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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2011

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 2011 calendar year, or tax year beginning JULY 01, 2011, and ending JUNE 30, 2012

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization ST. JOSEPH LONDON FOUNDATION, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1001 SAINT JOSEPH LANE
 City or town, state or country, and ZIP + 4
LONDON, KY 40741

D Employer identification number
26-0438748

E Telephone number
(606)877-3710

G Gross receipts \$ 203,380

F Name and address of principal officer: BARRY STUMBO
1001 SAINT JOSEPH LANE, LONDON, KY 40741

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? ☐ Yes ☒ No
 If "No," attach a list. (see instructions)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: 2007

M State of legal domicile: KY

Part I Summary

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

2 Check this box ☐ 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

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 0

6 Total number of volunteers (estimate if necessary) 30

7a Total unrelated business revenue from Part VIII, column (C), line 12 0

7b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h) <u>535,933</u>	<u>178,823</u>	
9 Program service revenue (Part VIII, line 2g) <u>0</u>	<u>0</u>	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>19,693</u>	<u>307</u>	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>8,618</u>	<u>-25,446</u>	
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>564,244</u>	<u>153,684</u>	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>5,000</u>	<u>34,951</u>	
14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>	<u>0</u>	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>0</u>	<u>0</u>	
16a Professional fundraising fees (Part IX, column (A), line 11e) <u>25,250</u>	<u>1,772</u>	
b Total fundraising expenses (Part IX, column (D), line 25) <u>56,101</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>37,021</u>	<u>94,258</u>	
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>67,271</u>	<u>130,979</u>	
19 Revenue less expenses. Subtract line 18 from line 12 <u>496,973</u>	<u>22,705</u>	

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16) <u>576,632</u>	<u>642,136</u>	
21 Total liabilities (Part X, line 26) <u>0</u>	<u>42,799</u>	
22 Net assets or fund balances. Subtract line 21 from line 20 <u>576,632</u>	<u>599,337</u>	

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 BARRY STUMBO, PRESIDENT/CEO
 Date 4-23-13

Type or print name and title

Paid Preparer Use Only Print/Type preparer's name PAMELA KROHN Preparer's signature Pamela Krohn Date 5/1/13 Check ☐ if self-employed PTIN P01210500
 Firm's name CATHOLIC HEALTH INITIATIVES Firm's EIN 47-0617373
 Firm's address 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 Phone no. (303)298-9100

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 (2011)

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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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 74,182 including grants of \$ 34,951) (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 ► 74,182

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 for which 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 temporarily restricted endowments, permanent endowments, 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 ✓	
12a 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	✓
14a 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? 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	✓
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 ✓	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 ✓	
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>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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>	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
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>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b 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>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	✓
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38 ✓	

Form **990** (2011)

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 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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 15		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 13		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	☒
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	☒
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	☒
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	☒
6 Did the organization have members or stockholders?	6	☒
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	☒
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	☒
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	☒
b Each committee with authority to act on behalf of the governing body?	8b	☒
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	9	☒

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	☒
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	☒
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	☒
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	☒
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	☒
13 Did the organization have a written whistleblower policy?	13	☒
14 Did the organization have a written document retention and destruction policy?	14	☒
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	☒
b Other officers or key employees of the organization	15b	☒
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	☒
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **JAMIE LUNDIEN, 6385 CORPORATE DRIVE, SUITE 301, COLORADO SPRINGS, CO 80919, (719)548-7090**

Part IV

Supplemental Information Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Return Reference	Identifier	Explanation						
SCHEDULE A, PART II, LINE 10	OTHER INCOME	Description	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
		FUNDRAISING INCOME	0	0	35,524	35,347	24,250	95,121

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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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) BARRY STUMBO PRESIDENT/CEO	40	✓		✓				0	147,344	20,897
(2) DIANNA MILAM VICE CHAIR	1	✓		✓				0	0	0
(3) JANIE WILLIAMS SECRETARY	1	✓		✓				0	0	0
(4) JOE SCHENKENFELDER VICE CHAIR	1	✓		✓				0	0	0
(5) PEGGY PRATT CHAIR	1	✓		✓				0	0	0
(6) ERNEST MATT HOUSE BOARD MEMBER	1	✓						0	0	0
(7) HOLBERT HODGES, JR. BOARD MEMBER	1	✓						0	0	0
(8) JIM SUTTON BOARD MEMBER	1	✓						0	0	0
(9) LARRY CORUM BOARD MEMBER	1	✓						0	0	0
(10) MIKE WOOD BOARD MEMBER	1	✓						0	0	0
(11) PAUL SMITH BOARD MEMBER	1	✓						0	0	0
(12) SEAN BUCK BOARD MEMBER	1	✓						0	0	0
(13) STAN OWENS BOARD MEMBER	1	✓						0	0	0
(14) STAR ROBINS KUSIAK 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) VIRGINIA DEMPSEY PRESIDENT - SJL	3	☒						0	374,682	64,530
(16) WAYNE STURGEON BOARD MEMBER	1	☒						0	0	0
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total								0	522,026	85,427
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	522,026	85,427

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 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> | | ☒ |
| 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> | ☒ | |
| 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> | | ☒ |

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of 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	52,484			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	126,339			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶		178,823			
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) ▶		307			307
	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)		0	0		
	d	Net gain or (loss) ▶		0			
	8a	Gross income from fundraising events (not including \$ 52,484 of contributions reported on line 1c). See Part IV, line 18 a		24,250			
	b	Less: direct expenses b		49,696			
	c	Net income or (loss) from fundraising events ▶		-25,446			-25,446
	9a	Gross income from gaming activities. See Part IV, line 19 a					
	b	Less: direct expenses b					
c	Net income or (loss) from gaming activities ▶		0				
10a	Gross sales of inventory, less returns and allowances a						
b	Less: cost of goods sold b						
c	Net income or (loss) from sales of inventory ▶		0				
Miscellaneous Revenue			Business Code				
11a				0			
b				0			
c				0			
d	All other revenue			0	0	0	
e	Total. Add lines 11a-11d ▶			0			
12	Total revenue. See instructions. ▶			153,684	0	0	-25,139

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).

