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Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2010**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

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.

A For the 2010 calendar year, or tax year beginning JULY 01 , 2010, and ending JUNE 30 , 20 11	
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 HOSPITAL FOUNDATION, INC.
	Doing Business As
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite ONE SAINT JOSEPH DRIVE
	City or town, state or country, and ZIP + 4 LEXINGTON, KY 40504
	F Name and address of principal officer: BARRY STUMBO ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504
D Employer identification number 61-1159849	
E Telephone number (859)313-1000	
G Gross receipts \$ 2,231,644	
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 checked="" type="checkbox"/> No If "No," attach a list. (see instructions)	
H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.SAINTJOSEPHFOUNDATION.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: 1989 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAINT JOSEPH HOSPITAL FOUNDATION, INC. SOLICITS AND ADMINISTERS DONATIONS THAT BENEFIT THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PROGRAMS OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE.		
	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)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	87
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,202,811	Current Year 2,072,729
	9 Program service revenue (Part VIII, line 2g)	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	879,680	137,045
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,993	-47,124
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,071,498	2,162,650
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,177,427	282,840
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (B), line 25) ▶ 270,252		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	438,028	305,183
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,615,455	588,023
19 Revenue less expenses. Subtract line 18 from line 12	456,043	1,574,627	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,801,160	End of Year 7,806,251
	21 Total liabilities (Part X, line 26)	175,358	75,449
	22 Net assets or fund balances. Subtract line 21 from line 20	5,625,802	7,730,802

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>[Signature]</i>	Date 6-15-12
	Type or print name and title Barry H. Stumbo President - CEO	
Paid Preparer Use Only	Print/Type preparer's name Jennifer Weyer	Preparer's signature <i>[Signature]</i>
	Firm's name CATHOLIC HEALTH INITIATIVES	Date 5-15-12
	Firm's address 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	Check <input type="checkbox"/> if self-employed PTIN (720)874-1500

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐ ☒

- 1** Briefly describe the organization's mission:
 THE ORGANIZATION'S MISSION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH BY BRINGING IT NEW LIFE,
 ENERGY AND VIABILITY IN THE 21ST CENTURY. FIDELITY TO THE GOSPEL URGES US TO EMPHASIZE HUMAN DIGNITY AND
 SOCIAL JUSTICE AS WE MOVE TOWARD THE CREATION OF HEALTHIER COMMUNITIES.
- 2** Did the organization undertake any significant program services during the year which were not listed on the
 prior Form 990 or 990-EZ? ☐ Yes ☒ No
 If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program
 services? ☐ Yes ☒ No
 If "Yes," describe these changes on Schedule O.
- 4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section
 501(c)(3) and 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 \$ 308,700 including grants of \$ 282,840) (Revenue \$ 0)
 SEE SCHEDULE O

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

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

4d Other program services. (Describe in Schedule O.)
 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► 308,700

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 ✓	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a ✓	
b 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	11b ✓	
c 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	11c	✓
d 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	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e ✓	
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f ✓	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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, Parts I and IV	14b	✓
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, Parts II and IV	15	✓
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, Parts III and IV	16	✓
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 (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<input checked="" type="checkbox"/>
24b	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c	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?		
24d	d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<input checked="" type="checkbox"/>
25b	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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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):		
28a	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28b	b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
28c	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<input checked="" type="checkbox"/>
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input checked="" type="checkbox"/>	
36	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
37	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>		<input checked="" type="checkbox"/>
38	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>		<input checked="" type="checkbox"/>
39	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	<input checked="" type="checkbox"/>	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	✓
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 18		
b Enter the number of voting members included in line 1a, above, who are independent 1b 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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	<input checked="" type="checkbox"/>	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	<input checked="" type="checkbox"/>	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	<input checked="" type="checkbox"/>	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
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		<input checked="" type="checkbox"/>

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?		<input checked="" type="checkbox"/>
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		<input checked="" type="checkbox"/>
b 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	<input checked="" type="checkbox"/>	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input checked="" type="checkbox"/>	
13 Does the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14 Does the organization have a written document retention and destruction policy?		<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>	
b Other officers or key employees of the organization		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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 ► KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► JAMIE LUNDIEN
 6835 CORPORATE DRIVE, SUITE 301, COLORADO SPRINGS, CO 80919, (719)548-7090

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☒**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.

- 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, if any. 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BRUTUS CLAY TREASURER	1	✓		✓				0	0	0
(2) NELSON FONTICIELLA SECRETARY	1	✓		✓				0	0	0
(3) DOUG HACKER BOARD CHAIR	1	✓		✓				0	0	0
(4) BARRY STUMBO PRESIDENT/CEO	38	✓		✓				0	156,908	18,592
(5) TERESA WALLEN VICE CHAIR	1	✓		✓				0	0	0
(6) M. CARY BLAYDES, M.D. BOARD MEMBER	1	✓						0	0	0
(7) J. PETER CASSIDY, III BOARD MEMBER	1	✓						0	0	0
(8) BARBARA COWDEN BOARD MEMBER	1	✓						0	0	0
(9) KEN HAYNES BOARD MEMBER/PRESIDENT SJH	1	✓						0	543,071	80,419
(10) ROBERT HEWETT BOARD MEMBER	1	✓						0	0	0
(11) WALTER HILLENMEYER, III BOARD MEMBER	1	✓						0	0	0
(12) JOSEPH HOOD BOARD MEMBER	1	✓						0	0	0
(13) JANE HODGES BOARD MEMBER	1	✓						0	0	0
(14) MAGDALENE KARON, M.D. BOARD MEMBER	1	✓						0	0	0
(15) MIKE MARHOUT BOARD MEMBER	1	✓						0	0	0
(16) PORTER PEEPLES BOARD MEMBER	1	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) ROBERT SALLEY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(18) TRICIA SHACKELFORD BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(19) ALAN VANARDSALL BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(20) PATRICIA TAKACS BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(21) JANE WARNER BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(22) GREG YEARY BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(23) MICHAEL GARRIDO BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(24) FOSTER OCKERMAN, JR BOARD MEMBER	1	<input checked="" type="checkbox"/>						0	0	0
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0	699,979	99,011
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	699,979	99,011

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? <i>If "Yes," complete Schedule J for such individual</i> | | <input checked="" type="checkbox"/> |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | <input checked="" type="checkbox"/> | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | <input checked="" type="checkbox"/> |

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

				(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	139,084			
	d	Related organizations	1d	21,207			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,912,438			
	g	Noncash contributions included in lines 1a-1f: \$		38,755			
	h	Total. Add lines 1a-1f ▶		2,072,729			
Program Service Revenue	Business Code						
	2a			0			
	b			0			
	c			0			
	d			0			
	e			0			
	f	All other program service revenue		0	0	0	0
	g	Total. Add lines 2a-2f ▶		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		83,454			83,454
	4	Income from investment of tax-exempt bond proceeds ▶		0			
	5	Royalties ▶		0			
	6a	(i) Real					
		(ii) Personal					
	b	Less: rental expenses					
	c	Rental income or (loss) 0		0			
	d	Net rental income or (loss) ▶		0			
	7a	(i) Securities					
		(ii) Other					
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss) 53,591		53,591			53,591
	d	Net gain or (loss) ▶		53,591			53,591
	8a	Gross income from fundraising events (not including \$ 139,084 of contributions reported on line 1c). See Part IV, line 18 a		21,870			
		Less: direct expenses b		68,994			
		Net income or (loss) from fundraising events . . ▶		-47,124			-47,124
9a	Gross income from gaming activities. See Part IV, line 19 a						
	Less: direct expenses b						
	Net income or (loss) from gaming activities . . ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
	Less: cost of goods sold b						
	Net income or (loss) from sales of inventory . . ▶		0				
Miscellaneous Revenue			Business Code				
11a			0				
b			0				
c			0				
d	All other revenue		0	0	0	0	
e	Total. Add lines 11a-11d ▶		0				
12	Total revenue. See instructions. ▶		2,162,650	0	0	89,921	

