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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

2011

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

Open to Public Inspection

<u>A</u>	For the	2011 calendar year, or tax year beginning JUL 1, 2011 and e	ending J	<u>JUN 30, 2012</u>	
В	Check if	C Name of organization		D Employer identifi	cation number
	applicable	CONGREGATION OF THE SISTERS OF ST.			
Г	Addres	S TOORDY WINTOWNIEG ING			
F	Name change	COT MINICODIEC		7 80-0	197684
Ē	Initial return		Room/surte		
F	Termin	realises and elises (or rest services and services)		'	492-9390
F	—ated ☐Amend			G Gross receipts \$	1,496,264.
늗	⊥lreturn ∏Appiic			H(a) Is this a group re	
_	⊥ltiòn pendir		R, CSJ	• ' '	Yes X No
		3427 GULL ROAD, P.O. BOX 18, NAZARETH,		H(b) Are all affiliates inc	
	-			7 ''	list (see instructions)
			1 321	· ·	n number ▶ 0928
		e: ► N/A organization: X Corporation Trust Association Other ►	I Voor		A State of legal domicile: WV
		Organization.	L Year	of formation 2006 N	A State of legal doffficile WV
Р	art I	Summary	TODOTO	YD MIID GTIITT	3.327
é	1	Briefly describe the organization's mission or most significant activities TO EX			
Governance		CANONICAL RESPONSIBILITIES FOR THE VARIOU			
i i	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposi	ed of more	e than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	13
G	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
ŝ	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	0
Ę	79	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ	1 ' "	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	5	Net unrelated business taxable moonle from some of the original from the original fr		Prior Year	Current Year
		Onethink there and greats (Dort) (III line 1h)		1,900.	105.
ne	8	Contributions and grants (Part VIII, line 1h)	<u> </u>	0.	0.
le l	9	Program service revenue (Part VIII, line 2g)	-		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-	2,050,354.	1,496,159.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,052,254.	1,496,264.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,202,324.	681,505.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u></u>	0.	0.
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		224,925.	226,966.
Expenses	16a	Professional fundr <u>aising fees (Part IX</u> ,column (A), line 11e)		0.	0.
De d	ь	Tota fundraising expensed PartilX, column (D), line 25)	0.		
Щ	17	Other expenses (Part IX column (A) tines 11a-11d, 11f-24e)		211,162.	185,312.
	18	Totallexpenses, Add lines 13-17 (must equal Part IX, column (A), line 25)		2,638,411.	1,093,783.
	10	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue les Nathenses Subtract line 18 from line 12		<586,157.	
<u> </u>	19	C C	Re	eginning of Current Year	End of Year
sts	00		100	30,982,576.	29,613,031.
SSE	20	Total assets (Park (N) TTE N6) UT		1,234,348.	931,551.
Net Assets or	21	Total labilities (Part X, line 26)	\vdash		
		Net assets or fund balances Subtract line 21 from line 20		29,748,228.	28,681,480.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich prepare	r has any knowledge.	
		aut Aleischlacher, Cot		11-9-	-/2
Sig	; n	Symplure of officer		Date	
He	re	ANET FLEISCHHACKER, CSJ, EXECUTIVE DI	RECTO	OR	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	PHILLIP G. CAPPS	1	L1/07/12 rf self-employ	P01025343
	parer	Firm's name KERBER, ECK & BRAECKEL LLP		Firm's EIN	43-0352985
-	•			THIII 3 LIN	10 000100
USE	Only	Firm's address 1000 MYERS BUILDING		Dhona na 2	17_780 0060
<u> </u>		SPRINGFIELD, IL 62701		Phone no. Z	17-789-0960
i Ma	v tha IE	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2011)

Form	990 (2011) JOSEPH MINISTRIES, INC.	<u>80-0197684</u>	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
_			
1	Briefly describe the organization's mission	D TARTOTIC	
	TO EXERCISE THE CIVIL AND CANONICAL RESPONSIBILITIES FO		
	SPONSORED MINISTRIES OF THE CONGREGATION. CSJ MINISTRI		
	MEMBER FOR MINISTRIES THAT ARE CIVILLY INCORPORATED AND	OVERSEES TH	<u>E</u>
	GOVERNANCE AND OPERATIONS OF SUCH SPONSORED MINISTRIES.		
	Did the organization undertake any significant program services during the year which were not listed on		
2			X No
	the prior Form 990 or 990-EZ?	Li Yes	L <u>∆</u> ∟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	X No
_	If "Yes," describe these changes on Schedule O.		
_		moneured by expenses	
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	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	0
	others, the total expenses, and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 919,273. including grants of \$ 681,505.) (Reven	ue \$)
	CSJ MINISTRIES, INC. GRANTED \$681,505 TO ELEVEN CIVILLY		<u> </u>
			<u></u>
	MINISTRIES.		
		-	
4b	(Code) (Expenses \$	ue \$)
	(666)		
		 	
4c	(Code) (Expenses \$) (Reven	ue \$)
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ Including grants of \$) (Revenue \$)	
40	Total program service expenses > 919, 273.		

Form **990** (2011)

CONGREGATION OF THE SISTERS OF ST.

Form 990 (2011) JOSEPH MINIS
Part IV Checklist of Required Schedules JOSEPH MINISTRIES, INC.

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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		٦,
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		v
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		X
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide			
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
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		х
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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	Х	
С				.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	11d		x
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	_116		- 21
f	the organization's separate or consolidated limitation statements for the tax year include a received that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	1 1f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI, XII, and XIII	12a	x	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		v
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		x
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		- 22
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- 		_ _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2011)

JOSEPH MINISTRIES, INC.

