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Form **990****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

Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning** 07/01, 2009, and ending 06/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT JOSEPH'S HOSPITAL FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 30 WEST SEVENTH STREET City or town, state or country, and ZIP + 4 DICKINSON, ND 58601	D Employer identification number 36-3418207
		E Telephone number (701) 456-4000
		G Gross receipts \$ 215,163.
		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer DENNIS CANNON 30 WEST SEVENTH STREET, DICKINSON, ND 58601		
I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no) 4947(a)(1) or 527		
J Website: ▶ WWW.STJOESHOSPITAL.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1985 M State of legal domicile ND		

Part I Summary

1 Briefly describe the organization's mission or most significant activities THE PRIMARY PURPOSE OF ST JOSEPH'S HOSPITAL FOUNDATION IS TO SUPPORT AND ENHANCE THE MISSION OF ST JOSEPH'S HOSPITAL AND HEALTH CENTER OF DICKINSON, NORTH DAKOTA.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets	
	3 Number of voting members of the governing body (Part VI, line 1a)	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	16
	5 Total number of employees (Part V, line 2a)	0
6 Total number of volunteers (estimate if necessary)	45	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12		
7b Net unrelated business taxable income from Form 990-T, line 34		0.
8 Contributions and grants (Part VIII, line 1h)	Prior Year 99,226.	Current Year 134,198.
9 Program service revenue (Part VIII, line 2g)	0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-94,864.	13,492.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,657.	5,536.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,019.	153,226.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	53,859.	176,189.
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.
16b Total fundraising expenses, Part IX, column (D), line 25 ▶ 20,144.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	105,064.	43,322.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	158,923.	219,511.
19 Revenue less expenses Subtract line 18 from line 12	-97,904.	-66,285.
20 Total assets (Part X, line 16)	Beginning of Year 2,978,095.	End of Year 3,306,680.
21 Total liabilities (Part X, line 26)	57,690.	169,623.
22 Net assets or fund balances Subtract line 21 from line 20	2,920,405.	3,137,057.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer ROBERT BARTLE, CFO	Date 5-13-11

Paid Preparer's Use Only	Preparer's signature [Signature]	Date 5/10/11	Check if self-employed <input type="checkbox"/>	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) ☒ 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 4

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 \$ 188,036 including grants of \$ 176,189) (Revenue \$ _____)
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 **▶** 188,036.

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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		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		
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	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	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 securities in 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		X
12A Was the organization included in consolidated, independent audited financial statement for the tax year?	Yes	No
If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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		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		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		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		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	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		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

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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? <i>If "Yes," complete Schedule I, Parts I and II.</i>	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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34 X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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	

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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		
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

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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	18	
b Enter the number of voting members that are independent	16	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **ND**

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 **ROBERT BARTLE, CFO 30 WEST SEVENTH STREET DICKINSON, ND 58601**
701-456-4000

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.

☒ 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			
RYAN BECK BOARD DIRECTOR	1.00	X								
DODIE BIRDSALL BOARD DIRECTOR	1.00	X								
DENNIS CANNON EXECUTIVE DIRECTOR	20.00	X		X				92,599.	13,562.	
SHIRLEY DUKART BOARD DIRECTOR	1.00	X								
JON HENDRICKSON BOARD SECRETARY/TREASURER	2.00	X		X						
JASON HOPFAUF BOARD DIRECTOR	1.00	X								
CARL HAAS BOARD DIRECTOR	1.00	X								
SHAWN FITTERER BOARD DIRECTOR	1.00	X								
ROENE HULSING BOARD DIRECTOR	1.00	X								
LISA KOSTELECKY BOARD DIRECTOR	1.00	X								
DEBORAH KUDRNA BOARD DIRECTOR	1.00	X								
SCOTT MESCHKE BOARD VICE-CHAIRPERSON	2.00	X		X						
SUSIE LEFOR BOARD DIRECTOR	1.00	X								
JIM OZBUN BOARD CHAIRPERSON	2.00	X		X						
MONICA PETERSON BOARD DIRECTOR	1.00	X								
REED REYMAN PRESIDENT & CEO ST. JOS HOSP	1.00	X						140,198.	26,231.	

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			
CRAIG STEVE BOARD DIRECTOR	1.00	X								
IRENE SCHAFER BOARD DIRECTOR	1.00	X								
LLOYD SCHNAIDT BOARD DIRECTOR	1.00	X								
CAROL LATURNO INTERIM CFO	2.00			X				37,704.		
ROBERT BARTLE CFO	2.00			X					40,581.	1,005.
1b Total								37,704.	273,378.	40,798.