Check if Schedule O contains a response to any question in this Part IX ☐

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 United States. See Part IV, line 21	22,661	22,661		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	12,290	12,290		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. 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 accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	36,919			36,919
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	1,772			1,772
f Investment management fees	0			
g Other	39,231	39,231		
12 Advertising and promotion	0			
13 Office expenses	4,991		466	4,525
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	2,817			2,817
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES & SUBSCRIPTIONS	846			846
b MISCELLANEOUS EXPENSES	9,452		230	9,222
c	0			
d	0			
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	130,979	74,182	696	56,101
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)	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	186,301	2	263,164
	3 Pledges and grants receivable, net	390,331	3	378,972
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), 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 0		
	b Less: accumulated depreciation	10b 0	10c 0	0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	576,632	16	642,136	
Liabilities	17 Accounts payable and accrued expenses		17	41,656
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0	25	1,143
	26 Total liabilities. Add lines 17 through 25	0	26	42,799
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	146,111	27	139,150
	28 Temporarily restricted net assets	430,521	28	460,187
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	576,632	33	599,337
34 Total liabilities and net assets/fund balances	576,632	34	642,136	

Form **990** (2011)

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	153,684
2	Total expenses (must equal Part IX, column (A), line 25)	2	130,979
3	Revenue less expenses. Subtract line 2 from line 1	3	22,705
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	576,632
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	599,337

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** (2011)

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

2011

**Open to Public
Inspection**

Name of the organization

ST JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (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?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s).

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

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2011

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,451	5,111	66,165	535,933	178,823	790,483
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	4,451	5,111	66,165	535,933	178,823	790,483
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)						162,792
6 Public support. Subtract line 5 from line 4.						627,691

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,451	5,111	66,165	535,933	178,823	790,483
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	427	163	127	178	307	1,202
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	35,524	35,347	24,250	95,121
11 Total support. Add lines 7 through 10						886,806
12 Gross receipts from related activities, etc. (see instructions)					12	0
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	70.78 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☒	
b 33 1/3% support test—2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	☐	
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	☐	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	☐	

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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
► **Attach to Form 990. ► See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

ST JOSEPH LONDON FOUNDATION, INC

Employer identification number

26-0438748

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		☐ Yes ☐ No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ %
b Permanent endowment ▶ %
c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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 property	(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				0
e Other				0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(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) Book value
(1) Federal income taxes	
(2) PAYABLES TO SAINT JOSEPH HEALTH SYSTEM	1,143
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,143

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	153,684
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	130,979
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	22,705
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	0
9	Total adjustments (net). Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	22,705

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	203,380
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	49,696
e	Add lines 2a through 2d	2e	49,696
3	Subtract line 2e from line 1	3	153,684
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	0
c	Add lines 4a and 4b	4c	0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	153,684

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

1	Total expenses and losses per audited financial statements	1	180,675
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	49,696
e	Add lines 2a through 2d	2e	49,696
3	Subtract line 2e from line 1	3	130,979
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	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	130,979

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 X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	ST. JOSEPH LONDON FOUNDATION 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. THE FOUNDATION RECOGNIZES UNCERTAIN TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION'S 2008-2011 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION. IN ADDITION, ST. JOSEPH LONDON FOUNDATION'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2012 READS AS FOLLOWS: "CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX. MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS."				
SCHEDULE D, PART XII, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> </thead> <tbody> <tr> <td>FUNDRAISING EXPENSES</td><td>49,696</td></tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EXPENSES	49,696
(a) Description	(b) Amount					
FUNDRAISING EXPENSES	49,696					
SCHEDULE D, PART XIII, LINE 2D	OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> </thead> <tbody> <tr> <td>FUNDRAISING EXPENSES</td><td>49,696</td></tr> </tbody> </table>	(a) Description	(b) Amount	FUNDRAISING EXPENSES	49,696
(a) Description	(b) Amount					
FUNDRAISING EXPENSES	49,696					

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

2011

Open to Public
Inspection

Name of the organization

ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

Part I

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a ☐ Mail solicitations | e ☐ Solicitation of non-government grants |
| b ☐ Internet and email solicitations | f ☐ Solicitation of government grants |
| c ☐ Phone solicitations | g ☐ Special fundraising events |
| d ☐ 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 HEART GALA (event type)	(b) Event #2 GOLF (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	46,858	29,876		76,734
	2 Less: Charitable contributions	29,608	22,876		52,484
	3 Gross income (line 1 minus line 2)	17,250	7,000	0	24,250
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	35,029	14,667		49,696
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(49,696)
11 Net income summary. Combine line 3, column (d), and line 10 ▶				-25,446	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				()
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

- 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

Name of the organization

ST JOSEPH LONDON FOUNDATION, INC

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?