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	264,109	264,109		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	18,731	18,731		
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	9,623			9,623
g	Other	160,492	25,860		134,632
12	Advertising and promotion	0			
13	Office expenses	10,917			10,917
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,422			8,422
17	Travel	1,936			1,936
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	1,265		1,265	
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	PURCHASED SERVICES	47,715			47,715
b	FUNDRAISING EXPENSE	30,234			30,234
c	HOSPITAL ADMINISTRATIVE EXPENSES	7,806		7,806	
d	DUES & SUBSCRIPTIONS	2,214			2,214
e	REPAIRS & MAINTENANCE	906			906
f	All other expenses	23,653	0	0	23,653
25	Total functional expenses. Add lines 1 through 24f	588,023	308,700	9,071	270,252
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	3,044,403	2	3,729,618
	3 Pledges and grants receivable, net	940,549	3	1,936,912
	4 Accounts receivable, net	0	4	1,590
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 46,746		
	b Less: accumulated depreciation	10b 41,663	6,348	10c 5,083
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	1,797,880	12	2,121,068
	13 Investments—program-related. See Part IV, line 11		13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,980	15	11,980
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,801,160	16	7,806,251	
Liabilities	17 Accounts payable and accrued expenses	20,127	17	28,984
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	155,231	25	46,465
	26 Total liabilities. Add lines 17 through 25	175,358	26	75,449
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	560,729	27	571,877
	28 Temporarily restricted net assets	4,757,643	28	6,848,924
	29 Permanently restricted net assets	307,430	29	310,001
	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	5,625,802	33	7,730,802
	34 Total liabilities and net assets/fund balances	5,801,160	34	7,806,251

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,162,650
2	Total expenses (must equal Part IX, column (A), line 25)	2	588,023
3	Revenue less expenses. Subtract line 2 from line 1	3	1,574,627
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,625,802
5	Other changes in net assets or fund balances (explain in Schedule O)	5	530,373
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,730,802

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
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.

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 separate basis, consolidated basis, or both:
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

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

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

Form **990** (2010)

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

2010

**Open to Public
Inspection**

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer identification number

61-1159649

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)(vii).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☒ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
 - 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	
SAINT JOSEPH HEALTH (A) SYSTEM, INC	61-1334601	3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		252,909
(B)									
(C)									
(D)									
(E)									
Total									252,909

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33¹/₃% support test—2010. 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 33¹/₃% support test—2009. 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—2010. 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—2009. 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 or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

Employer identification number

61-1159649

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ 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 Tax 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, and not on a historic structure listed in the National Register	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 section 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items:

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

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

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

3 Using the organization's acquisition, 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

- d ☐ Loan or exchange programs
e ☐ Other _____

c ☐ Preservation for future generations

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

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

Part IV 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 XIV 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 XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,556,017	4,172,353	5,103,212		
b Contributions					
c Net investment earnings, gains, and losses	362,476	490,019	-930,859		
d Grants or scholarships					
e Other expenditures for facilities and programs		2,106,355			
f Administrative expenses					
g End of year balance	2,918,493	2,556,017	4,172,353		

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

- a Board designated or quasi-endowment ☐ 41 %
b Permanent endowment ☐ 106 %
c Term endowment ☐ 853 %

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

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		✓
3a(ii)		✓
3b		

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

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

Part VI 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				0
b Buildings				0
c Leasehold improvements				0
d Equipment		46,746	41,663	5,083
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,083

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN OUTSIDE TRUSTS	2,121,068	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	2,121,068	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
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	
(1) Federal income taxes		
(2) GIFT ANNUITY PAYABLE	38,659	
(3) PAYABLE TO SAINT JOSEPH HEALTH SYSTEM, INC	7,806	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	46,465	

2. FIN 48 (ASC 740) 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 (ASC 740).

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

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 NEXT PAGE

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.

Return Reference	Identifier	Explanation
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	<p>ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY AS WELL AS BOARD-DESIGNATED FUNDS. THE FOUNDATION HAS ADOPTED AN INVESTMENT POLICY FOR ITS ENDOWMENT ASSETS THAT ATTEMPTS TO GROW THE VALUE OF THE ENDOWMENT ASSETS. THE FOUNDATION'S BOARD APPOINTS A TREASURER WHO HAS THE RESPONSIBILITY OF MAKING RECOMMENDATIONS CONCERNING THE FOUNDATION'S INVESTMENT POLICIES.</p> <p>THE FOUNDATION'S PRIMARY INVESTMENT OBJECTIVES ARE TO INCREASE THE PURCHASING POWER OF THE VARIOUS ASSETS WHILE PRESERVING THEIR PRINCIPAL VALUE. THESE OBJECTIVES ARE TO BE ACHIEVED IN CONCERT WITH THE CATHOLIC HEALTH INITIATIVE'S SOCIAL RESPONSIBILITY POLICY. TO ENSURE SUCH OBJECTIVES ARE ATTAINED, THE FOUNDATION HAS DETERMINED THAT THE PORTFOLIO COMPOSITION SHALL ADHERE TO THE GUIDELINES DESCRIBED BELOW DEPENDING ON FUND RESTRICTIONS.</p> <p>UNRESTRICTED FUNDS. THESE FUNDS WILL BE PLACED IN AN INVESTMENT MIX PROVIDING THE HIGHEST TOTAL RETURN, WHICH MAY INCLUDE UP TO 70% EQUITIES. THE INVESTMENT GOALS ARE TO PRESERVE PRINCIPAL AND ACHIEVE LONG-TERM GROWTH.</p> <p>RESTRICTED FUNDS. THESE FUNDS WILL BE PLACED IN AN INVESTMENT MIX TO PROMOTE AN ADEQUATE RETURN ON THE FUNDS WHILE THE PRINCIPAL IS MAINTAINED IN ORDER TO MEET CERTAIN INCOME NEEDS THAT MAY BE ASSOCIATED WITH THE FUNDS. THESE FUNDS MAY ALSO INCLUDE UP TO 70% EQUITIES.</p> <p>THE FOUNDATION'S INVESTMENT OBJECTIVES REALIZE THAT PRUDENT INVESTMENT MANAGEMENT IS A DUTY AND PORTFOLIO PERFORMANCE SHALL BE MONITORED BY THE BOARD ON A REGULAR BASIS.</p>
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>ST. JOSEPH HOSPITAL FOUNDATION, INC. IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAXES.</p> <p>IN ADDITION, ST. JOSEPH 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 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2011 READS AS FOLLOWS:</p> <p>"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. AS OF JUNE 30, 2011, CHI HAS CURRENT NET DEFERRED TAX ASSETS OF \$2.1 MILLION AND A NONCURRENT NET DEFERRED TAX LIABILITY OF \$5.4 MILLION RELATED TO THESE TAXABLE ACTIVITIES.</p> <p>MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS."</p>