Part IV | Checklist of Required Schedules (continued)

		j	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? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			7,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			77
_	Schedule J	23		_ <u>X</u> _
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? If "Yes," answer lines 24b through 24d and complete			77
	Schedule K If "No", go to line 25	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and]		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			77
	Schedule L, Part I	25b		<u> X</u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			37
_	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	\vdash	X
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	0.7		v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33_		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	_X_	
		Form	990 c	2011\

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	Check 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 4	_		
b	Enter the number of Forms W-2G included in line 1a Enter 0 if not applicable 1b 0			
С	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,	ĺ		
	filed for the calendar year ending with or within the year covered by this return 2a 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ŀ		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_ <u>X</u> _
	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	ŀ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u>X</u>
b	If "Yes," enter the name of the foreign country	l		
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	_		77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u> _
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	· · · · · · · · · · · · · · · · · · ·	c-		Х
	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?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	OD	-	
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
Ċ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ū	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	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.	.		
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
''	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
_	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O	į		
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	1		
С	Enter the amount of reserves on hand			77
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X_
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	990 (2011)

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Form 990 (2011) JOSEPH MINISTRIES, INC. 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			X
Sec	tion 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 13	5		
-	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	'		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
_	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a	The state of the s			
	more members of the governing body?	7a	х	
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	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	TI 1.10	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion 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		X
	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	Х	
	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	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
ь	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
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)	avaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	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 organiza	tion. 🕨	·	
	CAROLYN RISHEL - 269-381-6290			
	3427 GULL ROAD, NAZARETH, MI 49074			

JOSEPH MINISTRIES, INC.

80-0197684

Form 990 (2011) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check 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

Chack this box if neither the organization por any related organization compensated any current officer, director, or trustee

- 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	orga	ınıza	ition	cor	nper	nsat	ed any current officer, of	director, or trustee			
(A) Name and Title	(B) Average hours per week	box, offic	not c unle	Posi heck i ss per	Position neck more than one ss person is both an d a director/trustee)			(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	(describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) SALLIE LATKOVICH, CSJ	2.00	х						0.	0.	0.	
(2) DONNA RHEAULT	2.00	X			!			0.	0.	0.	
(3) NANCY CONWAY, CSJ	2.00	x						0.	0.	0.	
(4) JANET ROESENER, CSJ	2.00	x						0.	0.	_0.	
(5) ERNEST LANIER	2.00	x						0.	0.	0.	
(6) HARRY GEIB, SJ	2.00	x						0.	0.	0.	
(7) LAWRENCE CAIN	2.00	х						0.	0.	0.	
(8) ED SUTORIS	2.00	х						0.	0.	0.	
(9) COLLEEN CONWAY COONEY	2.00	х						0.	0.	0.	
(10) THERESA MACINTYRE, CSJ	2.00	х						0.	0.	0.	
(11) LUCY SILVIO, CSJ CHAIR	3.00			х				0.	0.	0.	
(12) JAMES BOYD VICE-CHAIR	3.00			x				0.	0.	0.	
(13) MARGUERITE O'BRIEN, CSJ SECRETARY/TREASURER	3.00			x		<u> </u>		0.	0.	0.	
(14) JANET FLEISCHHACKER, CSJ EXECUTIVE DIRECTOR	40.00			x				0.	82,433.	0.	

Par	T VII Section A. Officers, Directors, Tr		mple	oyee			High	est	1	l	 -					
	' (A)	(B)	1			C)	(D) (E)				(F)					
	Name and title	Average	(do	Position do not check more than one					Reportable	Reportable		Estimated				
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensatio	n	an	nount	of		
		week officer and a director/trustee) from											other			
		(describe	l eg				ŀ		the	organizations			pensa			
		hours for related	5	8			ated		organization	(W-2/1099-MIS	(C)		om th			
		organizations	ustee	frast		, g	Dens		(W-2/1099-MISC)			_	anızat d relat			
		in Schedule	ual tr	lona		l g	e tc	_					ınızatı			
		0)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ii iiZQLi	0113		
		 	-	=	-	<u>*</u> -	Ξō	<u>"</u>			+					
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1h	Sub-total	<u></u>		1				!	0.	82,43	33.			0.		
	Total from continuation sheets to Part V	II Section A							0.	02/10	0.			0.		
	Total (add lines 1b and 1c)	n, Section A							0.	82,43	_			0.		
<u>u</u>	Total number of individuals (including but r	act limited to th		liete	nd al	hove	2) 14/2							<u> </u>		
2	compensation from the organization	iot iiiriited to ti	1036	liste	o ai	OOV	C) WI	10 16	eceived more triair \$100	,000 or reportable	-			0		
	compensation from the organization											1	Yes	No		
_	Did the organization list any former officer.	director or tri	ıcto	- ka	05	mala		orl	highest compensated o	mplayoo op	Γ					
3	· ·			e, ke	y C i	пріс	уее,	, UI I	nighest compensated e	inployee on		_		v		
	line 1a? If "Yes," complete Schedule J for s							4 ~46	har aamnanaatiaa fram	the ergonization	F	3		X		
4	For any individual listed on line 1a, is the si									the organization				x		
_	and related organizations greater than \$15										-	4		^		
5	Did any person listed on line 1a receive or							elati	ed organization or indivi	dual for services		_		.		
	rendered to the organization? If "Yes," con	nplete Schedul	e J 1	or si	uch	pers	son					5		<u> </u>		
Sec	tion B. Independent Contractors															
1	Complete this table for your five highest co										pensa	ition fi	rom			
	the organization Report compensation for	the calendar y	ear	endı	ng w	vith	or w	ıthır		year I			_			
	(A)				_				(B) Description of s		٠.	(C		_		
	Name and business	address	N	INC	<u> </u>			_	Description of s	ervices		omper	ISAUO			
								_								
										[
								_								
2	Total number of independent contractors (including but n	ot li	mite	d to	tho	se lis	sted	above) who received m	ore than						
_	\$100,000 of compensation from the organi						0									
		- · F									F	orm 9	990 c	2011)		
													1	• • • /		

80-0197684 JOSEPH MINISTRIES, INC. Page 9 Form 990 (2011) Statement of Revenue Part VIII (D) Revenue excluded from (B) (C) (A) Unrelated Total revenue Related or exempt function business tax under sections 512 513, or 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 10 c Fundraising events d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 105 similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$_ 105 Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 717,400. 717,400. other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 778,759 assets other than inventory b Less cost or other basis 0 and sales expenses 778,759. c Gain or (loss) 778,759. 778,759 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See Part IV, line 18 Other **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a b d All other revenue e Total, Add lines 11a-11d 0.

