH REGIONAL HEALTH NETWORK 23-1352211 2500 BERNVILLE ROAD, PO BOX 31 READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI
LINUS OAKES, INC. 93-0821381 2700 STEWART PARKWAY ROSEBURG, OR 97470	SENIOR LIVIN	OR	501(C)(3)	9	MMC
MERCY FOUNDATION, INC. 93-6088946 2700 STEWART PARKWAY ROSEBURG, OR 97470	FOUNDATION	OR	501(C)(3)	7	MMC
MERCY MEDICAL CENTER 93-0386868 2700 STEWART PARKWAY ROSEBURG, OR 97470	HOSPITAL	OR	501(C)(3)	3	CHI
FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC 39-1093829 3601 SOUTH CHICAGO AVENUE SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	9	CHI
ENUMCLAW COMMUNITY HOSPITAL 91-0715805 1450 BATTERSBY AVENUE ENUMCLAW, WA 98022	HOSPITAL	WA	501(C)(3)	3	FHS
FRANCISCAN FOUNDATION 91-1145592 1717 SOUTH J STREET TACOMA, WA 98405	FUNDRAISING	WA	501(C)(3)	9	FHS
FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN 91-0564491 1717 SOUTH J STREET TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	3	CHI
FRANCISCAN MEDICAL GROUP 91-1939739 1708 SOUTH YAKIMA AVENUE TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	9	FHS
ST. JOSEPH MEDICAL CENTER FOUNDATION, IN 52-1681044 7601 OSLER DRIVE TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC
ST. JOSEPH MEDICAL CENTER, INC. 52-0591461 7601 OSLER DRIVE TOWSON, MD 21204	HOSPITAL	MD	501(C)(3)	3	CHI
ST. JOSEPH PHYSICIAN ENTERPRISES 52-1311775 7601 OSLER DRIVE TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11A	CHI
SAMARITAN HEALTH FOUNDATION 23-7296923 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	FOUNDATION	OH	501(C)(3)	7	SHP
MERCY HOSPITAL OF VALLEY CITY 45-0226553 570 CHAUTAUQUA BOULEVARD VALLEY CITY, ND 58072	HOSPITAL	ND	501(C)(3)	3	CHI

Part II Continuation of 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 section 501(c)(3))	(f) Direct controlling entity
MERCY MEDICAL CENTER 45-0231183 1301 15TH AVENUE WEST WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI
MERCY MEDICAL FOUNDATION 45-0381803 1301 15TH AVENUE WEST WILLISTON, ND 58801	FOUNDATION	ND	501(C)(3)	11A	MMC
SAMARITAN HEALTH PARTNERS 31-1107411 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11A	CHI
ST. VINCENT FOUNDATION 51-0169537 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11A	SVIMC
AUXILIARY OF HOLY ROSARY HOSPITAL INC. 94-3059469 351 SW 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501(C)(3)	9	HRMC
THE MERCY HOSPITAL OF DEVILS LAKE FDN 35-2367360 1031 EAST SEVENTH STREET DEVILS LAKE, ND 58301	FOUNDATION	ND	501(C)(3)	11A	MHDL
ALEGENT HEALTH - BERGAN MERCY HEALTH SYS 47-0484764 7500 MERCY ROAD OMAHA, NE 68124	HOSPITAL	NE	501(C)(3)	3	CHI
ALEGENT HEALTH - MERCY HOSPITAL, CORNING 42-0782518 P.O. BOX 368 CORNING, IA 50841	HOSPITAL	IA	501(C)(3)	3	AHBMHS
MERCY HEALTH CARE FOUNDATION 42-1461064 P.O. BOX 368 CORNING, IA 50841	FOUNDATION	NE	501(C)(3)	11A	AHMH
MERCY HOSPITAL FOUNDATION, COUNCIL BLUFF 42-1178204 800 MERCY DRIVE COUNCIL BLUFFS, IA 51503	FOUNDATION	IA	501(C)(3)	11A	AHBMHS
CHI INSTITUTE FOR RESEARCH AND INNOVATIO 27-1050565 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11A	CHI
CHI COLORADO 84-0405257 188 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI
SAINT JOSEPH MOUNT STERLING FOUNDATION, 27-2884584 50 STERLING AVENUE MOUNT STERLING, KY 40353	FOUNDATION	KY	501(C)(3)	7	SJHS
CENTENNIAL MEDICAL GROUP, INC. 90-0433062 2700 STEWART PARKWAY ROSEBURG, OR 97470	PHYSICIANS	OR	501(C)(3)	9	MMC
CHI NATIONAL FOUNDATION 27-0930004 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	FOUNDATION	CO	501(C)(3)	11A	CHI
SAINT CLARE'S HEALTH SERVICES, INC. 22-3639733 25 POCONO ROAD DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	7	CHI
GOOD SAMARITAN HOSPITAL 31-0536981 2222 PHILADELPHIA DRIVE DAYTON, OH 45406	HOSPITAL	OH	501(C)(3)	3	SHP