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

Employer identification number

61-1159649

Part I

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address 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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 STARS (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	97,904	63,050		160,954
	2 Less: Charitable contributions	89,784	49,300		139,084
	3 Gross income (line 1 minus line 2)	8,120	13,750	0	21,870
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	36,405	32,589		68,994
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(68,994)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				-47,124

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	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine 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? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 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
- 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 ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- 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 ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

OMB No. 1545-0047

2010

Open to Public
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► Attach to Form 990.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

Employer identification number

61-1159649

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Part II can be duplicated if additional space is needed. ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT JOSEPH HEALTH SYSTEM, INC. 424 LEWIS HARGETT CIRCLE, SUITE 160, LEXINGTON, KY 40503	61-1334601	501(C)(3)	252,909				SUPPORT
(2) MENDED HEARTS P O BOX 23683, LEXINGTON, KY 40523	61-1072896	501(C)(3)	6,000				SUPPORT
(3) FISHHOOK INTERNATIONAL P O BOX 910691, LEXINGTON, KY 40591	61-0620425	501(C)(3)	5,200				SUPPORT
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations

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

Cat. No. 50055P

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated 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
1 EMPLOYEE FINANCIAL ASSISTANCE	164	14,372			
2 PATIENT FINANCIAL ASSISTANCE	10,458	4,359			
3					
4					
5					
6					
7					
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.					

SEE NEXT PAGE

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

Return Reference	Identifier	Explanation
SCHEDULE I, PART I, LINE 2	PROCEDURES FOR MONITORING USE OF GRANT FUNDS	GRANTS INCLUDED IN PART II ARE TO COMPANIES AND COMMUNITY ORGANIZATIONS WHO ENGAGE IN ACTIVITIES THAT BENEFIT THE COMMUNITY AT LARGE. NO CONSIDERATION IS RECEIVED IN EXCHANGE FOR THESE CONTRIBUTIONS, AS THEY ARE CONSIDERED TO BE A GIFT TO BE USED BY THE RECIPIENT IN ACCORDANCE WITH THEIR CHARITABLE PURPOSE AND AS SUCH, USE OF THE FUNDS GIVEN TO THE GRANTEE IS NOT MONITORED BEYOND THE DISTRIBUTION. THERE IS NO MONITORING OF GRANTS GIVEN TO INDIVIDUALS. INDIVIDUALS' NEEDS ARE EVALUATED BEFORE THE GRANT IS GIVEN TO ENSURE THEY ARE AN ELIGIBLE RECIPIENT.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

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

2010

**Open to Public
Inspection**

Employer identification number

61-1159649

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are 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.

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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?
b Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

- a** The organization?
b Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

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

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		✓
4b	✓	
4c		✓
5a		✓
5b		✓
6a		✓
6b		✓
7		
8		
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY STUMBO							
1	(i) 0	0	0	0	0	0	0
	(ii) 139,727	16,905	276	11,572	7,020	175,500	0
KEN HAYNES							
2	(i) 0	0	0	0	0	0	0
	(ii) 401,469	119,237	22,365	59,015	21,404	623,490	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

Schedule J (Form 990) 2010

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.

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2010 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 WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN: KEN HAYNES. DURING 2010 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: KEN HAYNES \$36,337.
SCHEDULE J, PART I, LINE 3	COMPENSATION OF TOP MANAGEMENT OFFICIAL	COMPENSATION FOR THE PRESIDENT OF SAINT JOSEPH HOSPITAL FOUNDATION, INC. WAS ESTABLISHED AND PAID BY SAINT JOSEPH HEALTH SYSTEM, INC. (SJHS), A RELATED ORGANIZATION. SJHS USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION: 1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) WRITTEN EMPLOYMENT CONTRACTS, 4) COMPENSATION SURVEY OR STUDY, AND 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.
SCHEDULE J, PART I, LINE 4A	POST TERMINATION PAYMENTS	POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES ("CHI") AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE.

SCHEDULE M
(Form 990)

Noncash Contributions

OMB No. 1545-0047

2010

**Open To Public
Inspection**

► Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30.

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

Employer identification number

61-1159649

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		1,000	REPLACEMENT COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	2	31,174	SELLING COST
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	✓	1	1,605	REPLACEMENT COST
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ITEMS DONATED FOR STARS EVENT)	✓	14	4,201	REPLACEMENT COST
26 Other ► (EQUIPMENT)	✓	4	650	REPLACEMENT COST
27 Other ► (TOYS)	✓	1	125	REPLACEMENT COST
28 Other ► ()				

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	0
---	----	---

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

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information

OMB No 1545-0047

2010

Open to Public Inspection

Name of the Organization
SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer Identification Number
61-1159649