496,264.1,496,159

12

Total revenue. See instructions.

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Form 990 (2011) Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to governments and	601 505	601 505		
	organizations in the United States. See Part IV, line 21	681,505.	681,505.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	225 255	100 065	00 501	
7	Other salaries and wages	226,966.	198,265.	28,701.	·
8	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal	10,629.	10,629.		
С	Accounting	9,550.		9,550.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	114,199.		114,199.	
g	Other				
12	Advertising and promotion				
13	Office expenses	4,752.		4,752.	
14	Information technology				
15	Royalties				
16	Occupancy	2,395.	2,036.	359.	
17	Travel	18,246.	15,509.	2,737.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,618.	10,156.	13,462.	
20	Interest				
21	Payments to affiliates	1,173.	1,173.		
22	Depreciation, depletion, and amortization				
23	Insurance	750.		750.	
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 0.)				
а					
b			- H - H - H - H - H - H - H - H - H - H		
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,093,783.	919,273.	174,510.	0
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)	ļ		i	

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Pa	rt X	Balance Sheet			
	•		(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	16,676.	1	33,600.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
		of Schedule L		5_	
	6	Receivables from other disqualified persons (as defined under section			
	•	4958(f)(1)), 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	
sts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Q.	9	Prepaid expenses and deferred charges		9	
	_	Land, buildings, and equipment, cost or other			
	.00	basis Complete Part VI of Schedule D 10a			:
	h	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	30,965,900.	12	29,579,431.
	13	Investments - program-related See Part IV, line 11	307200723	13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	30,982,576.	16	29,613,031.
	17	Accounts payable and accrued expenses	34,348.	17	31,551.
	18	Grants payable	1,200,000.	18	900,000.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
"	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
Ξ	_	highest compensated employees, and disqualified persons. Complete Part II			
Ë		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		25	
	26	Total liabilities. Add lines 17 through 25	1,234,348.	26	931,551.
		Organizations that follow SFAS 117, check here X and complete			
Ø		lines 27 through 29, and lines 33 and 34.			
nçe	27	Unrestricted net assets	29,748,228.	27	28,681,480.
<u>a</u>	28	Temporarily restricted net assets		28	
d B	29	Permanently restricted net assets		29	
ڃ		Organizations that do not follow SFAS 117, check here			
P		complete lines 30 through 34.			
ts	30	Capital stock or trust principal, or current funds		30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	29,748,228.	33	28,681,480.
	34	Total liabilities and net assets/fund balances	30,982,576.	34	29,613,031.

	. CONGREGATION OF THE SISTERS OF ST.					
Form	990 (2011) JOSEPH MINISTRIES, INC.	80	<u>-0197</u>	684	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		.,49		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,09		
3	Revenue less expenses Subtract line 2 from line 1	3				<u>81.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,74		
5	Other changes in net assets or fund balances (explain in Schedule O)	5				<u>29.</u> >
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	28	, 68	1,4	<u>80.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII					<u>LX</u>
					Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> X</u>
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule ()			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both					
	X Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Au	ıdıt			
	Act and OMB Circular A-133?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990 (2011)

SCHEDULE A (Form 990 or 990-EZ)

(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

Employer identification number Name of the organization CONGREGATION OF THE SISTERS OF ST. 80-0197684 JOSEPH MINISTRIES, Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 9 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) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III - Other c ____ Type III - Functionally integrated **b** Type II e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h (III) Type of (iv) Is the organization (vi) Is the (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of gañizátion in col organization in col. (i) listed in your organization in col. organization support (i) organized in the (described on lines 1-9 (i) of your support? governing document? U.S.? above or IRC section (see instructions)) Yes Yes No Yes No Nο

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

Schedule A (Form 990 or 990-EZ) 2011

Total

Schedule A (Form 990 or 990 EZ) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 2

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)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not		1				
	include any "unusual grants ")		28425229.	200.	1,900.	105.	28427434.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf		J				J
3	The value of services or facilities			_			
·	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3		28425229.	200.	1,900.	105.	28427434.
5	The portion of total contributions		201238231		1,300.	1000	2012/1011
5	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)		 			·	20427424
	Public support. Subtract line 5 from line 4						28427434.
	ction B. Total Support		4 > 0000	4-1,0000	4.0010	(-) 0011	(0 Tabal
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008 28425229.	(c) 2009 200.	(d) 2010	(e) 2011	(f) Total 28427434.
-	Amounts from line 4		28423229.	200.	1,900.	103.	2042/434.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			665 044	705 050	545 400	0005050
	and income from similar sources		796,073.	665,911.	705,868.	717,400.	2885252.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						<u>31312686.</u>
12	Gross receipts from related activities,	etc (see instruct	ions)		Į	12	
13	First five years. If the Form 990 is for	the organization	's first, second, thire	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
	organization, check this box and stop	here					▶X
Sec	tion C. Computation of Publi	c Support Pe	ercentage				
14	Public support percentage for 2011 (lii	ne 6, column (f) o	divided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2010	Schedule A, Par	t II, line 14			15	%
16a	33 1/3% support test - 2011. If the or	rganization did n	ot check the box or	n line 13, and line 1	14 is 33 1/3% or m	nore, check this be	ox and
	stop here. The organization qualifies a	as a publicly supp	ported organization				▶□
b	33 1/3% support test - 2010. If the or	rganization did n	ot check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check the	nis box
	and stop here. The organization qualit	fies as a publicly	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2011. If the or	ganization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fact	:s-and-circumstai	nces" test, check th	ns box and stop h	ere. Explain in Par	t IV how the orga	nization
	meets the "facts-and-circumstances" t					_	
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-circle						
18	Private foundation. If the organization						s 🕨 🗀

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

Section A. Public Support	slow, please com	piete rait ii)				
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")	ı					
2 Gross receipts from admissions,						
merchandise sold or services per-	ı					
formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf					į	
·						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge				· · · · · ·	 	
6 Total. Add lines 1 through 5						<u> </u>
7a Amounts included on lines 1, 2, and			ļ			
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disgualified 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)				l		<u> </u>
Section B. Total Support				T	T	
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						İ
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 thu	d fourth or fifth t	ax vear as a secti	on 501(c)(3) organiz	zation.
check this box and stop here	ino organization	oo., occorra,	- ,			▶ □
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2011 (li			column (f))		15	%
16 Public support percentage from 2010	• • • • • • • • • • • • • • • • • • • •	-			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20					17	%
18 Investment income percentage from 2			.,,		18	%
19a 33 1/3% support tests - 2011. If the			on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box as						
b 33 1/3% support tests - 2010. If the	-					and
line 18 is not more than 33 1/3%, che						. —
20 Private foundation. If the organization		•				
Lo Trivate Tourisation, it the organization	onoon u					

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 Open to Public Inspection

Name of the organization

CONGREGATION OF THE SISTERS OF ST.