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, #160, LEXINGTON KY 40503	61-1334601	501(C)(3)	22,661				PROGRAM SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	1
3 Enter total number of other organizations listed in the line 1 table	0

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

Cat. No. 50055P

Schedule I (Form 990) (2011)

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 DISASTER RELIEF - EMPLOYEE ASSISTANCE FUND	14	12,290			
2					
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	THE ORGANIZATION MADE A GRANT TO SAINT JOSEPH HEALTH SYSTEM, INC., A RELATED ORGANIZATION UPON PROVIDING SATISFACTORY WRITTEN EVIDENCE THAT THE FUNDS WERE USED FOR THE PUPOSE THE GRANT WAS MADE, THE HOSPITAL RELEASES THE RESTRICTION AND THE FUNDS ARE TRANSFERRED THERE IS NO MONITORING OF GRANTS GIVEN TO INDIVIDUALS. INDIVIDUALS' NEEDS ARE EVALUATED BEFORE THE GRANT IS GIVEN TO ENSURE THEY ARE AN ELIGIBLE RECEIPIENT.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

ST. JOSEPH LONDON FOUNDATION, INC.

Employer identification number

26-0438748

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.

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

b If any of the boxes on line 1a 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

- | | |
|--|--|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☐ Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- 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		

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

Cat No 50053T

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY STUMBO							
1	(i) 0	0	0	0	0	0	0
	(ii) 142,778	4,279	287	13,566	7,331	168,241	0
VIRGINIA DEMPSEY							
2	(i) 0	0	0	0	0	0	0
	(ii) 302,741	35,911	36,030	49,979	14,551	439,212	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) 2011

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 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	COMPENSATION FOR THE PRESIDENT OF ST. JOSEPH LONDON 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 EMPLOYEE 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 J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	DURING THE 2011 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: VIRGINIA DEMPSEY DURING 2011, THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN: VIRGINIA DEMPSEY - \$27,301

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

2011

Open to Public Inspection

Name of the Organization
ST. JOSEPH LONDON FOUNDATION, INC

Employer Identification Number
26-0438748

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 4	PROGRAM SERVICE ACCOMPLISHMENTS	ST. JOSEPH LONDON FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT, CHARITABLE FOUNDATION TO RAISE AND ADMINISTER FUNDS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF SAINT JOSEPH LONDON. ST. JOSEPH LONDON FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS WHICH IS COMPRISED OF INDIVIDUALS WITHIN THE COMMUNITY AND THE PRESIDENT OF THE PARENT ORGANIZATION, SAINT JOSEPH LONDON. ST. JOSEPH LONDON FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING: THE PATIENT FAMILY ASSISTANCE FUND, EMPLOYEE FINANCIAL ASSISTANCE FUND, SCHOLARSHIP FUNDS AND ENHANCEMENTS TO CRITICAL AREAS OF SAINT JOSEPH LONDON. ST. JOSEPH LONDON FOUNDATION'S CURRENT 15-MEMBER BOARD OF DIRECTORS RAISES FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING AND CORPORATE/FOUNDATION GRANTS TO HELP FUND THE PROGRAMS AND OUTREACH SERVICES OF SAINT JOSEPH LONDON. IN FY2012, ST. JOSEPH LONDON FOUNDATION RAISED JUST OVER \$207,000.
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 PRESIDENT AND CHIEF EXECUTIVE OFFICER, THE TREASURER, AND THE SECRETARY, EACH OF WHOM SHALL SERVE AS AN EX OFFICIO VOTING MEMBER OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. 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 A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	ACCORDING TO THE BYLAWS OF ST. JOSEPH LONDON FOUNDATION, THE ENTITY'S SOLE MEMBER IS SAINT JOSEPH HEALTH SYSTEM, INC, A KENTUCKY NONPROFIT CORPORATION.
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	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.
FORM 990, PART VI, SECTION A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, SAINT JOSEPH HEALTH SYSTEM, INC. ("SJHS"), KENTUCKYONE HEALTH, INC. (SJHS' SOLE CORPORATE MEMBER), AND CATHOLIC HEALTH INITIATIVES (KENTUCKYONE HEALTH, INC.'S CONTROLLING CORPORATE MEMBER)("CHI") HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX. PURSUANT TO THE GOVERNANCE MATRIX THE FOLLOWING RIGHTS ARE HELD BY THE SAINT JOSEPH HEALTH SYSTEM, INC. BOARD: • APPROVE MEMBERS OF THE SJLF BOARD • AMENDMENT OF THE CORPORATE DOCUMENTS OF SJLF • APPROVE REMOVAL OF A BOARD MEMBER OF THE GOVERNING BODY OF SJLF • ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJLF THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER • SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJLF • REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJLF • APPROVAL OF ISSUANCE OF DEBT BY SJLF • APPROVAL OF PARTICIPATION OF SJLF IN A JOINT VENTURE

Return Reference	Identifier	Explanation
		• APPROVAL OF FORMATION OF A NEW CORPORATION BY SJLF • APPROVAL OF A MERGER INVOLVING SJLF • APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJLF • TO REQUIRE THE TRANSFER OF ASSETS BY SJLF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS. IN ADDITION, PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, SJHS, KENTUCKYONE HEALTH, INC , 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
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE PRESIDENT/CEO. THE PRESIDENT/CEO PRESENTS THE RETURN TO SAINT JOSEPH LONDON FOUNDATION'S BOARD AT A BOARD MEETING SUBSEQUENT TO PRESENTATION TO THE BOARD THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NON-SUBSTANTIVE CHANGES NECESSARY TO EFFECT E-FILEING ANY SUCH CHANGES ARE NOT RE-SUBMITTED TO THE BOARD
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY	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
FORM 990, PART VI, 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 15A	COMPENSATION OF TOP MANAGEMENT OFFICIAL	ST. JOSEPH LONDON 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
FORM 990, PART VI, LINE 15B	COMPENSATION OF OFFICERS AND DIRECTORS	DURING THE TAX YEAR ENDED 6/30/12, 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 APPROPRIATELY ANSWERED "N/A" CONSISTENT WITH THE FORM 990 INSTRUCTIONS
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	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 ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE.
FORM 990, PART VII, SECTION A	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.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