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	<p>SAINT JOSEPH HOSPITAL FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT, CHARITABLE FOUNDATION IN 1989 TO RAISE AND ADMINISTER FUNDS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF SAINT JOSEPH HOSPITAL SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. SAINT JOSEPH HOSPITAL FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS WHICH IS COMPRISED OF INDIVIDUALS WITHIN THE COMMUNITY AND ONE BOARD MEMBER FROM THE PARENT ORGANIZATION, SAINT JOSEPH HEALTH SYSTEM. SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING THE APPALACHIAN OUTREACH PROGRAM, EMPLOYEE ASSISTANCE FUND, NURSING AND ALLIED HEALTH SCHOLARSHIPS, PATIENT AND FAMILY ASSISTANCE FUND, THE SAINT JOSEPH FREE HEALTH CLINIC AND THE EASTERN KENTUCKY MOBILE. IN LATE 2007, THE SAINT JOSEPH HOSPITAL FOUNDATION BEGAN PROVIDING MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR SAINT JOSEPH MOUNT STERLING FOUNDATION AND SAINT JOSEPH BEREA HOSPITAL FOUNDATION. IN 2009, SAINT JOSEPH HOSPITAL FOUNDATION ALSO BEGAN ASSISTING SAINT JOSEPH LONDON FOUNDATION AND FLAGET MEMORIAL HOSPITAL FOUNDATION IN CREATING A STRATEGIC PLAN AND ORGANIZATION.</p> <p>SAINT JOSEPH HOSPITAL FOUNDATION'S CURRENT 4-MEMBER STAFF AND 18-MEMBER BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS TO HELP FUND THE PROGRAMS AND OUTREACH SERVICES OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. IN FY 2011, THE SAINT JOSEPH HOSPITAL FOUNDATION RAISED OVER \$2.18 MILLION. FOR THE SAME TIME FRAME, THE FOUNDATION PROVIDED OVER \$250,000 IN PROGRAM SUPPORT TO SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE TO FUND CRITICAL PROGRAMS AND SERVICES. IN ADDITION, IN THE LAST FIVE YEARS THE SAINT JOSEPH HOSPITAL FOUNDATION HAS RAISED OVER \$15 MILLION AND RETURNED NEARLY \$9 MILLION TO SUPPORT THESE VITAL PROGRAMS.</p>
FORM 990, PART VI, SECTION A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	<p>ACCORDING TO THE BYLAWS OF ST. JOSEPH HOSPITAL FOUNDATION, INC., THE ENTITY'S SOLE MEMBER IS SAINT JOSEPH HEALTH SYSTEM, INC., A KENTUCKY NONPROFIT CORPORATION.</p>
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>PURSUANT TO SECTION 6.4 OF THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. PRIOR TO EACH ANNUAL MEETING OF THE CORPORATE MEMBER, OR SUCH OTHER MEETING CALLED FOR THE PURPOSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE NOMINATING COMMITTEE SHALL SELECT AND SUBMIT TO THE BOARD OF DIRECTORS A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. THE BOARD OF DIRECTORS SHALL REVIEW THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ON THE RECOMMENDED SLATE AND SHALL VOTE TO ACCEPT OR REFUSE EACH NOMINEE. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL THEN BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH THE ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE. NOTWITHSTANDING ANYTHING IN THESE BYLAWS TO THE CONTRARY, THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION IN ACCORDANCE WITH THIS SECTION.</p>
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH SAINT JOSEPH HEALTH SYSTEM, INC. AND CATHOLIC HEALTH INITIATIVES ("CHI") (SAINT JOSEPH HEALTH SYSTEM'S (SJHS) SOLE CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX.</p> <p>PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE HELD BY THE SAINT JOSEPH HEALTH SYSTEM, INC. BOARD:</p> <ul style="list-style-type: none"> • APPROVE MEMBERS OF THE SJHF BOARD • AMENDMENT OF THE CORPORATE DOCUMENTS OF SJHF • APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF • ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJHF <p>THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER:</p> <ul style="list-style-type: none"> • SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJHF • REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF • APPROVAL OF ISSUANCE OF DEBT BY SJHF • APPROVAL OF PARTICIPATION OF SJHF IN A JOINT VENTURE • APPROVAL OF FORMATION OF A NEW CORPORATION BY SJHF • APPROVAL OF A MERGER INVOLVING SJHF • APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJHF • TO REQUIRE THE TRANSFER OF ASSETS BY SJHF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS <p>IN ADDITION, PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, SJHS OR CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE.</p>
FORM 990, PART VI, SECTION B, LINE 11A	REVIEW OF FORM 990 BY GOVERNING BODY	<p>ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE PRESIDENT/CEO. SUBSEQUENT TO REVIEW BY THE PRESIDENT/CEO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILE.</p>
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	<p>THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, AND AFFILIATES OF THE CORPORATION. A CONFLICT EXISTS WHEN THE ACTION OF AN INDIVIDUAL, ON BEHALF OF THE CORPORATION, INVOLVES OBTAINING A DIRECT OR INDIRECT PERSONAL GAIN OR CREATING AN ADVERSE OR POTENTIALLY ADVERSE EFFECT ON THE CORPORATION'S INTERESTS. EACH DIRECTOR MUST REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S CEO WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE. IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE STATEMENTS MUST BE COMPLETED, SIGNED, AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND BOARD CHAIR.</p>
FORM 990, PART VI, SECTION B, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>SAINT JOSEPH HOSPITAL FOUNDATION'S PRESIDENT AND CEO IS COMPENSATED BY SAINT JOSEPH HEALTH SYSTEM, INC. (SJHS), A RELATED NON-PROFIT ORGANIZATION. SJHS' EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD. AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS.</p>
FORM 990, PART VI, SECTION C, LINE 19	PUBLIC DISCLOSURE	<p>THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT. IN ADDITION, THE GOVERNING DOCUMENTS ARE AVAILABLE FROM THE SECRETARY OF STATE.</p>

Return Reference	Identifier	Explanation				
FORM 990, PART VI, LINE 1A	EXECUTIVE COMMITTEE COMPOSITION AND AUTHORITY	THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE TREASURER OF THE BOARD, THE SECRETARY OF THE BOARD, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO SHALL SERVE AS EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. ANY VACANCY OF AN APPOINTED EXECUTIVE COMMITTEE MEMBERSHIP MAY BE FILLED FOR THE UNEXPIRED PORTION OF THE TERM IN THE MANNER THAT THE ORIGINAL COMMITTEE MEMBER WAS APPOINTED. EXCEPT AS PROVIDED BY LAW, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PROMPTLY REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL MEET AT SUCH TIMES AS SHALL BE DETERMINED BY THE CHAIRPERSON. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF DIRECTORS AT EACH REGULAR MEETING OF THE BOARD.				
FORM 990, PART VI, SECTION B, LINE 14	DOCUMENT RETENTION AND DESTRUCTION POLICY	THE DOCUMENT RETENTION AND DESTRUCTION POLICY IS MORE OF AN OPERATIONAL POLICY. THESE TYPES OF POLICIES USUALLY DO NOT GO TO THE BOARD OF DIRECTORS (BOD). THIS HAS NOT BEEN APPROVED BY THE BOD.				
FORM 990, PART VI, LINE 15B	COMPENSATION OF OFFICERS AND DIRECTORS	DURING THE TAX YEAR ENDED 6/30/11, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED "NA."				
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.				
FORM 990, PART VIII, LINE 8	SPECIAL EVENTS AND ACTIVITIES	SAINT JOSEPH HOSPITAL FOUNDATION HOSTS AN ANNUAL STARS EVENT AND GOLF TOURNAMENT. PROCEEDS FROM THESE EVENTS WILL GO TOWARDS SUPPORTING SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE. TOTAL INCOME EARNED FROM THESE EVENTS DURING THE CURRENT YEAR WAS \$91,960 COMPUTED AS FOLLOWS: GROSS RECEIPTS \$160,954 (INCLUDES CONTRIBUTIONS OF \$139,084) DIRECT EXPENSES \$68,994 TOTAL NET INCOME \$91,960				
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table><tr><th>(a) Description</th><th>(b) Amount</th></tr><tr><td>NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS</td><td>530,373</td></tr></table>	(a) Description	(b) Amount	NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	530,373
(a) Description	(b) Amount					
NET UNREALIZED GAINS (LOSSES) ON INVESTMENTS	530,373					

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

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

2010

**Open to Public
Inspection**

Employer identification number
61-1159649

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) ALEGENT HEALTH - BERGAN MERCY HEALTH SYS (47-0484764) 7500 MERCY ROAD, OMAHA, NE 68124	HEALTHCARE	NE	501(C)(3)	3	CHI		✓
(2) ALEGENT HEALTH - MERCY HOSPITAL, CORNING (42-0782518) P.O. BOX 368, CORNING, IA 50841	HEALTHCARE	IA	501(C)(3)	3	AHBMHS		✓
(3) ALVERNA APARTMENTS (41-1351177) 300 SE 8TH AVENUE, LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	9	CHI		✓
(4) APPLETREE COURT (41-1850500) 601 OAK STREET, BRECKENRIDGE, MN 56520	SENIOR HOMES	MN	501(C)(3)	9	SFH		✓
(5) BISHOP DRUMM RETIREMENT CENTER (42-0725196) 1111 6TH AVENUE, DES MOINES, IA 50314	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP		✓
(6) BORNEMANN HEALTHCARE CORPORATION (23-2187242) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11 - TYPE I	CHI		✓
(7) CARRINGTON HEALTH CENTER (45-0227311) 800 NORTH 4TH STREET, CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)	3	CHI		✓