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		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	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	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

36-3418207

				(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	63,021			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	71,177			
	g	Noncash contributions included in lines 1a-1f \$		31,283			
	h	Total. Add lines 1a-1f		134,198			
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)		19,428			19,428
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross Rents.	13,200				
	b	Less rental expenses					
	c	Rental income or (loss)	13,200				
	d	Net rental income or (loss)		13,200			13,200
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses		5,936			
	c	Gain or (loss)		-5,936			
	d	Net gain or (loss)			-5,936		-5,936
	8a	Gross income from fundraising events (not including \$ 63,021 of contributions reported on line 1c) See Part IV, line 18		41,774			
	b	Less direct expenses		56,001			
	c	Net income or (loss) from fundraising events			-14,227		
	9a	Gross income from gaming activities See Part IV, line 19					
	b	Less direct expenses					
	c	Net income or (loss) from gaming activities			0		
	10a	Gross sales of inventory, less returns and allowances					
b	Less cost of goods sold						
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue				Business Code			
11a	MINERAL RIGHTS LEASE		900099	6,563			6,563
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			6,563			
12	Total Revenue. See instructions			153,226			33,255

Form 990 (2009)

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 . . .	176,189.	176,189.		
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	25,749.	2,918.	5,708.	17,123.
12 Advertising and promotion	0.			
13 Office expenses	4,028.		1,007.	3,021.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	2,816.	2,816.		
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	9,871.	5,255.	4,616.	
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 MISCELLANEOUS	858.	858.		
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	219,511.	188,036.	11,331.	20,144.
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	40.	1	40.
	2 Savings and temporary cash investments	739,852.	2	250,929.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	76,026.	4	0.
	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	3,446.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	2,405.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 344,026.		
	b Less accumulated depreciation	10b 265,907.		
		87,989.	10c	78,119.
	11 Investments - publicly traded securities	1,802,046.	11	2,691,986.
	12 Investments - other securities See Part IV, line 11	257,742.	12	265,355.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	14,400.	15	14,400.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,978,095.	16	3,306,680.	
Liabilities	17 Accounts payable and accrued expenses	1,015.	17	88,905.
	18 Grants payable		18	
	19 Deferred revenue	4,850.	19	27,338.
	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	51,825.	25	53,380.
	26 Total liabilities. Add lines 17 through 25	57,690.	26	169,623.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,502,378.	27	2,788,408.
	28 Temporarily restricted net assets	407,007.	28	337,629.
	29 Permanently restricted net assets	11,020.	29	11,020.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	2,920,405.	33	3,137,057.
	34 Total liabilities and net assets/fund balances	2,978,095.	34	3,306,680.

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
b Were the organization's financial statements audited by an independent accountant?	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	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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		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		

Form **990** (2009)

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

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

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?
- (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?

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		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									176,189.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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						<input type="checkbox"/>

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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>

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						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 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						<input type="checkbox"/>

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	%

19a 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
ST JOSEPH'S HOSPITAL AND HEALTH CENTER	45-0226429 03		X	X	X	176,189
TOTAL AMOUNT OF SUPPORT						<u>176,189</u>

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number
36-3418207

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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 ► \$ _____

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

Schedule D (Form 990) 2009

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

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

- a ☐ Public exhibition
 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 solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

b If "Yes," explain 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	11,020	11,120			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs		100			
f Administrative expenses					
g End of year balance	11,020	11,020			

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.0000 %
 c Term endowment ☐ %

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

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

4 Describe in Part XIV the intended uses of the 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		324,949.	263,344.	70,492.
c Leasehold improvements		1,381.	1,324.	195.
d Equipment		17,696.	11,120.	7,432.
e Other		0.	0.	0.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				78,119.

Schedule D (Form 990) 2009

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 GIFT ANNUITIES	145,038.	
CSV - LIFE INSURANCE	25,517.	
INVESTMENT REAL ESTATE	94,800.	
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	265,355.	

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	
	OTHER LIABILITIES	53,380.
	Total (Column (b) must equal Form 990, Part X, col (B) line 25)	53,380.

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

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	153,226.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	219,511.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-66,285.
4	Net unrealized gains (losses) on investments	4	282,937.
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	282,937.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	216,652.

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)

FORM 990, SCHEDULE D, PART X, LINE 2

FIN 48 FOOTNOTE

ST. JOSEPH'S HOSPITAL 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."

FORM 990, SCHEDULE D, PART V, LINE 4

ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT FUNDS ARE DEDICATED FOR USE IN SUPPORTING THE FOUNDATION'S EXEMPT PURPOSE, WHICH IS TO PROVIDE SUPPORT AND ASSISTANCE TO ST. JOSEPH'S HOSPITAL & HEALTH CENTER.

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2009

**Open To Public
Inspection**

Employer identification number
36-3418207

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.

- 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

- ☐ 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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 GOLF TOURNAMENT (event type)	(b) Event #2 CHARITY BALL (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20,652.	84,143.		104,795.
	2 Less Charitable contributions	12,364.	50,657.		63,021.
	3 Gross income (line 1 minus line 2)	8,288.	33,486.		41,774.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,985.	28,122.		32,107.
	6 Rent/facility costs		250.		250.
	7 Food and beverages	3,135.	8,379.		11,514.
	8 Entertainment	3,728.	3,775.		7,503.
	9 Other direct expenses	35.	4,592.		4,627.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(56,001.)
	11 Net income summary Combine line 3, column (d), and line 10				-14,227.