JOSEPH MINISTRIES, INC.

Employer identification number

80-0197684 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 4 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? 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? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements 2a 2h Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 _ Yes and section 170(h)(4)(B)(ii)? 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 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 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

	· · CONGREGA	TION OF T	HE S	ISTERS	OF ST	•				
_		INISTRIES								Page 2
Par	t III Organizations Maintaining Co									
3	Using the organization's acquisition, accession	n, and other record	ds, check	any of the	following tha	at are a s	ignificar	nt use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	c			hange progr					
b	Scholarly research	e	,(Other						
С	Preservation for future generations							_		
4	Provide a description of the organization's coll-								t XIV.	
5	During the year, did the organization solicit or i					er sımılaı	r assets	_	٦.,	г
	to be sold to raise funds rather than to be mair								_ Yes	<u>No</u>
Par	t IV Escrow and Custodial Arrange		ete if the	organizatio	n answered	"Yes" to	Form 9	90, Part IV,	line 9, or	
	reported an amount on Form 990, Part							-1		
1a	Is the organization an agent, trustee, custodian	n or other intermed	diary for o	contribution	s or other as	ssets not	include	a ∟	٦.,	┌ ┐
	on Form 990, Part X?			-1-1-				<u></u>	」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIV ar	nd complete the to	ollowing t	able				1	•	
	_						-		Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance	000 B+ V I	010				<u>1f</u>	<u> </u>	7 ٧	T No
	Did the organization include an amount on For	m 990, Part X, line	217					<u> </u>	」Yes	∟_ No
Par	If "Yes," explain the arrangement in Part XIV t V Endowment Funds. Complete if t	the eventuation or	anwarad '	"Voc" to For	m 000 Part	IV line 1	n			
Pai								e years back	(a) Equit	veare back
-		(a) Current year	(D) PI	nor year	(c) Two yea	15 Dack	(a) Tille	e years back	(e) roui	reals Dack
	Beginning of year balance									
b	Contributions			-						
_	Net investment earnings, gains, and losses		<u> </u>							
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	·,·	<u> </u>							
g	End of year balance	at year and balance	l	a column (c)) hold oo:				l	
2	Provide the estimated percentage of the curre	nt year end balanc		j, column (a)) Held as					
a	Board designated or quasi-endowment	%	%							
D	Permanent endowment	⁷⁰								
С	Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should									
20	Are there endowment funds not in the possess		ation tha	t are held a	nd administe	ered for t	he orga	nization		
Ja	by	sion of the organiz	dion ina	t aro moro a	i da da minore	3100 101 1	no orga	in Lation	Ţ-	Yes No
	(i) unrelated organizations								3a(i)	100
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations	listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the co	•							L	
Par								-		
	Description of property	(a) Cost or c		(b) Cost	or other	(c) A	ccumula	ated	(d) Book	value
		basis (investr		basis (preciatio	I .	• •	
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part	X, colum	nn (B), line 1	0(c))			>		0.

Schedule D (Form 990) 2011

1. (a) Description of liability (b) Book value

(1) Federal income taxes
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)

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

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

2. FIN 48 (ASC 740) F

CONGREGATION OF THE SISTERS OF ST. Schedule D (Form 990) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 4 Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1,496,264. Total revenue (Form 990, Part VIII, column (A), line 12) 1,093,783. 2 2 Total expenses (Form 990, Part IX, column (A), line 25) 402,481. Excess or (deficit) for the year. Subtract line 2 from line 1 3 3 $<1.469.\overline{229.}>$ Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 5 6 6 Investment expenses 7 7 Prior period adjustments Other (Describe in Part XIV.) 8 8 <1,469,229.> 9 9 Total adjustments (net) Add lines 4 through 8 <1,066,748.> Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 10 Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return <87,164.> Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 <1,469,229. 2a Net unrealized gains on investments Donated services and use of facilities 2b 2c Recoveries of prior year grants d Other (Describe in Part XIV) 2d <1,469,229.> Add lines 2a through 2d 2e 1.382.065. 3 Subtract line 2e from line 1 3 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 114,199 Other (Describe in Part XIV) 114,199. c Add lines 4a and 4b 4c 496,264. Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 979,584. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIV) 2d 2e Add lines 2a through 2d 979,584. 3 Subtract line 2e from line 1 3 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 114,199. Other (Describe in Part XIV) c Add lines 4a and 4b 114,199. 40 093,783. Total expenses Add lines 3 and 4c, (This must equal Form 990, Part I, line 18) 5 Part XIV Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information PART X, LINE 2: CSJ MINISTRIES HAS RECOGNIZED IN THE FINANCIAL STATEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. CSJ MINISTRIES IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF FINANCIAL

POSITION DATE.

SCHEDULE I (Form 990) Department of the Treasury

Internal Revenue Service

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

2011 Open to Public Inspection

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

▶ Attach to Form 990.