26-0438748

Part III Continuation of 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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount on box 20 of K-1	(j) General or managing partner? Yes	(j) No
ST FRANCIS LAND COMPANY 26-313 5390 N ACADEMY BLVD SUITE 300	REAL ESTATE	CO	THC	RELATED	-180,979.	14,886,022.		X			X
ORTHOCOLORADO, LLC 37-1577105 11650 WEST 2ND PLACE	ORTHO HOSPITAL	CO	THC	RELATED	-5,375,165	15,265,510.		X			X
MERCY OUTPATIENT SURGERY CENTE 1512 12TH AVENUE ROAD	SURGERY CENTER	ID	MMC	RELATED	-812,036.	949,357.		X	4,620.	X	
PENINSULA RADIATION ONCOLOGY 8 314 MARTIN LUTHER KING JR. WAY	HEALTHCARE SRVC	WA	FHS	RELATED	-516,076.	3,860,362.		X			X
HEALTHCARE SUPPORT SERVICES, L P O. BOX 9804	LAUNDRY	NE	CHI	RELATED	199,968.	3,913,481.		X	58,436.		X
BLUEGRASS REGIONAL IMAGING CEN 1218 SOUTH BROADWAY, SUITE 310	DIAGNOSTIC	KY	SJ HOSPITAL,LEX	RELATED	242,456.	3,773,725.		X			X
NORTH RIVER SURGERY CENTER, LL 2209 WILDWOOD AVENUE	AMBUL SURG CTR	AR	SVIMC	RELATED	213,989.	1,696,001.		X			X
CHI OPERATING INVESTMENT PROGR 198 INVERNESS DRIVE WEST	INVESTMENTS	CO	CHI	INVESTMENT	58,022.	4,069,968.		X	14,031.	X	
RUXTON SURGICENTER, LLC 52-209 8322 BELLONA AVENUE, SUITE 201	SURGERY CENTER	MD	SJMC	RELATED	-75,716.	3,421,084.		X		X	
CENTRAL NEBRASKA HOME CARE SER P O. BOX 1146-4510 SECOND AVEN	HEALTHCARE SRVC	NE	HSE,INC	RELATED	-102,982.	1,021,500.		X		X	

Part IV Continuation of 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
DES MOINES MEDICAL CENTER IN 42-0837382 1111 6TH AVENUE DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORP		1,123,173.	92.9800
COMCARE SERVICES 84-0904813 4231 W 16TH AVENUE DENVER, CO 80204	INACTIVE	CO	CHIC	C CORP			100.0000
MEDNOW, INC. 82-0389927 1512 12TH AVENUE ROAD NAMPA, ID 83686	OUTPAT PHARMACY	ID	MERCY MED CTR	C CORP	-672,954.	5,348,476.	100.0000
SAINT CLARE'S PRIMARY CARE, 22-2441202 66 FORD ROAD DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORP	-350,630.	2,590,487.	100.0000
HEALTHCARE MGMT. SERVICES OR 91-1865474 1149 MARKET ST TACOMA, WA 98402	HEALTH ORG	WA	FHS	C CORP			100.0000
PHYSICIAN HEALTH SYSTEM NETW 91-1746721 1149 MARKET ST. TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORP			100.0000
MERCY SERVICES CORP 93-0824308 2700 STEWART PARKWAY ROSEBURG, OR 97470	RETAIL SALES	OR	MERCY MEDICAL	C CORP	-499,409.	1,403,001.	100.0000
CADUCEUS MEDICAL ASSOCIATES, 62-1570736 6028 SHALLOWFORD ROAD, SUITE D CHATTANOOGA, TN 37422	HEALTHCARE	TN	MHCS	C CORP		1,008.	100.0000
CENTRAL KANSAS HEALTH SERVIC 48-1042853 3515 BROADWAY GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	CKMC	C CORP		110,125.	100.0000
ST VINCENT COMMUNITY HEALTH 71-0710785 TWO ST VINCENT CIRCLE LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORP	2,404,944.	10,195,000.	100.0000
ALTERNATIVE INSURANCE MANAGE 84-1112049 3900 OLYMPIC BOULEVARD, SUITE 400 ERLANGER, KY 41018	MANAGEMENT SERVIC	CO	CHI	C CORP		3,272,176.	100.0000
NAZARETH ASSURANCE COMPANY 03-0304831 76 ST. PAUL STREET, SUITE 500 BURLINGTON, VT 05401	INSURANCE	VT	CHI	C CORP			100.0000
FRANCISCAN SERVICES, INC 23-2487967 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	194,756.	12,598,258.	100.0000
SJH SERVICES CORPORATION 23-2307408 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORP	314,346.	3,423,012.	100.0000
ST. JOSEPH DEVELOPMENT COMPA 91-1480569 1717 SOUTH J STREET TACOMA, WA 98405	RENTAL	WA	FSI	C CORP	1,677,122.	11,984,725.	100.0000
TOWSON MANAGEMENT, INC. 52-1710750 7601 OSLER DRIVE TOWSON, MD 21204	MANAGEMENT SERVIC	MD	FSI	C CORP	99,315.	498,383	100.0000
CAPTIVE MANAGEMENT INITIATIV 98-0663022 PO BOX 10073, APO KY1-1001 GEORGETOWN, GRAND CAYMAN	CAPTIVE MANAGEMEN	CJ	CHI	C CORP			100.0000
FIRST INITIATIVES INSURANCE, 98-0203038 PO BOX 10073, APO KY1-1001 GEORGETOWN, GRAND CAYMAN	INSURANCE	CJ	CHI	C CORP			100.0000