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				
	2 Cash prizes				
Direct Expenses	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				

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? _____

b If "No," explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____

b If "Yes," explain _____

11 Does the organization operate gaming activities with nonmembers? _____

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? _____

	Yes	No
9a		
10a		
11		
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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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 ▶ \$		

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

► **Attach to Form 990**

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

Part I General Information on Grants and Assistance

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

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

[illegible]

- | | | |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations | |

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

Schedule I (Form 990) 2009

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

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

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

SCHEDULE I PART I Q2

PROCEDURES FOR MONITORING THE USE OF GRANTS

GRANTS ARE MONITORED THROUGH REPORTS RECEIVED FROM THE GRANTEE

ORGANIZATIONS CONTAINING FINANCIAL AND NARRATIVE INFORMATION DESCRIBING

THE USE OF THE FUNDS

**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

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

Part I Questions Regarding Compensation

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

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

b If 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

	Yes	No
1b		X

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		X
---	--	---

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

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

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

4a		X
4b	X	
4c		X

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

5a		X
5b		X

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

6a		X
6b		X

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		
---	--	--

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

Schedule J (Form 990) 2009

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

[illegible]

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.

SCH J, PART I, Q 4A

POST-TERMINATION PAYMENTS

POST-TERMINATION PAYMENTS ARE ADDRESSED IN THE EXECUTIVE EMPLOYMENT

AGREEMENTS FOR CATHOLIC HEALTH INITIATIVE'S ("CHI") 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. THERE WERE NO REPORTABLE

INDIVIDUALS WHO RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH

INITIATIVES (A RELATED ORGANIZATION) DURING THE 2009 CALENDAR YEAR.

SCH J, PART I, Q 4B

SUPPLEMENTAL NON-QUALIFIED RETIREMENT PLAN

DURING THE 2009 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES ("CHI"), A

RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED

COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF

SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS

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.

WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN

REED REYMAN

DURING 2009 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED
COMPENSATION PLAN.

REED REYMAN - \$10,598

SCH J, PART I, Q 3

METHODS USED TO ESTABLISH CEO COMPENSATION

COMPENSATION FOR THE TOP MANAGEMENT OFFICIAL OF ST JOSEPH'S HOSPITAL

FOUNDATION WAS ESTABLISHED AND PAID BY A RELATED ORGANIZATION, ST

JOSEPH'S HOSPITAL AND HEALTH CENTER THE FOLLOWING METHODS WERE USED TO

ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION 1) COMPENSATION

SURVEY OR STUDY.

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.

PART VII, SECT A, LINE 5

COMPENSATION FROM AN UNRELATED ORGANIZATION

CAROL LATURNO, INTERIM CFO - \$37,704

THE ABOVE INDIVIDUAL'S RESPECTIVE CALENDAR YEAR WAGES WERE PAID TO AN

UNRELATED STAFFING ORGANIZATION, NEAR TERM CORPORATION, FOR SERVICES

RENDERED TO THE ORGANIZATION. THE AMOUNTS ABOVE ARE THE GROSS AMOUNTS

PAID TO THE STAFFING AGENCY BY THE ORGANIZATION AND ARE NOT NECESSARILY

THE AMOUNTS REPORTED AS 1099 COMPENSATION.

SCH J, PART I, Q 1A

QUESTIONS REGARDING COMPENSATION

CERTAIN EMPLOYEES ARE PROVIDED WITH EMPLOYER-PAID TEMPORARY HOUSING IN

CONJUNCTION WITH THE RECRUITMENT AND RELOCATION OF THESE INDIVIDUALS TO

ST JOSEPH'S IN DICKINSON, ND. ST JOSEPH'S HUMAN RESOURCES DEPARTMENT

OFFERS THIS BENEFIT ONLY IN CIRCUMSTANCES WHERE A SUITABLE CANDIDATE

CANNOT BE RECRUITED LOCALLY. ALL SUCH BENEFITS ARE INCLUDED IN THE

EMPLOYEE'S FORM W-2 AND GROSSED-UP FOR SOCIAL SECURITY AND MEDICARE.

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.

TAXES

SCH J, PART I, Q2

SUBSTANTIATION REQUIRED

SINCE THE HOUSING ALLOWANCE BENEFITING ONLY CERTAIN INDIVIDUALS IS PAID

BY THE ORGANIZATION ON THE INDIVIDUAL'S BEHALF, SUBSTANTIATION IS NOT

REQUIRED

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
► **Attach to Form 990.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>ATCH 2</u>)		81.	31,283.	
26 Other ► (<u> </u>)				
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Schedule M (Form 990) 2009

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Part II

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

ATTACHMENT 2SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
SUPPLIES, PRINTING, PRIZE	X	81	31,283.	COST
TOTALS		<u>81.</u>	<u>31,283.</u>	

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

**Open to Public
Inspection**

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

ATTACHMENT 3

FORM 990, PART III, LINE 4A

COMMUNITY BENEFIT STATEMENT

ST JOSEPH'S HOSPITAL FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX
EXEMPT CHARITABLE FOUNDATION IN 1984 TO SERVE AS THE OFFICIAL
GIFT-RECEIVING AND GIFT-ADMINISTRATION AGENCY FOR ST. JOSEPH'S HOSPITAL
AND HEALTH CENTER.