ST. JOSEPH LONDON 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

2011

**Open to Public
Inspection**

Employer identification number
26-0438748

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, IOWA (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	MIN	501(C)(3)	9	CHI		✓
(4) APPLETREE COURT (41-1850500) 601 OAK STREET, BRECKENRIDGE, MN 56520	SENIOR HOMES	MIN	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) 2011

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 SERVICE (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	4,648,726	44,654,199	100
(3) AMERIMED, INC. (31-1158699) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	662,062	11,666,874	100
(4) BC HOLDING COMPANY, INC. (31-1542851) 1850 BLUEGRASS AVE, LOUISVILLE, KY 40215	FITNESS CLUB	KY	JH	C CORPORATION	0	0	100
(5) CADUCEUS MEDICAL ASSOCIATES, INC. (62-1570736) 5600 BRAINERD ROAD, SUITE 500, CHATTANOOGA, TN 37411	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100
(6) CAPTIVE MANAGEMENT INITIATIVES (98-0663022) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100
(7) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH (27-2269511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	RESEARCH	CO	CIRI	TRUST	-2,864,605	2,809,707	100

Schedule R (Form 990) 2011

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

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)				

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.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under section 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1).....													
(2).....													
(3).....													
(4).....													
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(14).....													
(15).....													
(16).....													

Schedule R (Form 990) 2011

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 INITIATIVES (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	N/A	✓	
(9) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 6385 CORPORATE DRIVE, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	7	CHIC	✓	
(10) CATHOLIC HEALTH INITIATIVES INSTITUTE FOR RESEARCH AND INNOVATION (27-1050565) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(11) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION (27-0930004) 6385 CORPORATE DRIVE, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	9	CHI	✓	
(12) CATHOLIC HEALTH INITIATIVES-COLORADO (84-0405257) 188 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI	✓	
(13) CENTENNIAL MEDICAL GROUP, INC (26-3946191) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	PHYSICIANS	OR	501(C)(3)	9	MMC	✓	
(14) CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530	SURGERY CNTR	KS	501(C)(3)	3	CHI	✓	
(15) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PARKWAY, FARGO, ND 58104	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(16) CHI KENTUCKY, INC (20-2741651) 3900 OLYMPIC BLVD, SUITE 400, ERLANGER, KY 41018	HEALTHCARE	KY	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	CHINS	✓	
(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) 6940 O STREET, SUITE 200, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11 - TYPE I	CHI	✓	
(20) CONTINUING CARE HOSPITAL (61-1400619) 150 NORTH EAGLE CREEK DRIVE, LEXINGTON, KY 40509	LTACH	KY	501(C)(3)	3	SJHS	✓	
(21) COVENANT HOME CARE (23-2018429) 1223 POTTSVILLE PIKE, SHOEMAKERSVILLE, PA 19555	HOME HEALTH	PA	501(C)(3)	11 - TYPE II	N/A	✓	
(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	KOH	✓	
(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)	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
606 EAST GARFIELD AVENUE, GETTYSBURG, SD 57442							
(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	OH	501(C)(3)	2	GSH	✓	
(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) 111 W 31ST STREET, KEARNEY, NE 68847	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	CHIC	✓	
(36) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782) 2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520	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) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE (61-1029768) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	3	KOH	✓	
(40) JEWISH PHYSICIAN GROUP, INC. (61-1352729) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40215	HEALTHCARE	KY	501(C)(3)	9	JHSMH	✓	
(41) KENTUCKYONE HEALTH, INC FKA JH PROPERTIES, INC (61-1029769) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	CHI	✓	
(42) LAKEWOOD HEALTH CENTER (41-0758434) 600 MAIN AVENUE SOUTH, BAUDETTIE, MN 56623	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(43) LINUS OAKES, INC (93-0821381) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	SENIOR LIVING	OR	501(C)(3)	9	MMC	✓	
(44) LISBON AREA HEALTH SERVICES (82-0558836) 905 MAIN STREET, LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(45) MEMORIAL HEALTH CARE SYSTEM FOUNDATION (62-1839548) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	FUNDRAISING	TN	501(C)(3)	7	MHCS	✓	
(46) MEMORIAL HEALTH CARE SYSTEM, INC (62-0532345) 2525 DE SALES AVENUE, CHATTANOOGA, TN 37404	HEALTHCARE	TN	501(C)(3)	3	CHI	✓	
(47) MEMORIAL HEALTH PARTNERS FOUNDATION, INC (03-0417049) 6028 SHALLOWFORD ROAD, CHATTANOOGA, TN 37421	HEALTHCARE	TN	501(C)(3)	9	MHCS	✓	
(48) 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	✓	
(49) MERCY CLINICS, INC. (42-1193699) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	✓	
(50) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682) 1111 6TH AVENUE, DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP	✓	
(51) MERCY FOUNDATION OF DES MOINES, IA (23-7358794) 1111 6TH AVENUE, DES MOINES, IA 50314	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP	✓	
(52) MERCY FOUNDATION, INC. (93-6088946) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	FUNDRAISING	OR	501(C)(3)	7	MMC	✓	
(53) MERCY HEALTH CARE FOUNDATION (42-1461064) P O BOX 368, CORNING, IA 50841	FUNDRAISING	NE	501(C)(3)	11 - TYPE I	AHMH	✓	