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

Cat No. 50135Y

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Statement												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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
(1) ALTERNATIVE INSURANCE MANAGEMENT SERVICES (84-1112049) 3900 OLYMPIC BOULEVARD, SUITE 400, ERLANGER, KY 41018	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	3,267,441	100
(2) AMERICAN NURSING CARE (31-1085414) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	CHS	C CORPORATION	1,778,617	44,470,358	100
(3) AMERIMED, INC. (31-1158699) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	2,395,230	11,869,657	100
(4) CADUCEUS MEDICAL ASSOCIATES, INC. (62-1570736) 6028 SHALLOWFORD ROAD, SUITE D, CHATTANOOGA, TN 37422	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100
(5) CAPTIVE MANAGEMENT INITIATIVES (98-0663022) PO BOX 10073 APO, GEORGETOWN, GRAND CAYMAN KY1-1001 CJ	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100
(6) CENTER FOR TRANSLATIONAL RESEARCH (27-2269511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORPORATION	-2,247,962	1,668,589	100
(7) CENTRAL KANSAS HEALTH SERVICES ASSOCIATION (48-1042853) 3515 BROADWAY, GREAT BEND, KS 67530	MEDICAL EQUIPMENT	KS	CKMC	C CORPORATION	0	0	100

Schedule R (Form 990) 2010

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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	1a	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	1b	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	1c	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	1d	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	1e	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	1f	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	1g	<input checked="" type="checkbox"/>
h Exchange of assets	1h	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	1i	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	1j	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	1m	<input checked="" type="checkbox"/>
n Sharing of paid employees	1n	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	1o	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	1p	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	1q	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	1r	<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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Schedule R (Form 990) 2010

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Schedule R (Form 990) 2010

Part II Identification of Related Tax-Exempt Organizations (continued)

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) CATHOLIC HEALTH CARE FEDERATION (20-8473567) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	JURIDIC PERSON	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(9) CATHOLIC HEALTH INITIATIVES (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI	✓	
(10) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 961 EAST COLORADO AVENUE, COLORADO SPRINGS, CO 80903	FUNDRAISING	CO	501(C)(3)	7	CHI COLORADO	✓	
(11) CENTENNIAL MEDICAL GROUP, INC (90-0433062) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	PHYSICIANS	OR	501(C)(3)	9	MMC	✓	
(12) CHI COLORADO (84-0405257) 188 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI	✓	
(13) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PARKWAY, FARGO, ND 58104	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(14) CHI INSTITUTE FOR RESEARCH AND INNOVATION (27-1050565) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(15) CHI KENTUCKY, INC (20-2741651) 3900 OLYMPIC BLVD., SUITE 400, ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11 - TYPE I	CHI	✓	
(16) CHI NATIONAL FOUNDATION (27-0930004) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	FUNDRAISING	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(17) CHI NATIONAL HOME CARE (45-1261716) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(18) CHI NATIONAL SERVICES (45-2532084) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI	✓	
(19) CHI NEBRASKA (36-3233121) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11 - TYPE I	CHI	✓	
(20) CHI-IOWA CORP (42-0680448) 1111 6TH AVENUE, DES MOINES, IA 50314	HEALTHCARE	IA	501(C)(3)	3	MHN	✓	
(21) CONTINUING CARE HOSPITAL (61-1400619) 150 NORTH EAGLE CREEK DRIVE, LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS	✓	
(22) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION (91-0715805) 1450 BATTERSBY AVENUE, ENUMCLAW, WA 98022	HEALTHCARE	WA	501(C)(3)	3	FHS	✓	
(23) FLAGET HEALTHCARE, D/B/A FLAGET MEMORIAL HOSPITAL (61-1345363) 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	HEALTHCARE	KY	501(C)(3)	3	CHI	✓	
(24) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC (56-2351341) 4305 NEW SHEPHERDSVILLE ROAD, BARDSTOWN, KY 40004	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	FH	✓	
(25) FRANCISCAN FOUNDATION (91-1145592) 1717 SOUTH J STREET, TACOMA, WA 98405	FUNDRAISING	WA	501(C)(3)	9	FHS	✓	
(26) FRANCISCAN HEALTH SYSTEM FKA FRANCISCAN HEALTH SYSTEM WEST (91-0564491) 1717 SOUTH J STREET, TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	3	CHI	✓	
(27) FRANCISCAN MEDICAL GROUP (91-1939739) 1708 SOUTH YAKIMA AVENUE, TACOMA, WA 98405	HEALTHCARE	WA	501(C)(3)	9	FHS	✓	
(28) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC (39-1093829) 3601 SOUTH CHICAGO AVENUE, SOUTH MILWAUKEE, WI 53172	HEALTHCARE	WI	501(C)(3)	9	CHI	✓	
(29) GETTYSBURG MEDICAL CENTER (46-0234354) 506 EAST GARFIELD AVENUE, GETTYSBURG, SD 57442	HEALTHCARE	SD	501(C)(3)	3	SMHC	✓	