THE MISSION OF THE FOUNDATION AND OF CATHOLIC HEALTH INITIATIVES IS TO
NURTURE THE HEALING MINISTRY OF THE ROMAN CATHOLIC CHURCH BY BRINGING IT
NEW LIFE, ENERGY, AND VIABILITY IN THE TWENTY-FIRST CENTURY. FIDELITY TO
THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT
MOVES TOWARD THE CREATION OF HEALTHIER COMMUNITIES. CATHOLIC HEALTH
INITIATIVES, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER
CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO ENSURE THE FUTURE OF CATHOLIC
HEALTH CARE. TO FULFILL THIS MISSION, THE FOUNDATION AND CATHOLIC HEALTH
INITIATIVES, AS VALUES-BASED ORGANIZATIONS AND IN PARTNERSHIP WITH LAITY
AND OTHERS, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND
DEVELOPING ORGANIZATION AND ACTIVITIES; RESEARCH AND DEVELOP NEW
MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL
SERVICES; PROMOTE LEADERSHIP DEVELOPMENT THROUGHOUT THE ENTIRE
ORGANIZATION; ADVOCATE FOR SYSTEMATIC CHANGES WITH SPECIFIC CONCERN FOR
PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED; AND STEWARD RESOURCES
BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION.

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
ATTACHMENT 3 (CONT'D)	

QUALITATIVE DESCRIPTION OF COMMUNITY BENEFIT

ST JOSEPH'S HOSPITAL FOUNDATION'S STAFF AND 18 MEMBER BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS, AND CAPITAL CAMPAIGNS TO HELP FUND THE NEEDED CAPITAL ITEMS THAT ARE REQUESTED. THE HEALTH CARE PROGRAMS, PROJECTS, AND COMMUNITY OUTREACH SERVICES OFFERED BY THE HOSPITAL AND CLINICS OF ST JOSEPH'S HOSPITAL AND HEALTH CENTER ARE TO BRING THE NEEDED HEALTH CARE TO THE PEOPLE IN THIS AREA. AS SUCH, IT BENEFITS THE COMMUNITIES OF THE CITY OF DICKINSON, STARK COUNTY, AND THE GREATER SOUTHWEST REGION OF NORTH DAKOTA. WE ARE THE LARGEST HOSPITAL WITHIN 100 MILES. IT IS IMPERATIVE THAT WE CONTINUE TO IMPROVE AND UPDATE OUR FACILITY AND EQUIPMENT. THE FOUNDATION'S SOLE PURPOSE IS TO IMPROVE HEALTH CARE IN SOUTHWEST NORTH DAKOTA.

FORM 990, PART VI, Q. 1A

EXECUTIVE COMMITTEE

THE EXECUTIVE COMMITTEE CONSISTS ONLY OF DIRECTORS OF THE CORPORATION AND IS COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, EACH OF WHOM SERVE AS EX OFFICIO VOTING MEMBERS OF THE EXECUTIVE COMMITTEE, AND AT LEAST ONE VOTING MEMBER APPOINTED BY THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE KEEPS REGULAR MINUTES OF ITS PROCEEDINGS AND REPORTS THE SAME TO THE BOARD OF DIRECTORS AT EACH

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
ATTACHMENT 3 (CONT'D)	

REGULAR MEETING OF THE BOARD.

FORM 990, PART VI, Q. 6

MEMBERS OR STOCKHOLDERS

ST. JOSEPH'S HOSPITAL AND HEALTH CENTER IS THE SOLE MEMBER OF THE FOUNDATION (AS DEFINED IN STATE LAW).

FORM 990, PART VI, Q. 7A

APPOINTMENT OF GOVERNING BODY MEMBERS BY MEMBERS/STOCKHOLDERS

ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (SJHHC) IS THE SOLE MEMBER OF THE ORGANIZATION. SJHHC HAS THE POWER TO APPOINT, REMOVE OR REPLACE THE MEMBERS OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, Q. 7B

APPROVAL OF GOVERNING BODY DECISIONS BY MEMBERS/STOCKHOLDERS

THE ORGANIZATION'S CORPORATE MEMBER IS ST. JOSEPH'S HOSPITAL AND HEALTH CENTER. PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH ST. JOSEPH'S HOSPITAL AND HEALTH CENTER AND CATHOLIC HEALTH INITIATIVES ("CHI") (ST. JOSEPH'S HOSPITAL AND HEALTH CENTER'S SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE ST. JOSEPH'S HOSPITAL AND HEALTH CENTER BOARD: · APPROVE MEMBERS OF THE ST. JOSEPH'S HOSPITAL FOUNDATION BOARD · AMENDMENT OF THE CORPORATE DOCUMENTS OF ST. JOSEPH'S HOSPITAL FOUNDATION · APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST. JOSEPH'S HOSPITAL FOUNDATION · ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR ST. JOSEPH'S HOSPITAL FOUNDATION. THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
ATTACHMENT 3 (CONT'D)	

OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:

SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF ST. JOSEPH'S HOSPITAL

FOUNDATION · REMOVAL OF A MEMBER OF THE GOVERNING BODY OF ST.

JOSEPH'S HOSPITAL FOUNDATION · APPROVAL OF ISSUANCE OF DEBT BY ST.

JOSEPH'S HOSPITAL FOUNDATION · APPROVAL OF PARTICIPATION OF ST.

JOSEPH'S HOSPITAL FOUNDATION IN A JOINT VENTURE · APPROVAL OF

FORMATION OF A NEW CORPORATION BY ST. JOSEPH'S HOSPITAL FOUNDATION ·

APPROVAL OF A MERGER INVOLVING ST. JOSEPH'S HOSPITAL FOUNDATION ·

APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF ST.