12. Schedule I (Form 990) (2011) 2 **Employer identification number** 80-0197684 (h) Purpose of grant INANCIAL ASSISTANCE INANCIAL ASSISTANCE INANCIAL ASSISTANCE INANCIAL ASSISTANCE INANCIAL ASSISTANCE TINANCIAL ASSISTANCE or assistance X Yes 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 and address of organization (below and address of organization (c) IRC section (d) Amount of (e) Amount of (e) Amount of (e) Amount of (f) Method of (g) Description of (a) Amount of (e) Amount of (e) Amount of (f) Method of (g) Description of (g) Descr 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 (g) Description of non-cash assistance FMV, appraisal, other) ٥. 0 0 0 Ö Ö assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 25,000, (d) Amount of cash grant 15,000 81,000 100,000 91,200 90,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ST Q.F. (c) IRC section if applicable SISTERS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 36-3015802 501(C)(1) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) INC Enter total number of other organizations listed in the line 1 table THE JOSEPH MINISTRIES 55-0753678 48-1251656 20-1289813 48-1177617 55-0734539 General Information on Grants and Assistance CONGREGATION OF criteria used to award the grants or assistance? DEVELOPMENT CENTER - 161 EDGINGTON REFLECTION AND ACTION - 3430 ROCKY 1 (a) Name and address of organization RIVER DR. - CLEVELAND, OH 44111 ů. BLUFFVIEW STREET - WICHITA, NEIGHBORS MINISTRIES - 1329 HOLY FAMILY CHILD CARE AND RIVER'S EDGE - A PLACE FOR SISTERS OF ST. JOSEPH DEAR LANE - WHEELING WV 26003 CHRIST IN THE WILDERNESS 1329 S. BLUFFVIEW STREET or government KERMIT, WV 25674-1249 7500 S. RANDECKER RD. Name of the organization STOCKTON IL 61085 WICHITA, KS 67218 STEPSTONE, INC. P.O. BOX 1249 ABLE FAMILIES Part Part 67218

OF.
N OF THE
CONGREGATION

• (

Schedule I (Form 990) JOSEPH MINISTRIES, INC. Dart Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule Form 990) Bort 1)	VISTRIES, J	INC.	Or St.	oited States (Scho	dula I (Form 990) Pa		80-0197684 Page 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
CAREGIVER COMPANION 612 WABASH AVE, LAFAYETTE, IN 47905	27-2958867	501(C)(3)	35,105.	0			FINANCIAL ASSISTANCE
ST. JOSEPH ACADEMY 3430 ROCKY RIVER DR. CLEVELAND, OH 44111	34-1618516	501(C)(3)	200,000.	0.			FINANCIAL ASSISTANCE
ST. JOSEPH'S ACADEMY 3015 BROUSSARD ST. BATON ROUGE, LA 70808	72-6001242	501(C)(3)	100,000.	0			FINANCIAL ASSISTANCE
TALLER DE JOSE 3047 W. CERMAK CHICAGO, IL 60623	27-2966284	501(C)(3)	54,200.	0			FINANCIAL, ASSISTANCE
PEOPLE PROGRAM 2240 LAKESHORE DR. NEW ORLEANS, LA 70122	72-1122258	501(C)(3)	25,000.	0			FINANCIAL ASSISTANCE
CONGREGATION OF ST. JOSEPH MINISTRY AGAINST THE DEATH PENALTY, INC 3009 GRAND RTE ST JOHN ST #5 - NEW ORLEANS, LA 70119	04-3588640	501(C)(3)	65,000.	0			FINANCIAL ASSISTANCE
NAZARETH ACADEMY 1209 W. OGDEN AVE. LAGRANGE PARK, IL 60526	36-4106561	501(C)(3)	100,000.	0.			FINANCIAL ASSISTANCE
							Schedule I (Form 990)

80-0197684

Page 2

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 JOSEPH MINISTRIES, INC.

Schedule I (Form 990) (2011)

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information ANNUAL ON-SITE VISITS TO ORGANIZATIONS ARE ALSO MADE BY THE IMPLEMENTATION OF THE PROGRAMS AND ACTIVITIES OF THE ORGANIZATION TO CSJ QUARTERLY FINANCIAL REPORTS AS WELL AS ANNUAL REPORTS SUMMARIZING THE SCHEDULE I, PART I, LINE 2: ORGANIZATIONS RECEIVING FUNDS MUST SUBMIT (d) Amount of non-cash assistance EXECUTIVE DIRECTOR OR ASSOCIATE DIRECTOR OF CSJ MINISTRIES. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance MINISTRIES.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CONGREGATION OF THE SISTERS OF ST. JOSEPH MINISTRIES, INC.

Employer identification number 80-0197684

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE CONGREGATION. CSJ MINISTRIES IS THE MEMBER FOR MINISTRIES THAT ARE CIVILLY INCORPORATED AND OVERSEES THE GOVERNANCE AND OPERATIONS OF SUCH SPONSORED MINISTRIES.

FORM 990, PART VI, SECTION A, LINE 6: THE MEMBERS OF THE CORPORATION SHALL BE THE ELECTED LEADERS (THE PRESIDENT AND LEADERSHIP TEAM) OF THE RELIGIOUS CONGREGATION OF THE SISTERS OF ST. JOSEPH, OR THEIR CANONICAL OR CIVIL SUCCESSORS OR DESIGNEES.

FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS SHALL HAVE THE POWER TO APPOINT AND TO REMOVE WITH OR WITHOUT CAUSE THE DIRECTORS OF THIS THE BOARD OF DIRECTORS IS THE GOVERNING BODY OF THE CORPORATION. CORPORATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE MEMBERS OF THE CORPORATION RESERVE THE POWER TO APPROVE CERTAIN DECISIONS OF THE GOVERNING BODY INCLUDING PROPERTY TRANSACTIONS, ANY CORPORATE REORGANIZATIONS, CORPORATE DISSOLUTION, ANY BORROWING OR OTHER FINANCIAL OBLIGATION EXCEEDING 5% OF THE UNRESTRICTED NET ASSETS, TO RENEGOTIATE, MODIFY OR OTHERWISE CHANGE THE EXISTING DEBT OBLIGATIONS, AND THE FORMATION OF ANY NEW SUBORDINATE OR SUBSIDIARY ENTITIES.

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR OF THE ORGANIZATION PRESENTS THE 990 TO THE BOARD OF DIRECTORS FOR REVIEW AND

APPROVAL PRIOR TO FILING.