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(30) GLOBAL HEALTH INITIATIVES (20-1536108) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	MINISTRIES	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(31) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE (31-1778403) 375 DIXMYTH AVE, CINCINNATI, OH 45220	EDUCATION	KY	501(C)(3)	2	GHS	✓	
(32) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC (31-1206047) 619 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	FUNDRAISING	OH	501(C)(3)	11 - TYPE I	GSH	✓	
(33) GOOD SAMARITAN HOSPITAL (47-0379755) P.O. BOX 1990, KEARNEY, NE 68848	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(34) GOOD SAMARITAN HOSPITAL FOUNDATION (47-0659443) P.O. BOX 1810, KEARNEY, NE 68848	FUNDRAISING	NE	501(C)(3)	7	GSH	✓	
(35) HEALTH S E T (84-1102943) 4200 WEST CONEJOS PLACE, #436, DENVER, CO 80204	LOW INC CARE	CO	501(C)(3)	7	CHI COLORADO	✓	
(36) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782) 2400 ST. FRANCIS DRIVE, BRECKENRIDGE, MN 55620	FUNDRAISING	MN	501(C)(3)	11 - TYPE I	SFMC	✓	
(37) HOSPITAL ASSOCIATION FOR ST. JOSEPH HOSPITAL (52-6050777) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	9	SJMC	✓	
(38) HOUSE OF MERCY (42-1323808) 1111 6TH AVENUE, DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	✓	
(39) LAKEWOOD HEALTH CENTER (41-0758434) 600 MAIN AVENUE SOUTH, BAUDETTE, MN 56623	LTERM CARE	MN	501(C)(3)	3	CHI	✓	
(40) LINUS OAKES, INC (93-0821381) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	SENIOR LIVING	OR	501(C)(3)	9	MMC	✓	
(41) LISBON AREA HEALTH SERVICES (82-0558836) 905 MAIN STREET, LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(42) MEMORIAL HEALTH CARE SYSTEM FOUNDATION (62-1839548) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	FUNDRAISING	TN	501(C)(3)	7	MHCS	✓	
(43) MEMORIAL HEALTH CARE SYSTEM, INC. (62-0532345) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	HEALTHCARE	TN	501(C)(3)	3	CHI	✓	
(44) MEMORIAL HEALTH PARTNERS FOUNDATION, INC (03-0417049) 6028 SHALLOWFORD ROAD, CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS	✓	
(45) MERCY AUXILIARY OF CENTRAL IOWA (42-6076069) 1111 6TH AVENUE, DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11 - TYPE I	CHI-IA CORP	✓	
(46) MERCY CLINICS, INC. (42-1193699) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	✓	
(47) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682) 1111 6TH AVENUE, DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	✓	
(48) MERCY FOUNDATION OF DES MOINES, IA (23-7358794) 1111 6TH AVENUE, DES MOINES, IA 50314	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	✓	
(49) MERCY FOUNDATION, INC (93-6088946) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	FUNDRAISING	OR	501(C)(3)	7	MMC	✓	
(50) MERCY HEALTH CARE FOUNDATION (42-1461064) P.O. BOX 368, CORNING, IA 50841	FUNDRAISING	NE	501(C)(3)	11 - TYPE I	AHMH	✓	
(51) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204) 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	FUNDRAISING	IA	501(C)(3)	11 - TYPE I	AHBMHS	✓	
(52) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 EAST SEVENTH STREET, DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(53) MERCY HOSPITAL OF VALLEY CITY (45-0226553) 570 CHAUTAUGUA BOULEVARD, VALLEY CITY, ND 58072	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(64) MERCY LIFECARE SYSTEMS (43-1305163) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	PROPERTY MGMT	MO	501(C)(3)	11 - TYPE I	SJRM	✓	
(65) MERCY MEDICAL CENTER (45-0231183) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(66) MERCY MEDICAL CENTER (93-0386868) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(67) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308) 1 ST JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	✓	
(68) MERCY MEDICAL FOUNDATION (45-0381803) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MMC	✓	
(69) MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC (42-1470935) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	✓	
(60) MERCY REGIONAL MEDICAL CENTER OF DURANGO (84-0405515) 1010 THREE SPRINGS BLVD, DURANGO, CO 81301	HEALTHCARE	CO	501(C)(3)	3	CHI	✓	
(61) MNMCH, INC (48-1216238) 220 NORTH PENNSYLVANIA, COLUMBUS, KS 66725	HEALTHCARE	KS	501(C)(3)	3	SJRM	✓	
(62) MT. ST. JOSEPH, INC. (93-0386870) 3060 SE STARK STREET, PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI	✓	
(63) OAKES COMMUNITY HOSPITAL (45-0231675) 314 SOUTH 8TH STREET, OAKES, ND 58474	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(64) OAKES COMMUNITY HOSPITAL FOUNDATION (71-0966606) 314 SOUTH 8TH STREET, OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	OCH	✓	
(65) PUEBLO STEPUP (84-1234295) 1925 EAST ORMAN AVE, SUITE G52, PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHI	✓	
(66) S.E.T. OF COLORADO SPRINGS, INC (84-1183335) 825 E PIKES PEAK AVENUE, BLDG 29, COLORADO SPRINGS, CO 80903	LTERM CARE	CO	501(C)(3)	7	CHI COLORADO	✓	
(67) SAINT CLARE'S COMMUNITY CARE (22-2876836) 66 FORD ROAD, DENVER, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11 - TYPE II	SCHS	✓	
(68) SAINT CLARE'S FOUNDATION, INC (22-2502997) 66 FORD ROAD, DENVER, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS	✓	
(69) SAINT CLARE'S HEALTH SERVICES, INC. (22-3639733) 25 POCONO ROAD, DENVER, NJ 07834	MANAGEMENT	NJ	501(C)(3)	7	CHI	✓	
(70) SAINT CLARE'S HOSPITAL (22-3319886) 56 FORD ROAD, DENVER, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	CHI	✓	
(71) SAINT ELIZABETH FOUNDATION (47-0625523) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	FUNDRAISING	NE	501(C)(3)	7	SERMC	✓	
(72) SAINT ELIZABETH HEALTH SERVICES (36-3233120) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC	✓	
(73) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(74) SAINT FRANCIS MEDICAL CENTER (47-0376601) P O BOX 9804, GRAND ISLAND, NE 68802	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(75) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267) P O BOX 9804, GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C)(3)	7	SFMC	✓	
(76) SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC (26-0152877) 305 ESTILL STREET, BEREHA, KY 40403	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(77) SAINT JOSEPH HEALTH SYSTEM, INC (61-1334601) 150 N. EAGLE CREEK DR, LEXINGTON, KY 40509	HEALTHCARE	KY	501(C)(3)	3	CHI	✓	
(78) SAINT JOSEPH LONDON FOUNDATION, INC. (26-0438748) 310 EAST NINTH STREET, LONDON, KY 40741	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓	

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(79) SAINT JOSEPH MEDICAL FOUNDATION, INC (31-1539059) ONE ST. JOSEPH DRIVE, LEXINGTON, KY 40504	PHY PRACTICES	KY	501(C)(3)	3	SJHS	✓	
(80) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC (27-2884584) 50 STERLING AVENUE, MOUNT STERLING, KY 40353	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(81) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 30 WEST 7TH STREET, DICKINSON, ND 58601	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	SJHHC	✓	
(82) SAMARITAN BEHAVIORAL HEALTH (02-0633634) 601 S EDWIN C. MOSES BLVD., DAYTON, OH 45408	HEALTHCARE	OH	501(C)(3)	3	SHP	✓	
(83) SAMARITAN HEALTH FOUNDATION (23-7296923) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	FUNDRAISING	OH	501(C)(3)	7	SHP	✓	
(84) SAMARITAN HEALTH PARTNERS (31-1107411) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	CHI	✓	
(85) ST JOSEPH HEALTH MINISTRIES (23-2342997) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	HEALTH	PA	501(C)(3)	11 - TYPE I	CHI	✓	
(86) ST JOSEPH HEALTH MINISTRIES FOUNDATION (23-2605579) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	FUNDRAISING	PA	501(C)(3)	11 - TYPE I	SJHM	✓	
(87) ST ANTHONY HOSPITAL (93-0391614) 1601 S.E. COURT AVENUE, PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(88) ST ANTHONY HOSPITAL FOUNDATION (93-0992727) 1601 S.E. COURT AVENUE, PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	11 - TYPE I	SA HOSPITAL	✓	
(89) ST ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) 4 HOSPITAL DRIVE, MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC	✓	
(90) ST CATHERINE HOSPITAL (48-0543721) 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	HEALTHCARE	KS	501(C)(3)	3	CHI	✓	
(91) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702) 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	FUNDRAISING	KS	501(C)(3)	11 - TYPE I	SCH	✓	
(92) ST DOMINIC AT ONTARIO (93-0433692) 351 S W 9TH STREET, ONTARIO, OR 97914	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(93) ST FRANCIS HOME (41-0729978) 2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI	✓	
(94) ST FRANCIS LIFE CARE CORPORATION (22-2536017) 19 POCONO ROAD, DENVER, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	✓	
(95) ST FRANCIS MEDICAL CENTER (41-0695598) 2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(96) ST FRANCIS OF BAKER CITY (93-0412495) 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(97) ST JOHN'S MEDICAL GROUP (43-1882377) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	PHYS PRACTICE	MO	501(C)(3)	9	SJRM	✓	
(98) ST JOHN'S MERCY REGIONAL FOUNDATION (43-1308084) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	FUNDRAISING	MO	501(C)(3)	7	SJRM	✓	
(99) ST JOHN'S REGIONAL MEDICAL CENTER (44-0545809) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	HEALTHCARE	MO	501(C)(3)	3	CHI	✓	
(100) ST JOSEPH COMMUNITY HEALTH SERVICES (71-0897107) 300 CENTRAL AVE SW SUITE 3000W, ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11 - TYPE I	CHI	✓	
(101) ST JOSEPH HEALTH SERVICES, INC (20-1425375) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	DENTAL CARE	PA	501(C)(3)	11 - TYPE I	SJHM	✓	
(102) ST JOSEPH HOSPITAL FOUNDATION, INC (61-1159649) ONE ST JOSEPH DRIVE, LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓	