JOSEPH'S HOSPITAL FOUNDATION · TO REQUIRE THE TRANSFER OF ASSETS BY

ST. JOSEPH'S HOSPITAL FOUNDATION TO CHI TO ACCOMPLISH CHI'S GOALS AND

OBJECTIVES, AND TO SATISFY CHI DEBTS. PURSUANT TO SECTION 5.5 OF THE

ORGANIZATION'S BYLAWS, ST. JOSEPH'S HOSPITAL AND HEALTH CENTER OR CHI

MAY, IN EXERCISE OF THEIR APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN

WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION

WITH THE BOARD AND ITS PRESIDENT AND THE CHIEF EXECUTIVE OFFICER OF THE

ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS

APPROPRIATE.

FORM 990, PART VI, Q. 11

PROCESS, IF ANY, THE ORGANIZATION USES TO REVIEW FORM 990

THE ORGANIZATION'S ACCOUNTING PERSONNEL WORK WITH CHI'S TAX DEPARTMENT TO

PREPARE THE FORM 990. THE CEO, CFO, AND CONTROLLER WILL REVIEW THE FORM

990. THE TAX RETURN IS THEN PROVIDED TO THE BOARD OF DIRECTORS. ANY

NECESSARY REVISIONS WILL BE INCLUDED IN THE FINAL VERSION THAT IS

APPROVED FOR FILING WITH THE IRS. AFTER PROVIDING IT TO THE BOARD, THE

TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AGENCIES,

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
<u>ATTACHMENT 3 (CONT'D)</u>	

MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILING. ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD.

FORM 990, PART VI, Q.12C

PROCEDURES FOR MONITORING AND ENFORCING THE COI POLICY

SAINT JOSEPH'S HOSPITAL FOUNDATION FOLLOWS THE CONFLICT OF INTEREST POLICY OF SAINT JOSEPH'S HOSPITAL AND HEALTH CENTER. ST. JOSEPH'S HOSPITAL AND HEALTH CENTER ("SJHHC") HAD IN EFFECT FOR FY2010 A CONFLICT OF INTEREST POLICY COVERING ALL DIRECTORS AND OFFICERS HOLDING THE TITLE OF VICE-PRESIDENT OR ABOVE. THE POLICY PLACES ON EACH DIRECTOR A GENERAL OBLIGATION TO DISCLOSE TO THE CHAIR OF THE BOARD OF DIRECTORS ANY SITUATION THAT MAY CREATE A CONFLICT OF INTEREST AS SOON AS HE OR SHE BECOMES AWARE OF SUCH SITUATION. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE PRESIDENT AND CEO OF SJHHC WHO HAS A DUTY TO REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. IN ANY SITUATION WHERE THE DIRECTOR OR OFFICER IS IN DOUBT ABOUT WHETHER A CONFLICT OF INTEREST EXISTS, FULL DISCLOSURE SHOULD BE MADE SO AS TO PERMIT AN IMPARTIAL AND OBJECTIVE DETERMINATION. THE POLICY REQUIRES A WRITTEN RECORD OF THE DISCLOSURE TO BE MADE. IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, ALL DIRECTORS AND OFFICERS ARE REQUIRED TO AT LEAST ANNUALLY COMPLETE, SIGN, AND RETURN A CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE COMPLETED STATEMENTS WILL BE REVIEWED BY THE PRESIDENT AND CEO AND THE BOARD CHAIR. THE BOARD CHAIR OR DESIGNEE SHALL MAKE FURTHER INVESTIGATION OF CONFLICT OF INTEREST DISCLOSURES AS HE OR SHE MAY DEEM APPROPRIATE. BASED ON REVIEW AND EVALUATION OF THE RELEVANT FACTS AND CIRCUMSTANCES, THE BOARD CHAIR WILL MAKE AN INITIAL DETERMINATION AS TO WHETHER A CONFLICT OF INTEREST EXISTS AND WHETHER REVIEW AND APPROVAL OR OTHER ACTION BY THE BOARD OF

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
ATTACHMENT 3 (CONT'D)	

DIRECTORS IS REQUIRED. A WRITTEN RECORD OF THE BOARD CHAIR'S DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE MADE. THE BOARD CHAIR SHALL THEN MAKE AN APPROPRIATE REPORT TO THE EXECUTIVE COMMITTEE OF THE BOARD CONCERNING SUCH REVIEW, EVALUATION, AND DETERMINATION. DIFFERENCES OF OPINION BETWEEN THE BOARD CHAIR AND ANOTHER DIRECTOR OR OFFICER AS TO WHETHER THE FACTS AND CIRCUMSTANCES OF A GIVEN SITUATION CONSTITUTE A CONFLICT OF INTEREST OR WHETHER THE BOARD'S REVIEW AND APPROVAL OR OTHER ACTION IS REQUIRED, THE MATTER SHALL BE SUBMITTED TO THE BOARD'S EXECUTIVE COMMITTEE WHICH SHALL MAKE A FINAL DETERMINATION AS TO THE MATTER PRESENTED. SUCH DETERMINATION, INCLUDING RELEVANT FACTS AND CIRCUMSTANCES, WILL BE REFLECTED IN THE COMMITTEE MINUTES AND WILL BE REPORTED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS WILL CAREFULLY REVIEW AND SCRUTINIZE THE CONFLICT OF INTEREST AND MUST IN GOOD FAITH TAKE WHATEVER ACTION IS DEEMED APPROPRIATE UNDER THE CIRCUMSTANCES WITH RESPECT TO THE DIRECTOR OR OFFICER IN ORDER TO PROTECT THE INTERESTS OF THE CORPORATION, SUCH ACTION DETERMINED BY A MAJORITY VOTE OF THE BOARD, WITHOUT COUNTING THE VOTE OF THE DIRECTOR OR OFFICER (IF A VOTING MEMBER OF THE BOARD) INVOLVED IN THE CONFLICT OF INTEREST. WHEN CONFLICTS OF INTEREST ARE CONSIDERED BY THE BOARD, THE DIRECTOR OR OFFICER MUST DISCLOSE ALL OF THE MATERIAL FACTS TO THE BOARD. THE DIRECTOR OR OFFICER SHALL NOT VOTE OR USE HIS OR HER PERSONAL INFLUENCE ON THE MATTER. THE DIRECTOR OR OFFICER SHALL BE EXCUSED FROM THE MEETING DURING DISCUSSION AND VOTE ON THE CONFLICT OF INTEREST. MINUTES OF THE BOARD OF DIRECTORS SHALL REFLECT THE FOLLOWING: THE INDIVIDUAL MAKING THE DISCLOSURE, THE NATURE OF THE DISCLOSURE, DISCUSSION