(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
(54) MERCY HEALTHCARE FOUNDATION (45-0226553) 570 CHAUTAUQUA BOULEVARD, VALLEY CITY, ND 58072	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MHVC	✓	
(55) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204) 800 MERCY DRIVE, COUNCIL BLUFFS, IA 51503	FUNDRAISING	IA	501(C)(3)	11 - TYPE I	AHBMHS	✓	
(56) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 SEVENTH STREET NE, DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(57) MERCY HOSPITAL OF VALLEY CITY (45-0226553) 570 CHAUTAUQUA BOULEVARD, VALLEY CITY, ND 58072	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(58) MERCY MEDICAL CENTER (93-0386868) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(59) MERCY MEDICAL CENTER (45-0231183) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(60) CATHOLIC HEALTH INITIATIVES-IOWA CORP. DBA MERCY MEDICAL CENTER-DES MOINES (42-0680448) 1111 6TH AVENUE, DES MOINES, IA 50314	HEALTHCARE	IA	501(C)(3)	3	CHI	✓	
(61) MERCY MEDICAL FOUNDATION (45-0381803) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MMC	✓	
(62) MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC. (42-1470935) 1111 6TH AVENUE, DES MOINES, IA 50314	PHYSICIAN	IA	501(C)(3)	9	CHI-IA CORP	✓	
(63) MLIFECARES (43-1305163) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	PROPERTY MGMT	MO	501(C)(3)	11 - TYPE I	SJPMC	✓	
(64) MNMCH, INC. (48-1216238) 220 NORTH PENNSYLVANIA, COLUMBUS, KS 66725	HEALTHCARE	KS	501(C)(3)	3	SJPMC	✓	
(65) MT ST JOSEPH, INC. (93-0386870) 3060 SE STARK STREET, PORTLAND, OR 97214	NURSING CARE	OR	501(C)(3)	9	CHI	✓	
(66) NEBRASKA HEART HOSPITAL (39-2031968) 7500 SOUTH 91ST STREET, LINCOLN, NE 68526	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(67) OAKES COMMUNITY HOSPITAL (45-0231675) 314 SOUTH 8TH STREET, OAKES, ND 58474	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(68) OAKES COMMUNITY HOSPITAL FOUNDATION (71-0966606) 1200 N 7TH STREET, OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	OCH	✓	
(69) PUEBLO STEUP (84-1234295) 1925 EAST ORMAN AVE, SUITE G52, PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHIC	✓	
(70) 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	CHIC	✓	
(71) SAINT CLARE'S COMMUNITY CARE (22-2876836) 25 POCONO ROAD, DENVER, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11 - TYPE II	SCHS	✓	
(72) SAINT CLARE'S FOUNDATION, INC (22-2502997) 25 POCONO ROAD, DENVER, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS	✓	
(73) SAINT CLARE'S HEALTH SERVICES, INC. (22-3639733) 25 POCONO ROAD, DENVER, NJ 07834	MANAGEMENT	NJ	501(C)(3)	7	CHI	✓	
(74) SAINT CLARE'S HOSPITAL (22-3319886) 25 POCONO ROAD, DENVER, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	SCHS	✓	
(75) SAINT ELIZABETH FOUNDATION (47-0625523) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	FUNDRAISING	NE	501(C)(3)	7	SERMC	✓	
(76) SAINT ELIZABETH HEALTH SERVICES (36-3233120) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC	✓	
(77) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836) 555 SOUTH 70TH STREET, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(78) SAINT FRANCIS MEDICAL CENTER (47-0376601)	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	