Employer identification number 80-0197684

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER
AND MEMBER OF A COMMITTEE WITH BOARD DELEGATED POWERS SHALL ANNUALLY SIGN A
STATEMENT WHICH AFFIRMS THAT SUCH PERSON: A) HAS RECEIVED A COPY OF THE
CONFLICTS OF INTEREST POLICY, B) HAS READ AND UNDERSTANDS THE POLICY, C)
HAS AGREED TO COMPLY WITH THE POLICY, D) UNDERSTANDS THAT THE ORGANIZATION
IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR
MORE OF ITS TAX-EXEMPT PURPOSES. PERIODIC REVIEWS ARE ALSO CONDUCTED BY
THE BOARD TO ENSURE THAT THE ORGANIZATION IS IN COMPLIANCE WITH THE
CONFLICTS OF INTEREST POLICY.
FORM 990, PART VI, SECTION C, LINE 19: ALL OFFICIAL DOCUMENTS ARE KEPT AT
CONGREGATION OF THE SISTERS OF ST. JOSEPH MINISTRIES, INC. OFFICE AT 3427
GULL ROAD, NAZARETH, MI AND ARE AVAILABLE TO ANYONE WHO MAKES A REQUEST IN
WRITING.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED LOSSES ON INVESTMENTS: -1,469,229.
THE PROCESS HAS NOT CHANGED.

SCHEDULE R (Form 990)

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.

Open to Public Inspection 2011

OMB No 1545-0047

Employer identification number 80-0197684

ST. CONGREGATION OF THE SISTERS OF JOSEPH MINISTRIES, INC. Name of the organization Department of the Treasury Internal Revenue Service

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

Part

	(a)	(q)	(c)	(b)	(e)	(t)	
	Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	lotal income	End-or-year assets	Direct controlling entity	
1							
l							
1							
l							
l							
l							
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)	ions (Complete if the organization an	iswered "Yes" to Form 990, Par	t IV, line 34 becaus	e it had one or more re	elated tax-exempt	
۱				_	_		

(a)	(q)	(0)	(G)	(e)	(£)	(6)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct	Section 512(b)	2(b) 13) lled
of related organization		foreign country)	section	status (if section	entity	entity?	0
				501(c)(3))		Yes	õ
CONGREGATION OF THE SISTERS OF ST. JOSEPH,						•	
INC, - 83-0481134, 3430 ROCKY RIVER DRIVE,							
CLEVELAND, OH 44111-2997	RELIGIOUS ORGANIZATION	WEST VIRGINIA	501(C)(3)	170(B)(1)(A)			×
ABLE FAMILIES, INC 55-0734539	PROVIDES GED, LITERACY AND				CONGREGATION OF		
P.O. BOX 1249	JOB TRAINING,				THE SISTERS OF		
KERMIT, WV 25674-1249	NUTRITION/HEALTH EDUCATION	EDUCATION WEST VIRGINIA	501(C)(3)	170(B)(1)(A) ST. JOSEPH	ST. JOSEPH		×
ST, JOSEPH HEALTH INITIATIVE, INC	TO OVERSEE FUNDS				CONGREGATION OF		
55-0357048, 137 MOUNT SAINT JOSEPH ROAD,	RESTRICTED FOR				THE SISTERS OF		
WHEELING, WV 26003	HEALTH-RELATED INITIATIVES	WEST VIRGINIA	501(C)(3)	170(B)(1)(A)	ST. JOSEPH		×
THE SISTERS OF ST. JOSEPH HEALTH AND	TO SUPPORT THE DEVELOPMENT				CONGREGATION OF		
WELLNESS FOUNDATION, INC 55-0785474, 137 OF HEALTHY COMMUNITIES	OF HEALTHY COMMUNITIES				THE SISTERS OF		
MOUNT ST, JOSEPH ROAD, WHEELING, WV	THROUGH INITIATIVES	WEST VIRGINIA	501(C)(3)	509(A)(3)	ST, JOSEPH		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2011	Form 990) 2011

CONGREGATION OF THE SISTERS OF ST. JOSEPH MINISTRIES, INC.