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
<u>ATTACHMENT 3 (CONT'D)</u>	

REGARDING ANY PROPOSED TRANSACTION, THE DECISION MADE BY THE BOARD, AND
THAT THE INTERESTED DIRECTOR OR OFFICER (IF A VOTING MEMBER OF THE BOARD)
ABSTAINED FROM VOTING.

FORM 990, PART VI, Q. 15A

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION'S EXECUTIVE DIRECTOR'S COMPENSATION IS PAID BY ST
JOSEPH'S HOSPITAL AND HEALTH CENTER ("ST JOSEPH'S HOSPITAL").
COMPENSATION OF ST JOSEPH'S HOSPITAL'S SENIOR MOST EXECUTIVES IS
DETERMINED BY THE CHI FARGO DIVISION HUMAN RESOURCES DEPARTMENT IN
CONJUNCTION WITH THE ST JOSEPH'S HOSPITAL HUMAN RESOURCES DEPARTMENT AND
ARE REVIEWED ON AN INDIVIDUAL BASIS ANNUALLY. BOTH CASH AND TOTAL
COMPENSATION ARE REVIEWED FOR OVERALL REASONABLENESS, FOR ADHERENCE TO
THE FARGO DIVISION'S AND ST JOSEPH'S HOSPITAL'S COMPENSATION
PHILOSOPHIES, FOR COMPARABILITY WITH SIMILAR POSITIONS INCLUDED IN THE
SALARY SURVEYS LISTED BELOW, AND FOR COMPARABILITY WITH OTHER AFFILIATED
FACILITIES IN THE FARGO DIVISION. SALARY SURVEY INFORMATION FROM THE
HHRAM SALARY SURVEY, THE SULLIVAN COTTER & ASSOCIATES SALARY SURVEY, AND
THE MANAGER AND EXECUTIVE HOSPITAL AND HEALTH SYSTEM SURVEY ARE USED TO
PROVIDE A LEVEL OF INDEPENDENT THIRD-PARTY ASSESSMENT OF EXECUTIVE
COMPENSATION PROGRAMS AND TO ENSURE REASONABLENESS OF ACTUAL SALARIES AND
TOTAL COMPENSATION PACKAGES. FINAL APPROVAL OF COMPENSATION FOR ST
JOSEPH'S HOSPITAL'S SENIOR MANAGEMENT TEAM POSITIONS IS GIVEN BY THE
FARGO DIVISION HUMAN RESOURCES DEPARTMENT, THE FARGO DIVISION SVP, THE ST
JOSEPH'S HOSPITAL CEO, AND IN THE CASE OF THE ORGANIZATION'S EXECUTIVE
DIRECTOR, THE CHI FOUNDATION NORTH REGION VP AND IS DOCUMENTED ON THE
APPROPRIATE COMPENSATION APPROVAL FORMS AND ANNUAL EMPLOYEE PERFORMANCE

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
ATTACHMENT 3 (CONT'D)	

EVALUATIONS. IN SEPTEMBER, 2009 THE FARGO DIVISION HUMAN RESOURCES DEPARTMENT AND THE ST JOSEPH'S HOSPITAL HUMAN RESOURCES DEPARTMENT COMPLETED A REVIEW OF ALL ST JOSEPH'S HOSPITAL'S SENIOR MANAGEMENT TEAM POSITIONS TO DETERMINE AND VALIDATE APPROPRIATE COMPENSATION LEVELS.