(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
2620 WEST FAIDLEY, GRAND ISLAND, NE 68803							
(79) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267) P O BOX 9804, GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C)(3)	7	SFMC	✓	
(80) SAINT JOSEPH BEREHA HOSPITAL FOUNDATION, INC (26-0152877) 305 ESTILL STREET, BEREHA, KY 40403	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(81) SAINT JOSEPH HEALTH SYSTEM, INC (61-1334601) 424 LEWIS HARGETT CIRCLE, #160, LEXINGTON, KY 40509	HEALTHCARE	KY	501(C)(3)	3	CHI	✓	
(82) SAINT JOSEPH LONDON FOUNDATION, INC. (26-0438748) 310 EAST NINTH STREET, LONDON, KY 40741	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓	
(83) SAINT JOSEPH MEDICAL FOUNDATION, INC (31-1539059) ONE ST JOSEPH DRIVE, LEXINGTON, KY 40504	PHY PRACTICES	KY	501(C)(3)	3	SJHS	✓	
(84) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC. (27-2884584) 50 STERLING AVENUE, MOUNT STERLING, KY 40353	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(85) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 30 WEST 7TH STREET, DICKINSON, ND 58601	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	SJHHC	✓	
(86) SAMARITAN BEHAVIORAL HEALTH (02-0633634) 601 S EDWIN C. MOSES BLVD., DAYTON, OH 45408	HEALTHCARE	OH	501(C)(3)	3	SHP	✓	
(87) SAMARITAN HEALTH FOUNDATION (23-7296923) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	FUNDRAISING	OH	501(C)(3)	7	SHP	✓	
(88) SAMARITAN HEALTH PARTNERS (31-1107411) 2222 PHILADELPHIA DRIVE, DAYTON, OH 45406	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	CHI	✓	
(89) SJMGROUP (43-1882377) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	PHYS PRACTICE	MO	501(C)(3)	9	SJPMC	✓	
(90) SJPMC, JOPLIN MISSOURI (44-0545809) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	HEALTHCARE	MO	501(C)(3)	3	CHI	✓	
(91) ST JOSEPH HEALTH MINISTRIES (23-2342997) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	HEALTH	PA	501(C)(3)	11 - TYPE I	CHI	✓	
(92) ST ANTHONY HOSPITAL (93-0391614) 1601 S.E. COURT AVENUE, PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(93) ST. ANTHONY HOSPITAL FOUNDATION (93-0992727) 1601 S E COURT AVENUE, PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	11 - TYPE I	SA HOSPITAL	✓	
(94) ST ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) FOUR HOSPITAL DRIVE, MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC	✓	
(95) ST CATHERINE HOSPITAL (48-0543721) 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	HEALTHCARE	KS	501(C)(3)	3	CHI	✓	
(96) ST CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702) 401 EAST SPRUCE STREET, GARDEN CITY, KS 67846	FUNDRAISING	KS	501(C)(3)	11 - TYPE I	SCH	✓	
(97) ST DOMINIC OF ONTARIO, OREGON (93-0433692) 351 S W 9TH STREET, ONTARIO, OR 97914	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(98) ST FRANCIS HOME (41-0729978) 2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI	✓	
(99) ST FRANCIS LIFE CARE CORPORATION (22-2536017) 19 POCONO ROAD, DENVER, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	✓	
(100) ST FRANCIS MEDICAL CENTER (41-0695598) 2400 ST FRANCIS DRIVE, BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(101) ST FRANCIS OF BAKER CITY (93-0412495) 3325 POCAHONTAS ROAD, BAKER CITY, OR 97814	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(102) ST. JOHN'S MERCY REGIONAL FOUNDATION (43-1308084) 2727 MCCLELLAND BLVD, JOPLIN, MO 64804	FUNDRAISING	MO	501(C)(3)	7	SJPMC	✓	