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(103) ST JOSEPH MEDICAL CENTER FOUNDATION (23-2649362) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	FUNDRAISING	PA	501(C)(3)	11 - TYPE I	SJRHN	✓	
(104) ST. JOSEPH MEDICAL CENTER FOUNDATION, INC. (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC	✓	
(105) ST JOSEPH MEDICAL CENTER, INC (52-0591461) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	CHI	✓	
(106) ST JOSEPH MEDICAL GROUP (20-8544021) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC	✓	
(107) ST JOSEPH PHYSICIAN ENTERPRISES (52-1311775) 7601 OSLER DRIVE, TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11 - TYPE I	CHI	✓	
(108) ST JOSEPH REGIONAL HEALTH NETWORK (23-1352211) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI	✓	
(109) ST JOSEPH'S AREA HEALTH SERVICES (41-0695603) 600 PLEASANT AVENUE, PARK RAPIDS, MN 56470	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(110) ST JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 30 WEST 7TH STREET, DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(111) ST MARY'S HEALTHCARE CENTER (46-0230199) 801 EAST SIOUX AVENUE, PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI	✓	
(112) ST MARY'S HOSPITAL (47-0443636) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(113) ST MARY'S HOSPITAL FOUNDATION (47-0707604) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	FUNDRAISING	NE	501(C)(3)	7	SMH	✓	
(114) ST ROSE AMBULATORY AND SURGERY CENTER F/K/A CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530	SURGERY CNTR	KS	501(C)(3)	3	CHI	✓	
(115) ST VINCENT FOUNDATION (51-0169537) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11 - TYPE I	SVIMC	✓	
(116) ST VINCENT INFIRMARY MEDICAL CENTER (71-0236917) #2 ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI	✓	
(117) ST VINCENT MEDICAL GROUP (71-0830696) #2 ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC	✓	
(118) THE COMMUNITY LIMITED CARE DIALYSIS CENTER (23-7419853) 619 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)	N/A	GSH	✓	
(119) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH (31-0537486) 519 OAK STREET, ACCOUNTING-3 W, CINCINNATI, OH 45206	HEALTHCARE	OH	501(C)(3)	3	TRI-HEALTH	✓	
(120) THE MERCY HOSPITAL OF DEVILS LAKE FDN (35-2367360) 1031 EAST SEVENTH STREET, DEVILS LAKE, ND 58301	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MHDL	✓	
(121) THE PHYSICIAN NETWORK (47-0780857) 8055 "O" STREET, SUITE 300, LINCOLN, NE 68510	PHYS PRACTICE	NE	501(C)(3)	11 - TYPE I	CHI NEBRASKA	✓	
(122) TOTAL HEALTHCARE (84-0927232) P.O. BOX 7021, COLORADO SPRINGS, CO 80933	HEALTHCARE	CO	501(C)(3)	3	CHI COLORADO	✓	
(123) UNITY FAMILY HEALTHCARE (41-0721642) 815 2ND STREET SE, LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(124) VILLA NAZARETH, INC (45-0226714) 801 PAGE DRIVE, FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI	✓	
(125) VISITING NURSE ASSOCIATION OF SAINT CLARE'S (22-1768334) 191 WOODPORT ROAD, SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS	✓	

Part III Identification of Related Organizations Taxable as a Partnership (continued)

(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 allocation s?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) AUDUBON LAND COMPANY LLC (84-1513085) 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	THC	RELATED	-157,673	14,390,550		✓	0		✓	50.1
(2) AVANTAS, LLC (39-2045003) 1207 SOUTH 13 STREET, OMAHA, NE 68108	HEALTHCARE	NE	AHMH	UNRELATED				✓			✓	95
(3) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199) 400 BERYWOOD TRAIL, CLEVELAND, TN 37312	PHYS OFFICE	TN	MHCS	RELATED				✓		✓		63
(4) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736) 1218 SOUTH BROADWAY, SUITE 310, LEXINGTON, KY 40504	DIAGNOSTIC	KY	SJ HOSPITAL, LEX	RELATED				✓			✓	65
(5) CENTRAL NEBRASKA HOME CARE SERVICES (47-0692112) P O BOX 1146-4510 SECOND AVENUE, KEARNEY, NE 68848	HEALTHCARE SRVC	NE	HSE, INC	RELATED	-99,941	1,021,498		✓	-48,712	✓		100
(6) CENTRAL NEBRASKA REHAB SERVICE (81-0653461) 3004 W FAIDLEY AVE, GRAND ISLAND, NE 68802	PHYSICAL THERAPY	NE	CHI	RELATED	1,857,991	2,262,775		✓	0		✓	51
(7) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727942) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	CHI	UNRELATED	139,679,805	2,069,974,790		✓	371,292	✓		100
(8) HEALTHCARE SUPPORT SERVICES (72-1546196) P O BOX 9804, GRAND ISLAND, NE 68802	LAUNDRY	NE	CHI	RELATED	196,124	3,913,481		✓	-58,436		✓	100
(9) NORTH RIVER SURGERY CENTER, LLC (71-0799771) 2209 WILDWOOD AVENUE, SHERWOOD, AR 72120	AMBUL SURG CTR	AR	SVIMC	RELATED	198,313	1,758,688		✓	0		✓	57.45
(10) ORTHOCOLORADO, LLC (37-1577105) 11650 WEST 2ND PLACE, LAKEWOOD, CO 80255	ORTHO HOSPITAL	CO	THC	RELATED	-3,249,314	10,905,384		✓	0		✓	60
(11) PENINSULA RADIATION ONCOLOGY (87-0808610) 314 MARTIN LUTHER KING JR. WAY #11, TACOMA, WA 98405	HEALTHCARE SRVC	WA	FHS	RELATED	131,195	3,052,504		✓	0		✓	60
(12) PENRAD IMAGING (84-1072619) 1139 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920	MEDICAL IMAGING	CO	THC	RELATED	1,857,228	5,457,224		✓	0		✓	70
(13) RUXTON SURGICENTER, LLC (52-2095835) 8322 BELLONA AVENUE, SUITE 201, BALTIMORE, MD 21204	SURGERY CENTER	MD	SJMC	RELATED				✓		✓		51
(14) SAINT JOSEPH - SCA HOLDINGS, LLC (45-3801157) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	OP SURGERY	DE	SJHS	RELATED	0	0		✓	0		✓	51
(15) ST ANTHONY REGIONAL MTN CANCER CENTER (37-1568013) 4231 W 16TH AVENUE, DENVER, CO 80112	CANCER CENTER	CO	THC	RELATED	-290,552	0		✓	0		✓	51

(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, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(16) ST FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	THC	RELATED	-180,979	14,886,022		✓	0		✓	51
(17) ST FRANCIS MEDICAL CENTER ASSOCIATES (91-1352698) 1717 SOUTH J STREET, TACOMA, WA 98405	MED OFFICE	WA	FHS	RELATED	116,948	1,652,280		✓	0		✓	54
(18) ST JOSEPH-PAML, LLC (45-2116736) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	MGMT SERVICES	KY	SJHS	RELATED	0	0		✓	0	✓		62.5
(19) SUPERIOR MEDICAL IMAGING, LLC (26-2884555) 5000 NORTH 26TH STREET, LINCOLN, NE 68521	OP DIAGNOSTICS	NE	SERMC	RELATED				✓			✓	51
(20) SURGERY CENTER OF LEXINGTON, LLC (62-1179539) 1451 HARRODSBURG ROAD, LEXINGTON, KY 40504	SURGERY CENTER	DE	SJHS	RELATED	808,840	4,236,901		✓	0		✓	51