FORM 990, PART VI, Q. 15B

PROCESS FOR DETERMINING COMPENSATION

THE ORGANIZATION'S OTHER OFFICERS' COMPENSATION IS PAID BY ST JOSEPH'S HOSPITAL AND HEALTH CENTER ("ST JOSEPH'S HOSPITAL"). COMPENSATION OF ST JOSEPH'S HOSPITAL'S SENIOR MOST EXECUTIVES IS DETERMINED BY THE CHI FARGO DIVISION HUMAN RESOURCES DEPARTMENT IN CONJUNCTION WITH THE ST JOSEPH'S HOSPITAL HUMAN RESOURCES DEPARTMENT AND ARE REVIEWED ON AN INDIVIDUAL BASIS ANNUALLY. BOTH CASH AND TOTAL COMPENSATION ARE REVIEWED FOR OVERALL REASONABLENESS, FOR ADHERENCE TO THE FARGO DIVISION'S AND ST JOSEPH'S HOSPITAL'S COMPENSATION PHILOSOPHIES, FOR COMPARABILITY WITH SIMILAR POSITIONS INCLUDED IN THE SALARY SURVEYS LISTED BELOW, AND FOR COMPARABILITY WITH OTHER AFFILIATED FACILITIES IN THE FARGO DIVISION. SALARY SURVEY INFORMATION FROM THE HHRAM SALARY SURVEY, THE SULLIVAN COTTER & ASSOCIATES SALARY SURVEY, AND THE MANAGER AND EXECUTIVE HOSPITAL AND HEALTH SYSTEM SURVEY ARE USED TO PROVIDE A LEVEL OF INDEPENDENT THIRD-PARTY ASSESSMENT OF EXECUTIVE COMPENSATION PROGRAMS AND TO ENSURE REASONABLENESS OF ACTUAL SALARIES AND TOTAL COMPENSATION PACKAGES. FINAL APPROVAL OF COMPENSATION FOR ST JOSEPH'S HOSPITAL'S SENIOR MANAGEMENT TEAM POSITIONS IS GIVEN BY THE FARGO DIVISION HUMAN RESOURCES DEPARTMENT, THE FARGO DIVISION SVP, AND THE ST JOSEPH'S HOSPITAL CEO AND IS DOCUMENTED ON THE APPROPRIATE COMPENSATION APPROVAL FORMS AND ANNUAL EMPLOYEE PERFORMANCE EVALUATIONS. IN SEPTEMBER, 2009 THE FARGO DIVISION

Name of the organization	Employer identification number
SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
<u>ATTACHMENT 3 (CONT'D)</u>	

HUMAN RESOURCES DEPARTMENT AND THE ST JOSEPH'S HOSPITAL HUMAN RESOURCES

DEPARTMENT COMPLETED A REVIEW OF ALL ST JOSEPH'S HOSPITAL'S SENIOR
MANAGEMENT TEAM POSITIONS TO DETERMINE AND VALIDATE APPROPRIATE
COMPENSATION LEVELS.

FORM 990, PART VI, Q. 19

GOVERNING DOCUMENTS - COI POLICY - FINANCIAL STATEMENTS AVAILABLE
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.COM. THE ORGANIZATION'S
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT PUBLICLY
AVAILABLE.

FORM 990, PART VII

ESTIMATE OF HOURS DEVOTED TO RELATED ORGANIZATIONS
COMPENSATION REPORTED ON FORM 990, PART VII WAS PAID TO THESE INDIVIDUALS
BY RELATED ORGANIZATIONS IN EXCHANGE FOR THE FULFILLMENT OF THEIR DUTIES
AS FULL-TIME, 60 HOUR-PER-WEEK EMPLOYEES.

ATTACHMENT 4

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.

Name of the organization

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

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ATTACHMENT 5FORM 990, PART VIII - EXCLUDED CONTRIBUTIONSDESCRIPTIONAMOUNT

FUNDRAISING EVENTS

63,021.

TOTAL

63,021.ATTACHMENT 6FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
FUNDRAISING EVENTS	41,774.	56,001.	-14,227.
TOTALS	<u>41,774.</u>	<u>56,001.</u>	<u>-14,227.</u>

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

SAINT JOSEPH'S HOSPITAL FOUNDATION

Employer identification number

36-3418207

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

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

Schedule R (Form 990) 2009

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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?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No
SUPERIOR MEDICAL IMAGING, LLC 5000 NORTH 26TH STREET	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

Schedule R (Form 990) 2009

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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**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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	
c Gift, grant, or capital contribution from other organization(s)		<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)		<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)		<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)		<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)		<input checked="" type="checkbox"/>
h Exchange of assets		<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)		<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)		<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)		<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)		<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets		<input checked="" type="checkbox"/>
n Sharing of paid employees		<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	
p Reimbursement paid by other organization for expenses		<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)		<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)		<input checked="" type="checkbox"/>

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) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	A	13,200
(2) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	B	176,189
(3) ST JOSEPH'S HOSPITAL AND HEALTH CENTER	O	22,831
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

JSA

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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.

[illegible]

Department of the Treasury
Internal Revenue Service

▶ 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

OMB No 1545-0047

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36-3418207

[illegible]

Schedule R-1 (Form 990) 2009

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 DENVER, NJ 07834	HEALTHCARE	NJ	501 (C) (3)	11B	SCHS
SAINT CLARE'S FOUNDATION, INC. 22-2502997					
66 FORD ROAD DENVER, 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 DENVER, NJ 07834	HOSPITAL	NJ	501 (C) (3)	3	CHI
ST. FRANCIS LIFE CARE CORPORATION 22-2536017					
19 POCONO ROAD DENVER, 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

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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