Part IV Continuation of 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
CENTER FOR TRANSLATIONAL RES 27-2269511 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORP	-840,949.	1,746,201.	100.0000
SAMARITAN FAMILY CARE, INC 31-1299450 40 W. FOURTH ST, #1700 DAYTON, OH 45402	HEALTHCARE	OH	SHP	LLC	-1,199,836.	4,894,397.	100.0000
SJL PHYSICIAN MANAGEMENT SER 99-9999999 424 LEWIS HARGETT CR, # 160 LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORP			100.0000
CGH REALTY COMPANY, INC 23-2326801 215 N. 12TH ST READING, PA 19603	REAL ESTATE	PA	SJHM	C CORP	1,007.	42,415.	100.0000
ST JOSEPH OFFICE PARK ASSOC 61-1079899 1401 HARRODSBURG ROAD, BLDG B70 LEXINGTON, KY 40504	MANAGEMENT	KY	SJHS	C CORP	10,217.	572,843.	85.0000

Part V **Continuation of Transactions With Related Organizations** (Schedule R (Form 990), Part V, line 2)

	(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
(7)			
(8)			
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Part VI Continuation of Unrelated Organizations Taxable as a Partnership

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount on Box 20 of K-1	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **8868**
(Rev January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)* You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return See instructions	ST. JOSEPH LONDON FOUNDATION, INC.	26-0438748
	Number, street, and room or suite no If a P O. box, see instructions 310 EAST NINTH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONDON, KY 40741	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ CHI NATIONAL FOUNDATION

Telephone No. ▶ 719 548-7090 FAX No. ▶ 719 630-0873

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928 . If this is for the whole group, check this box . . . . . ▶ [ ] . If it is for part of the group, check this box . . . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year 20 ____ or
▶ [X] tax year beginning 07/01, 20 09, and ending 06/30, 20 10.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer Identification number
File by the extended due date for filing the return. See instructions	MARYMOUNT MEDICAL CENTER FOUNDATION	26-0438748
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	310 EAST NINTH STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	LONDON, KY 40741	

Check type of return to be filed (File a separate application for each return).

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ SHARON HERSHBERGER,
  Telephone No. ▶ 606 330-3135 FAX No. ▶ 606 330-3103
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) 0928. If this is for the whole group, check this box . . . ▶ [ ]. If it is for part of the group, check this box . . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 05/15/2011

5 For calendar year _____, or other tax year beginning 07/01/2009, and ending 06/30/2010

6 If this tax year is for less than 12 months, check reason. [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension INFORMATION SUFFICIENT TO COMPLETE THE RETURN IS CURRENTLY UNAVAILABLE.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	0.
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	8c	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶

CATHOLIC HEALTH INITIATIVES
9780 MT. PYRAMID CT.
ENGLEWOOD, CO 80112