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (continued)

(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
(8) CGH REALTY COMPANY, INC. (23-2326801) 215 N. 12TH ST., READING, PA 19603	REAL ESTATE	PA	SJHM	C CORPORATION	1,007	42,415	100
(9) COMCARE SERVICES (84-0904813) 4231 W 16TH AVENUE, DENVER, CO 80204	INACTIVE	CO	CHIC	C CORPORATION	0	0	100
(10) CONSOLIDATED HEALTH SERVICES (31-1378212) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	CHI	C CORPORATION	0	11,595,125	100
(11) DAVID DEYLE CHARITABLE REMAINDER UNITRUST (47-6192395) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,880	166,425	100
(12) DES MOINES MEDICAL CENTER INC (42-0837382) 1111 6TH AVENUE, DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	0	1,253,452	92.98
(13) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GEORGETOWN, GRAND CAYMAN KY1-1001 C.J	INSURANCE	CJ	CHI	C CORPORATION	0	0	100
(14) FRANCISCAN SERVICES, INC. (23-2487967) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORPORATION	-507,578	11,914,284	100
(15) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1990, KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-2,921,063	355,110	100
(16) HAROLD W. RASE 1995 CHARITABLE UNITRUST (45-6090420) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,240	21,553	100
(17) HAROLD W. RASE 1996 CHARITABLE UNITRUST (20-6037112) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	900	15,495	100
(18) HAROLD W. RASE 1997 CHARITABLE UNITRUST (20-6037104) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,025	20,261	100
(19) HAROLD W. RASE 1999 CHARITABLE UNITRUST (20-6037099) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,313	25,027	100
(20) HEALTH SYSTEMS ENTERPRISES, INC (47-0664558) PO BOX 1990, KEARNEY, NE 68848	MANAGEMENT	NE	GSH	C CORPORATION	25,289	1,443,049	100
(21) HEALTHCARE MGMT SERVICES ORG, INC (91-1865474) 1149 MARKET ST., TACOMA, WA 98402	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100
(22) JAMES & HENRIETTA NISTLER UNITRUST (20-6021899) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	-16,708	41,455	100
(23) JEANNE DEYLE CHARITABLE REMAINDER UNITRUST (47-6192398) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,880	166,320	100
(24) JOSEPH A. SCHUSTER ANNUITY TRUST #1 (42-1195122) 400 UNIVERSITY AVENUE, DES MOINES, IA 50314	INVESTMENTS	IA	MFDM	TRUST	18,924	441,488	100
(25) LODESCA MILLER CHARITABLE REMAINDER UNITRUST (47-6186933) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	3,387	86,367	100
(26) MEDQUEST (45-0392137) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	SALE OF DME	ND	MH OF WILLISTON	C CORPORATION	9,852	962,554	100
(27) MERCY HEALTH SERVICES CORPORATION (43-1457881) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	DME	MO	ST JOHN'S RMC	C CORPORATION	-1,533,371	1,369,083	100
(28) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVENUE, DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORPORATION	264,489	1,796,053	100
(29) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	RETAIL SALES	OR	MMC	C CORPORATION	-690,267	954,798	100

(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
(30) MOUNTAIN MANAGEMENT SERVICES INC (62-1570739) 6028D SHALLOWFORD ROAD, CHATTANOOGA, TN 37422	MGMT SVC ORG	TN	MHCS	C CORPORATION	-386,020	4,667,998	100
(31) NAZARETH ASSURANCE COMPANY (03-0304831) 78 ST PAUL STREET, SUITE 500, BURLINGTON, VT 05401	INSURANCE	VT	CHI	C CORPORATION	-379	123,535	100
(32) PATIENT TRANSPORT SERVICES, INC (31-1100798) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	662,425	5,325,941	100
(33) PHYSICIAN HEALTH SYSTEM NETWORK (91-1746721) 1149 MARKET ST., TACOMA, WA 98402	HEALTH ORG	WA	FHS	C CORPORATION	0	0	100
(34) RAY & SHIRLEY DAVID 1999 UNITRUST (20-6037077) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,250	24,194	100
(35) ROBERT & WANDA CHARITABLE REMAINDER UNITRUST (26-6191916) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	13,030	537,775	100
(36) SAINT CLARE'S PRIMARY CARE, INC (22-2441202) 66 FORD ROAD, DENVER, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORPORATION	-342,970	2,177,166	100
(37) SAMARITAN FAMILY CARE, INC (31-1299450) 40 W FOURTH ST, #1700, DAYTON, OH 45402	HEALTHCARE	OH	SHF	C CORPORATION			100
(38) SJH SERVICES CORPORATION (23-2307408) 198 INNERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORPORATION	-518,360	3,180,100	100
(39) SJL PHYSICIAN MANAGEMENT SERVICES, INC. (27-0164198) 424 LEWIS HARGETT CR #160, LEXINGTON, KY 40503	MANAGEMENT	KY	SJHS	C CORPORATION	0	0	100
(40) ST ANTHONY DEVELOPMENT COMPANY (93-1216943) 1415 SOUTHGATE, PENDLETON, OR 97801	ATHLETIC CLUB	OR	ST ANTHONY H	C CORPORATION	53,891	3,007,554	100
(41) ST VINCENT COMMUNITY HEALTH SERVICES, INC (71-0710785) TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORPORATION	2,309,129	14,049,375	100
(42) ST JOSEPH DEVELOPMENT COMPANY (91-1480569) 1717 SOUTH J STREET, TACOMA, WA 98405	RENTAL	WA	FSI	C CORPORATION	-36,395	12,168,022	100
(43) ST JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG ROAD, BLDG B70, LEXINGTON, KY 40504	MANAGEMENT	KY	SJHS	C CORPORATION	16,644	882,139	85
(44) TOM DEYLE CHARITABLE REMAINDER UNITRUST (47-6192393) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST	4,884	166,321	100
(45) TOWSON MANAGEMENT, INC. (52-1710750) 7601 OSLER DRIVE, TOWSON, MD 21204	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	-469,016	498,393	100

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

► **File a separate application for each return.**

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	ST. JOSEPH HOSPITAL FOUNDATION, INC	61-1159649
	Number, street, and room or suite no. If a P.O. box, see instructions	
	ONE ST. JOSEPH DRIVE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LEXINGTON, KY 40504	

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

- The books are in the care of ► JAMIE LUNDIEN

Telephone No ► 719 548-7090FAX No ► 719 630-0873

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

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20 ____ or
- ☒ tax year beginning 07/01, 20 10, and ending 06/30, 20 11

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

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

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

For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

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

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization		Employer identification number
	ST. JOSEPH HOSPITAL FOUNDATION, INC		61-1159649
	Number, street, and room or suite no. If a P.O. box, see instructions.		
	ONE ST. JOSEPH DRIVE		
City, town or post office, state, and ZIP code. For a foreign address, see instructions.			
LEXINGTON, KY 40504			

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

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 ☒ **JAMIE LUNDIEN**
Telephone No. 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
- 5 For calendar year , or other tax year beginning , and ending .
- 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 FILE A COMPLETE AND 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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

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

Signature Title Date

Form 8868 (Rev. 1-2011)