(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 COMMUNITY HEALTH (71-0897107) 300 CENTRAL AVE SW SUITE 3000, ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11 - TYPE I	CHI	✓	
(104) ST. JOSEPH HOSPITAL FOUNDATION, INC (61-1159649) 305 ESTILL STREET, LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓	
(105) ST. JOSEPH MEDICAL CENTER FOUNDATION (23-2649362) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	FUNDRAISING	PA	501(C)(3)	11 - TYPE I	SJRH	✓	
(106) ST. JOSEPH MEDICAL CENTER FOUNDATION, INC. (52-1681044) 7601 OSLER DRIVE, TOWSON, MD 21204	FUNDRAISING	MD	501(C)(3)	7	SJMC	✓	
(107) ST. JOSEPH MEDICAL CENTER, INC (52-0591461) 7601 OSLER DRIVE, TOWSON, MD 21204	HEALTHCARE	MD	501(C)(3)	3	CHI	✓	
(108) ST. JOSEPH MEDICAL GROUP (20-8544021) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	9	BHC	✓	
(109) ST. JOSEPH PHYSICIAN ENTERPRISES (52-1311775) 7601 OSLER DRIVE, TOWSON, MD 21204	PHYSICIANS	MD	501(C)(3)	11 - TYPE I	SJMC	✓	
(110) ST. JOSEPH REGIONAL HEALTH NETWORK (23-1352211) 2500 BERNVILLE ROAD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	3	CHI	✓	
(111) ST. JOSEPH'S AREA HEALTH SERVICES (41-0695603) 600 PLEASANT AVENUE, PARK RAPIDS, MN 56470	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(112) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 30 WEST 7TH STREET, DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(113) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308) ONE ST. JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	✓	
(114) ST. MARY'S COMMUNITY HOSPITAL (47-0443636) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓	
(115) ST. MARY'S HEALTHCARE CENTER (46-0230199) 801 EAST SIOUX AVENUE, PIERRE, SD 57501	HEALTHCARE	SD	501(C)(3)	3	CHI	✓	
(116) ST. MARY'S HOSPITAL FOUNDATION (47-0707604) 1314 3RD AVENUE, NEBRASKA CITY, NE 68410	FUNDRAISING	NE	501(C)(3)	7	SMH	✓	
(117) ST. VINCENT FOUNDATION (51-0169537) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	FUNDRAISING	AR	501(C)(3)	11 - TYPE I	SVIMC	✓	
(118) ST. VINCENT INFIRMARY MEDICAL CENTER (71-0236917) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	3	CHI	✓	
(119) ST. VINCENT MEDICAL GROUP (71-0830696) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC	✓	
(120) THE COMMUNITY LIMITED CARE DIALYSIS CENTER (23-7419853) 619 OAK STREET, ACCOUNTING-3 W. CINCINNATI, OH 45206	DIALYSIS	OH	501(C)(2)		GSH	✓	
(121) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH (31-0537486) 619 OAK STREET, ACCOUNTING-3 W. CINCINNATI, OH 45206	HEALTHCARE	OH	501(C)(3)	3	CHI	✓	
(122) THE MERCY HOSPITAL OF DEVILS LAKE FDN (35-2367360) 1031 SEVENTH STREET NE, DEVILS LAKE, ND 58301	FUNDRAISING	ND	501(C)(3)	7	MHDL	✓	
(123) THE PHYSICIAN NETWORK (47-0780857) 2000 Q STREET, SUITE 500, LINCOLN, NE 68503	PHYS PRACTICE	NE	501(C)(3)	11 - TYPE I	CHI NEBRASKA	✓	
(124) TOTAL HEALTHCARE (84-0927232) 188 INVERNESS DRIVE WEST, SUITE 500, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHIC	✓	
(125) UNITY FAMILY HEALTHCARE (41-0721642) 815 2ND STREET SE, LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI	✓	
(126) VILLA NAZARETH, INC. (45-0226714) 801 PAGE DRIVE, FARGO, ND 58103	LT CARE	ND	501(C)(3)	9	CHI	✓	
(127) 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	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	
(1) AUDUBON LAND COMPANY LLC (84-1513085) 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	CHIC	RELATED	34,991	-694,032		✓			✓	50.1
(2) AVANTAS, LLC (39-2045003) 11128 JOHN GALT BLVD., SUITE 400, OMAHA, NE 68137	HEALTHCARE	NE	AHBMHS	RELATED	-2,862,040	-2,537,888		✓			✓	95
(3) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199) 400 BERYWOOD TRAIL, CLEVELAND, TN 37312	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237		✓		✓		63
(4) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736) 1218 SOUTH BROADWAY, SUITE 310, LEXINGTON, KY 40504	DIAGNOSTIC	KY	SJHS	RELATED				✓			✓	65
(5) CENTRAL NEBRASKA HOME CARE SERVICES (47-0692112) P.O. BOX 1146-4510 SECOND AVENUE, KEARNEY, NE 68848	HEALTHCARE SRVC	NE	N/A	RELATED	-92,336	745,068		✓		✓		100
(6) CENTRAL NEBRASKA REHAB SERVICE (81-0653461) 3004 W FAIDLEY AVE, GRAND ISLAND, NE 68802	PHYSICAL THERAPY	NE	SFMC	RELATED	1,835,812	2,199,571		✓			✓	51
(7) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727842) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	CHI	UNRELATED	397,241,271	6,272,650,880		✓		✓		100
(8) HEALTHCARE SUPPORT SERVICES (72-1546196) P.O. BOX 9804, GRAND ISLAND, NE 68802	LAUNDRY	NE	N/A	RELATED	-11,179	3,069,835		✓			✓	100
(9) MRI AT ST JOSEPH MEDICAL CENTER, LLC (52-1958002) 7253 AMBASSADOR ROAD, BALTIMORE, MD 21244	MEDICAL IMAGING	MD	SJMC	RELATED	423,167	2,174,155		✓		✓		51
(10) NORTH RIVER SURGERY CENTER, LLC (71-0799771) 2209 WILDWOOD AVENUE, SHERWOOD, AR 72120	AMBUL SURG CTR	AR	SVIMC	RELATED	81,071	1,077,536		✓			✓	57.44
(11) O'DEA MEDICAL ARTS LIMITED PARTNERSHIP (52-1682964) 7601 OSLER DRIVE, TOWSON, MD 21204	REAL ESTATE	MD	TOWSON MANAGEMENT, INC	RELATED	111,933	5,418,117		✓			✓	65.1215
(12) ORTHOCOLORADO, LLC (37-1577105) 11650 WEST 2ND PLACE, LAKEWOOD, CO 80255	ORTHO HOSPITAL	CO	CHIC	RELATED	-3,249,434	-2,760,206		✓			✓	60
(13) PENINSULA RADIATION ONCOLOGY (71-0799771) 315 MARTIN LUTHER KING JR. WAY #111, TACOMA, WA 98405	HEALTHCARE SRVC	WA	FHS	RELATED	135,014	85,985		✓			✓	60
(14) PENRAD IMAGING (84-1072619) 1390 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920	MEDICAL IMAGING	CO	CHIC	RELATED	715,094	2,397,488		✓			✓	70
(15) RUXTON SURGICENTER, LLC (52-2095835) 8322 BELLONA AVENUE, SUITE 201, BALTIMORE, MD	SURGERY CENTER	MD	SJMC	RELATED	-69,345	2,802,932		✓		✓		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, 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	
MD 21204												
(16) SAINT JOSEPH - SCA HOLDINGS, LLC (45-3801157) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	OP SURGERY	DE	SJHS	RELATED				✓		✓		51
(17) SCA PREMIER SURGERY CENTER OF LOUISVILLE, LLC (72-1386840) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	68,676	446,063		✓		✓		51
(18) ST FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD SUITE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	CHIC	RELATED	-130,967	408,090		✓			✓	51
(19) ST FRANCIS MEDICAL CENTER ASSOCIATES (91-1352698) 1717 SOUTH J STREET, TACOMA, WA 98405	MED OFFICE	WA	FHS	RELATED	110,986	1,672,098		✓			✓	54 21
(20) ST JOSEPH-PAML, LLC (45-2116736) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	MGMT SVCS	KY	SJHS	RELATED				✓		✓		62 5
(21) SUPERIOR MEDICAL IMAGING, LLC (26-2884555) 5000 NORTH 26TH STREET, LINCOLN, NE 68521	OP DIAGNOSTICS	NE	SERMC	RELATED	-254,775	796,941		✓	0		✓	51