80-0197684

Schedule R (Form 990) JO

Part II | Continuation of Identification of Related Tax-Exempt Organizations

(6)	(4)	(9)	5	(3	Ę	(5)	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	(b)(13) ad
of related organization		foreign country)	section	status (if section 501(c)(3))	entity	organization?	وال N
CAREGIVER COMPANION, INC 27-2958867	IMPROVE THE QUALITY OF				CONGREGATION OF		
AYETTE.	FRAIL AND DISABLED	INDIANA	501(c)(3)		JOSEPH		×
CHRIST IN THE WILDERNESS, INC 36-3015802					CONGREGATION OF		
7500 S, RANDECKER RD					THE SISTERS OF		
STOCKTON, IL 61085	HERMITAGE RETREAT CENTER	ILLINOIS	501(C)(1)		ST. JOSEPH		×
SISTERS OF ST. JOSEPH DEAR NEIGHBOR	DVERSEE & SPONSOR VARIOUS				CONGREGATION OF		
MINISTRIES, INC 48-1251656, 1329 S.	SERVICES TO SERVE THE POOR				THE SISTERS OF		
BLUFFVIEW, WICHITA, KS 67218	AND UNDERSERVED	CANSAS	501(C)(3)	509(A)(2)	ST. JOSEPH		×
DILLON COMPLEX FOR INDEPENDENT LIVING, INC.					CONGREGATION OF		
509	CE FOR LOW-INCOME				rva .	•	;
KALAMAZOO, MI 49048	SENIORS	MICHIGAN	501(c)(3)	509(A)(2)	ST, JOSEPH		×
HOLY FAMILY CHILD CARE AND DEVELOPMENT					CONGREGATION OF		
CENTER, INC 55-0753678, 161 EDGINGTON					THE SISTERS OF		
LANE, WHEELING, WV 26003	CHILD CARE	WEST VIRGINIA	501(C)(3)	509(A)(2)	ST, JOSEPH		×
CONGREGATION OF ST. JOSEPH MINISTRY AGAINST	PRESENTATIONS,				CONGREGATION OF		
THE DEATH PENALTY, INC 04-358, 3009 GRAND	PUBLICATIONS, ETC.				THE SISTERS OF		
RTE ST. JOHN ST #5, NEW ORLEANS, LA 70119	REGARDING SOCIAL JUSTICE	LOUISIANA	501(C)(3)	509(A)(2)	ST. JOSEPH		×
NAZARETH ACADEMY, INC 36-4106561					CONGREGATION OF		
1209 W. OGDEN AVE					THE SISTERS OF		
LAGRANGE PARK, IL 60526	COLLEGE-PREP HIGH SCHOOL	ILLINOIS	501(C)(3)	170(B)(1)(A)	ST. JOSEPH		×
PEOPLE PROGRAM, INC 72-1122258	-				CONGREGATION OF		
2240 LAKESHORE DR	PROGRAMS AND CLASSES FOR				THE SISTERS OF		
NEW ORLEANS, LA 70122	PERSONS OVER 50 YEARS OLD	LOUISIANA	501(C)(3)	509(A)(2)	ST. JOSEPH		×
RIVER'S EDGE - A PLACE FOR REFLECTION AND					CONGREGATION OF		
ACTION, INC 20-1289813, 3430 ROCKY RIVER	CONFERENCE AND RETREAT				THE SISTERS OF		
DR, CLEVELAND, OH 44111	CENTER	онго	501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
ST, JOSEPH ACADEMY, INC 34-1618516					CONGREGATION OF	_	
3430 ROCKY RIVER DR					THE SISTERS OF		
CLEVELAND, OH 44111	CATHOLIC HIGH SCHOOL	онто	501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
ST. JOSEPH'S ACADEMY, INC 72-6001242					CONGREGATION OF		
3015 BROUSSARD ST					THE SISTERS OF		
BATON ROUGE, LA 70808	SECONDARY SCHOOL FOR GIRLS	LOUISIANA	501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
SJA FOUNDATION, INC 23-7004456	REWARD SCHOLARSHIPS AND				CONGREGATION OF		
3015 BROUSSARD ST.	IMPROVE EDUCATIONAL				THE SISTERS OF		į
BATON ROUGE, LA 70808	PACILITIES AT ST, JOSEPH'S LOUISIANA	LOUISIANA	501(C)(3)	509(A)(3)	ST. JOSEPH		×

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INC. JOSEPH MINISTRIES,

Continuation of Identification of Related Tax-Exempt Organizations Schedule R (Form 990)

Part II

(g) Section 512(b)(13) ٩ organization? × × × × × × × controlled Yes Direct controlling CONGREGATION OF CONGREGATION OF CONGREGATION OF Q CONGREGATION OF CONGREGATION OF CONGREGATION OF THE SISTERS OF THE SISTERS OF THE SISTERS OF THE SISTERS OF THE SISTERS OF THE SISTERS OF THE SISTERS OF CONGREGATION entity ST, JOSEPH ST. JOSEPH ST. JOSEPH ST. JOSEPH ST. JOSEPH ST, JOSEPH ST, JOSEPH status (if section Public charity 170(B)(1)(A) 170(B)(1)(A) 170(B)(1)(A) .70(B)(1)(A) 501(c)(3)) 509(A)(2) 509(A)(2) 509(A)(3) **e** Exempt Code section 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) ਉ Legal domicile (state or foreign country) WEST VIRGINIA COUISIANA Trinois ILLINOIS CANSAS KANSAS CANSAS ERSONS SEEKING ASSISTANCE POSTER HEALTHY LIFESTYLES PROVIDES GRANTS TO HELP RELIGIOUS EDUCATION AND PROVIDES ADULT LITERACY SPIRITUAL DEVELOPMENT Primary activity THROUGH WORKSHOPS & ROVIED HOUSING FOR JICTIMS OF DOMESTIC TO PROVIDE ADOPTION RESOURCE CENTER FOR OW-INCOME HOUSING WITH PROBLEMATIC SERVICES /IOLENCE PACILITY LASSES SISTERS OF ST. JOSEPH CHARITABLE FUND, INC. 72-1458825, 2980 KLEINERT AVE, BATON ROUGE ST, JOSEPH ADOPTION REFERRAL SERVICES, INC. - 55-0751850, PO BOX 4440, PARKERSBURG, WV 45-2564510, 1515 W. OGDEN AVE., LAGRANGE PARALLEL PKWY, STE 103, KANSAS CITY, KS D/B/A ST. JOSEPH ADOPTION MINIST, 8160 ST. JOSEPH SPIRITUALITY CENTER, INC. SHERIDAN VILLAGE, INC. - 84-1618981 - 27-2966284 SCHOOL AND TUTORS ON WHEELS, INC. Name, address, and EIN of related organization STEPSTONE, INC. - 48-1177617 TALLER DE JOSE, INC. WICHITA KS 67218 CHICAGO, IL 60623 67218 1329 S. BLUFFVIEW 1051 S. BLUFFVIEW PARK, IL 60526 3047 W. CERMAK WICHITA, KS 70806 26104

Schedule R (Form 990) 2011 JOSEPH MINISTRIES, INC.

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) Part III

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	nt income nrelated, nr tax under 12-514)	(f) Share of total income	(g) Share of end-of-year are assets	(h) Disproportionate ale allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(i) General or managing partner?	(i) (k) General or Percentage managing ownership Yes No
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.)	janizations Taxable ar	s a Corpo g the tax y	ration or Trust (Co	mplete if the	e organizatio	on answered "Yes"	to Form 990, Par	t IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	۷c		(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
							_				
					-						
132162 01-23-12									Schedul	e R (Form	Schedule R (Form 990) 2011

ST. CONGREGATION OF THE SISTERS OF

INC. JOSEPH MINISTRIES, Schedule R (Form 990) 2011 Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36) Part V

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Yes

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

- 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?
- Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
 - **b** Gift, grant, or capital contribution to related organization(s)
- 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)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- i Lease of facilities, equipment, or other assets to related organization(s)
- Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- 1 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)
- Reimbursement paid to related organization(s) for expenses 0

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- Reimbursement paid by related organization(s) for expenses
- q Other transfer of cash or property to related organization(s)
- Other transfer of cash or property from related organization(s)
- 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 8

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
RIVER'S EDGE - A PLACE FOR REFLECTION AND (1) ACTION	В	100,000.	100,000.BOARD APPROVAL
(2) STEPSTONE, INC.	В	91,280.	91,280.BOARD APPROVAL
SISTERS OF ST. JOSEPH DEAR NEIGHBOR (3) MINISTRIES, INC.	В	.000,06	90,000.BOARD APPROVAL
(4) ST. JOSEPH ACADEMY	В	200,000	200,000.BOARD APPROVAL
HOLY FAMILY CHILD CARE AND DEVELOPMENT (5) CENTER	В	81,000.	81,000.BOARD APPROVAL
(6) TALLER DE JOSE	В	54,000.	54,000.BOARD APPROVAL

CONGREGATION OF THE SISTERS OF ST. JOSEPH MINISTRIES, INC.