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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 NEBRASKA
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	SJRM
MERCY LIFECARE SYSTEMS 43-1305163 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PROPERTY MGM	MO	501 (C) (3)	11A	SJRM
ST JOHN'S MEDICAL GROUP 43-1882377 2727 MCCLELLAND BLVD JOPLIN, MO 64804	PHYS PRACTIC	MO	501 (C) (3)	9	SJRM
ST JOHN'S MERCY REGIONAL FOUNDATION 43-1308084 2727 MCCLELLAND BLVD JOPLIN, MO 64804	FOUNDATION	MO	501 (C) (3)	7	SJRM
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 NEBRASKA
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	SJHM
ST JOSEPH HEALTH MINISTRIES FOUNDATION 23-2605579 1929 LINCOLN HWY E, STE 150 LANCASTER, PA 17602	FUNDRAISING	PA	501 (C) (3)	11A	SJHM

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(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 BEREHA HOSPITAL FOUNDATION, 26-0152877 305 ESTILL STREET BEREHA, 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 NEBRASKA
THE PHYSICIAN NETWORK 47-0780857 8055 O STREET, SUITE 300 LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11A	CHI NEBRASKA
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

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MARIA-JOSEPH CENTER 4830 SALEM AVENUE DAYTON, OH 45416	HEALTHCARE	OH	501(C)(3)	9	SHP
SAINT JOSEPH LONDON FOUNDATION, INC. 310 EAST NINTH STREET LONDON, KY 40741	FOUNDATION	KY	501(C)(3)	11A	SJHS
SAMARITAN BEHAVIORAL HEALTH 601 S EDWIN C MOSES BLVD. DAYTON, OH 45408	HOSPITAL	OH	501(C)(3)	3	SHP
MERCY MEDICAL CENTER 1512 12TH AVENUE ROAD NAMPA, ID 83686	HOSPITAL	ID	501(C)(3)	3	CHI
MERCY MEDICAL CENTER FOUNDATION 1512 12TH AVENUE ROAD NAMPA, ID 83686	FOUNDATION	ID	501(C)(3)	11A	MERCY MED C
MERCY PHYSICIAN GROUP, INC 1512 12TH AVENUE ROAD NAMPA, ID 83686	PHYS GROUP	ID	501(C)(3)	9	MERCY MED C
ST. MARY'S HOSPITAL 1314 3RD AVENUE NEBRASKA CITY, NE 68410	HOSPITAL	NE	501(C)(3)	3	CHI NEBRASK
ST MARY'S HOSPITAL FOUNDATION 1314 3RD AVENUE NEBRASKA CITY, NE 68410	FOUNDATION	NE	501(C)(3)	7	SMH
OAKES COMMUNITY HOSPITAL 314 SOUTH 8TH STREET OAKES, ND 58474	HOSPITAL	ND	501(C)(3)	3	CHI
OAKES COMMUNITY HOSPITAL FOUNDATION 314 SOUTH 8TH STREET OAKES, ND 58474	FOUNDATION	ND	501(C)(3)	11A	OCH
ST DOMINIC AT ONTARIO 351 S.W. 9TH STREET ONTARIO, OR 97914	HOSPITAL	OR	501(C)(3)	3	CHI
HOLY ROSARY MEDICAL CENTER FOUNDATION 351 SW 9TH STREET ONTARIO, OR 97914	FOUNDATION	OR	501(C)(3)	11A	HRMC
ST JOSEPH'S AREA HEALTH SERVICES 600 PLEASANT AVENUE PARK RAPIDS, MN 56470	HOSPITAL	MN	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL 1601 S E COURT AVENUE PENDLETON, OR 97801	HOSPITAL	OR	501(C)(3)	3	CHI
ST. ANTHONY HOSPITAL FOUNDATION 1601 S E COURT AVENUE PENDLETON, OR 97801	FOUNDATION	OR	501(C)(3)	11A	SA HOSPITAL
GETTYSBURG MEDICAL CENTER 606 EAST GARFIELD AVENUE GETTYSBURG, SD 57442	HOSPITAL	SD	501(C)(3)	3	SMHC
ST MARY'S HEALTHCARE CENTER 801 EAST SIOUX AVENUE PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI
MT. ST. JOSEPH, INC 3060 SE STARK STREET PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI

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(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

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Part II Continuation of Identification of Related Tax-Exempt Organizations

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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 DENVER, 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

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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, INC. 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

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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-i)	(C) Amount involved
(7)		
(8)		
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Schedule R-1 (Form 990) 2009

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- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☐ **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 File by the extended due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	SAINT JOSEPH'S HOSPITAL FOUNDATION	36-3418207
	Number, street, and room or suite no. If a P.O. box, see instructions	
	30 WEST SEVENTH STREET	
City, town or post office, state, and ZIP code. For a foreign address, see instructions		
DICKINSON, ND 58601		

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☒ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
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

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 ☒ ROBERT BARTLE, CFO
Telephone No ☒ 701 456-4000 FAX No ☐
- 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) ☐ 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, 20 11
- 5 For calendar year , or other tax year beginning 07/01, 20 09, and ending 06/30, 20 10
- 6 If the tax year entered in line 5 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 ADDITIONAL TIME IS NEEDED TO COMPLETE AN ACCURATE RETURN.

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 \$
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 \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

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 <input checked="" type="checkbox"/>	Title <input checked="" type="checkbox"/>	Date <input checked="" type="checkbox"/>
CATHOLIC HEALTH INITIATIVES		
198 INVERNESS DRIVE WEST		
ENGLEWOOD, CO 80112		

Form 8868 (Rev. 1-2011)