(22) SURGERY CENTER OF LEXINGTON, LLC (62-1179539) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	SURGERY CENTER	DE	SJHS	RELATED	393,519	2,214,599		✓		✓		51
(23) SURGERY CENTER OF LOUISVILLE, LLC (62-1179537) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	-3,676	395,845		✓		✓		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			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	-1,525,246	65,844,862	100
(11) DAVID DEYLE CHARITABLE REMAINDER UNITRUST (47-6192395) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(12) DES MOINES MEDICAL CENTER INC (42-0837382) 1111 6TH AVENUE, DES MOINES, IA 50314	REAL ESTATE	IA	CHI-IA CORP	C CORPORATION	71,497	1,221,667	92 98
(13) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	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	-5,719	5,837,142	100
(15) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1990, KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-165,666	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	22,148	100
(17) HAROLD W. RASE 1996 CHARITABLE UNITRUST (20-6037112) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	1,057	15,462	100
(18) HAROLD W. RASE 1997 CHARITABLE UNITRUST (20-6037104) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	0	20,520	100
(19) HAROLD W. RASE 1999 CHARITABLE UNITRUST (20-6037099) 30 WEST 7TH STREET, DICKINSON, ND 58601	INVESTMENTS	ND	SJHHC	TRUST	0	25,036	100
(20) HEALTH SYSTEMS ENTERPRISES, INC (47-0664558) PO BOX 1990, KEARNEY, NE 68848	MANAGEMENT	NE	GSH	C CORPORATION	102,136	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	692	39,075	100
(23) JEANNE DEYLE CHARITABLE REMAINDER UNITRUST (47-6192398) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(24) JOSEPH A. SCHUSTER ANNUITY TRUST #1 (42-1195122) 400 UNIVERSITY AVENUE, DES MOINES, IA 50314	INVESTMENTS	IA	MFDMM	TRUST	7,834	416,349	100
(25) LODESCA MILLER CHARITABLE REMAINDER UNITRUST (47-6186933) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(26) MEDQUEST (45-0392137) 1301 15TH AVENUE WEST, WILLISTON, ND 58801	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	151,498	962,554	100
(27) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVENUE, DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORPORATION	369,905	1,937,220	100
(28) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97470	RETAIL SALES	OR	MMC	C CORPORATION	0	956,003	100
(29) MHSERVICES CORPORATION (43-1457881) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	DME	MO	SJRMCM	C CORPORATION	-4,061	0	100
(30) MOUNTAIN MANAGEMENT SERVICES INC (62-1570739)	MGMT SVC	TN	MHCS	C	-33,152	4,679,435	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
5600 BRAINERD ROAD, SUITE 500, CHATTANOOGA, TN 37411	ORG			CORPORATION			
(31) NAZARETH ASSURANCE COMPANY (03-0304831) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, C.J.	INSURANCE	CJ	CHI	C CORPORATION	0	0	100
(32) PATIENT TRANSPORT SERVICES, INC (31-1100798) 1700 EDISON DRIVE, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	479,940		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	0	26,110	100
(35) ROBERT & WANDA CHARITABLE REMAINDER UNITRUST (26-6191916) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(36) SAINT CLARE'S PRIMARY CARE, INC (22-2441202) 66 FORD ROAD, DENVER, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORPORATION	-469,962	1,772,016	100
(37) SAMARITAN FAMILY CARE, INC (31-1299450) 40 W FOURTH ST, #1700, DAYTON, OH 45402	HEALTHCARE	OH	SHP	C CORPORATION			100
(38) SJH SERVICES CORPORATION (23-2307408) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORPORATION	-192,777	2,973,858	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	SAH	C CORPORATION	92,139	3,007,550	100
(41) ST VINCENT COMMUNITY HEALTH SERVICES, INC. (71-0710785) 11101 TWO ST VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	SVIMC	C CORPORATION	2,804,485	14,049,374	100
(42) ST JOSEPH DEVELOPMENT COMPANY, INC (91-1480569) 1717 SOUTH J STREET, TACOMA, WA 98405	RENTAL	WA	FSI	C CORPORATION	63,164	11,845,439	100
(43) ST JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG ROAD, BLDG B70, LEXINGTON, KY 40504	MANAGEMENT	KY	SJHS	C CORPORATION		882,139	85
(44) TOM DEYLE CHARITABLE REMAINDER UNITRUST (47-6192393) PO BOX 1810, KEARNEY, NE 68848	INVESTMENTS	NE	GSHF	TRUST			100
(45) TOWSON MANAGEMENT, INC (52-1710750) 7601 OSLER DRIVE, TOWSON, MD 21204	MANAGEMENT SERVICES	MD	FSI	C CORPORATION	(325,476)	266,960	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 ☒ **►**
- 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.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST JOSEPH LONDON FOUNDATION, INC	Employer identification number (EIN) or ☒ 26-0438748
	Number, street, and room or suite no. If a P.O. box, see instructions 1001 SAINT JOSEPH LANE	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONDON, KY 40741	

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

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	01	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)548-7090

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.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 2013, 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 July 01, 2011, and ending June 30, 2012.

- 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	\$
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	\$
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	\$

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 Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Cat No 27916D

Form **8868** (Rev. 1-2012)

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

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. ST. JOSEPH LONDON FOUNDATION, INC.	Employer identification number (EIN) or ☒ 26-0438748
	Number, street, and room or suite no. If a P.O. box, see instructions. 1001 SAINT JOSEPH LANE	Social security number (SSN) ☐
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LONDON, KY 40741	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	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. ► (719)548-7090 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 May 15, 20 13.
- 5 For calendar year 2011, or other tax year beginning July 01, 20 11, and ending June 30, 20 12.
- 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	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

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 ► Kimberly K. Williams Title ► Tax Supervisor Date ► 2/6/2013

Form 8868 (Rev. 1-2012)