80-0197684

Schedule R (Form 990)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
CONGREGATION OF ST. JOSEPH MINISTRY (7)AGAINST THE DEATH PENALTY, INC.	Ф	65,000	65,000.BOARD APPROVAL
(8)ST. JOSEPH'S ACADEMY	ф	100,000.	100,000.BOARD APPROVAL
(9)NAZARETH ACADEMY	В	100,000.	100,000.BOARD APPROVAL
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

ST. CONGREGATION OF THE SISTERS OF Page 4

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INC. JOSEPH MINISTRIES, Schedule R (Form 990) 2011

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

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

(a)	(q)	(0)	(p)	(e)	(£)	(6)	ε	6	S	8
Name, address, and EIN of entity	Primary activity	g je	t incomi related, om tax	Are all partners sec 501(c)(3) orgs?	Share of total	Share of end-of-year	Dispropor- tionate allocations?	Disprepar- Code V-UBI General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 partner?	General o managing partner?	Percentage ownership
		country)	under section 512-514) Ye	Yes No	псоте	assets	Yes No	(Form 1065)	Yes No	
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			_	_	_					·
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Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 5 Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
NAME OF RELATED ORGANIZATION:
ABLE FAMILIES, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
ST. JOSEPH HEALTH INITIATIVE, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
THE SISTERS OF ST. JOSEPH HEALTH AND WELLNESS FOUNDATION,
INC.
EIN: 55-0785474
137 MOUNT ST. JOSEPH ROAD
WHEELING, WV 26003-1799
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
CAREGIVER COMPANION, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF DELAMED ODGANIZATION
NAME OF RELATED ORGANIZATION:
<u>CHRIST IN THE WILDERNESS, INC.</u> 132:185 01-23-12 Schedule R (Form 990) 2011

Schedule R (Form 990) 2011 JOSEPH MINISTRIES	NC. 80-0197684 Page
Part VII Supplemental Information	
Complete this part to provide additional information for response	nses to questions on Schedule R (see instructions)
DIRECT CONTROLLING ENTITY: CONGREGATION	ON OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELAMED ODGANIZATION.	
NAME OF RELATED ORGANIZATION:	
SISTERS OF ST. JOSEPH DEAR NEIGHBOR M	INISTRIES, INC.
DIRECT CONTROLLING ENTITY: CONGREGATI	ON OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
DILLON COMPLEX FOR INDEPENDENT LIVING	, INC.
DIRECT CONTROLLING ENTITY: CONGREGATI	ON OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
HOLY FAMILY CHILD CARE AND DEVELOPMEN	T CENTER, INC.
DIRECT CONTROLLING ENTITY: CONGREGATI	ON OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
CONGREGATION OF ST. JOSEPH MINISTRY A	GAINST THE DEATH
PENALTY, INC.	
PRIMARY ACTIVITY: PRESENTATIONS, PUBL	ICATIONS, ETC. REGARDING SOCIAL
JUSTICE ON UNDERPRIVILEGE	
DIRECT CONTROLLING ENTITY: CONGREGATI	ON OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
NAZARETH ACADEMY, INC. 132185 01-23-12	Schedule R (Form 990) 201

CONGREGATION OF THE SISTERS OF ST.

CONGREGATION OF THE SISTERS OF ST.
Schedule R (Form 990) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 5 Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
PEOPLE PROGRAM, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
RIVER'S EDGE - A PLACE FOR REFLECTION AND ACTION, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
ST. JOSEPH ACADEMY, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
ST. JOSEPH'S ACADEMY, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELAMED ORGANIZATION.
NAME OF RELATED ORGANIZATION:
SJA FOUNDATION, INC.
PRIMARY ACTIVITY: REWARD SCHOLARSHIPS AND IMPROVE EDUCATIONAL FACILITIES
AT ST. JOSEPH'S ACADE
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
01-23-12 Schedule R (Form 990) 2011

CONGREGATION OF THE SISTERS OF ST.
Schedule R (Form 990) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 5 Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
MINISTRIES, INC.
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ST. JOSEPH ADOPTION REFERRAL SERVICES, INC. D/B/A ST.
JOSEPH ADOPTION MINIST
EIN: 02-0531921
8160 PARALLEL PKWY, STE 103
KANSAS CITY, KS 66112
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
ST. JOSEPH SPIRITUALITY CENTER, INC.
PRIMARY ACTIVITY: RELIGIOUS EDUCATION AND SPIRITUAL DEVELOPMENT THROUGH
WORKSHOPS & RETREATS
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
SISTERS OF ST. JOSEPH CHARITABLE FUND, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
STEPSTONE, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.

CONGREGATION OF THE SISTERS OF ST. Schedule R (Form 990) 2011 JOSEPH MINISTRIES, INC. 80-0197684 Page 5
Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions)
NAME OF RELATED ORGANIZATION:
TALLER DE JOSE, INC.
PRIMARY ACTIVITY: RESOURCE CENTER FOR PERSONS SEEKING ASSISTANCE WITH
PROBLEMATIC SITUATIONS
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
SCHOOL AND TUTORS ON WHEELS, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.
NAME OF RELATED ORGANIZATION:
SHERIDAN VILLAGE, INC.
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH
MINISTRIES, INC.

Schedule R (Form 990) 2011

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