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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)

OMB No 1545-0047

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

Open to Public Inspection

<u>A I</u>	For the	2012 calendar year, or tax year beginning JUL 1, 2012 and en	ل nding	<u>UN 30, 2013</u>							
В	Check if	C Name of organization		D Employer identific	cation number						
•	applicable	CONGREGATION OF THE SISTERS OF ST.									
	Addres change	S JOSEPH MINISTRIES, INC.									
	Name change	- COT WINIGEDING		80-0	197684						
	Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number										
	Termin			269-	492-9390						
Г	Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ 1,717,939.										
F	Applica- CLEVELAND, OH 44111-2997 H(a) Is this a group return										
_	pendin		, CSJ		Yes X No						
		3427 GULL ROAD, P.O. BOX 18, NAZARETH,		H(b) Are all affiliates inc							
$\overline{}$	Tay.eye	mpt status		1 ' '	list. (see instructions)						
		e: N/A	U 021	H(c) Group exemption							
		organization: X Corporation	I Vaar		State of legal domicile: WV						
		Summary	L Ital	01101111ation. 2000 14	Otate of legal doffficite. VV V						
_		Briefly describe the organization's mission or most significant activities. TO EX	TRRCTS	R THE CIVIL	ΔND						
Governance		CANONICAL RESPONSIBILITIES FOR THE VARIOU									
nar	1 1										
Ver	1		eu oi more	1.1	13						
Ĝ		Number of voting members of the governing body (Part VI, line 1a)		3	7						
		Number of independent voting members of the governing body (Part VI, line 1b)		4							
Activities &		Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	0						
⋛		Total number of volunteers (estimate if necessary)		. 6	13						
Š	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.						
	b	Net unrelated business taxable income from Form 990-T, line 12		7b	0.						
			, ,	Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)	280-85 	105.	212,085.						
Revenue	9	Program service revenue (Part VIII, line 2g)	P	0.	0.						
ۿ			8	1,496,159.	1,505,854.						
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 (10)	≒∥. ∟	0.	0.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,496,264.	1,717,939.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		681,505.	942,899.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		226,966.	233,534.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ĝ	b ·	Total fundraising expenses (Part IX, column (D), line 25)	0.								
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		185,312.	202,288.						
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,093,783.	1,378,721.						
	19	Revenue less expenses. Subtract line 18 from line 12		402,481.	339,218.						
50	3		Be	ginning of Current Year	End of Year						
ets	20	Total assets (Part X, line 16)	-	29,613,031.	31,367,656.						
ASS	21	Total liabilities (Part X, line 26)		931,551.	632,687.						
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	.	28,681,480.	30,734,969.						
	art II	Signature Block		20,001,4001	30,134,303.						
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is										
	true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.										
e:-	_	Sprature of officer		Date	20, 2013						
Sig			RECTO	מו							
He	re	Type or print name and title	RECIC	<u> </u>							
_				Date Check	PTIN						
D-!	,	Print/Type preparer's name Prepared's signature		∟							
Pai		PHILLIP G. CAPPS		.0/17/13 self-employ	•						
	parer	Firm's name KERBER, ECK & BRAECKEL LIFE		Firm's EIN	43-0352985						
Use	Only	Firm's address 1000 MYERS BUILDING			17 700 0000						
		SPRINGFIELD, IL 62701		Phone no. 2	17-789-0960						
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No						
2320	001 12-1	0-12 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form 990 (2012)						

2-10-12 LHA For Paperwork Reduction Act Notice, see the separate Instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

JOSEPH MINISTRIES, 80-0197684 Form 990 (2012) INC Page 2 Part III | Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission TO EXERCISE THE CIVIL AND CANONICAL RESPONSIBILITIES FOR VARIOUS SPONSORED MINISTRIES OF THE CONGREGATION. CSJ MINISTRIES IS THE MEMBER FOR MINISTRIES THAT ARE CIVILLY INCORPORATED AND OVERSEES THE GOVERNANCE AND OPERATIONS OF SUCH SPONSORED MINISTRIES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. Yes X No Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 942,899.) (Revenue \$ 1,207,096. including grants of \$) (Expenses \$ INC. GRANTED \$942,899 TO THIRTEEN CIVILLY INCORPORATED CSJ MINISTRIES, MINISTRIES. including grants of \$) (Revenue \$ (Code) (Expenses \$ including grants of \$ _ Other program services (Describe in Schedule O)) (Revenue \$

1,207,096.

Form **990** (2012)

CONGREGATION OF THE SISTERS OF ST.

Total program service expenses

Form 990 (2012)

JOSEPH MINISTRIES, INC.

Part IV | Checklist of Required Schedules

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 c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 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 and XII is optional 13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX				Yes	No
 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campagin activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 4 Section S01(o)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(p) electron in effect during the stay year? If "Yes," complete Schedule C, Part II 5 Is the organization as section 501(o)(4), 501(o)(5), or 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Proceduler 98.197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, instancial 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 assests? If "Yes," complete Schedule D, Part III Did the organization maintain collections of works of art, historical treasures, or other similar assests? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V Did the organization developed and part X is part of the following questions is "Yes," then complete Schedule D, Part V Did the organization assert to any of the following questio		Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 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 II Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(t) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rovenue Procedure 84:197 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts or which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts of "I"ves," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI If the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - other securities in Part X, line 107 If "Yes," complete Schedule D, Part XI		If "Yes," complete Schedule A	1	X	
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Part IV Checklist of Required Schedules (continued)

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

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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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			ĺ
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,			
	filed for the calendar year ending with or within the year covered by this return 2a 0	[
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			Ì
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		X
U	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		
· a	Difference is a second of the	7a		x
b	NAME OF A SAC	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	-7c -		X.
d	If "Yes," indicate the number of Forms 8282 filed during the year . 7d			
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	•	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.			
	Did the organization make any taxable distributions under section 4966?	9a		
10	Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	9b		
а				
b		i '		
11	Section 501(c)(12) organizations. Enter:	1		
а	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.			<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			1
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
	organization is licensed to issue qualified health plans			1
	Enter the amount of reserves on hand			
	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	200	(0040)

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

•	Check if Schedule O contains a response to any question in this Part VI				<u>X</u>
Sec	tion A. Governing Body and Management				
		ı		Yes	<u>No</u>
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 13			
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	officer, director, trustee, or key employee?		2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 99	0 was filed?	4		_X_
5	Did the organization become aware during the year of a significant diversion of the organization's asse	ts?	5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	oint one or			
	more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ckholders, or			
	persons other than the governing body?		7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by the following:			
а	The governing body?		8a	Х	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reach	ned 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 Rev	enue Code)			<u> </u>
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	• •	10a		X
—b-	-if="Yes,"-did-the-organization-have-written-policies-and-procedures-governing-the-activities-of-such-cha	pters, affiliates,		<u> </u>	
	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	X	
	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	<u> </u>
b			12b	X	<u> </u>
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yea	s," descnbe	l		
	ın Schedule O how this was done .		12c	X	
13	Did the organization have a written whistleblower policy?		13_	X	_
14	Did the organization have a written document retention and destruction policy?		14_	X	
15	Did the process for determining compensation of the following persons include a review and approval	by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
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 arrangem	ent with a			
	taxable entity during the year?		16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	exempt status with respect to such arrangements?	111111	16b	<u> </u>	<u> </u>
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)	avaılat	ole	
	for public inspection. Indicate how you made these available Check all that apply				
	Own website Another's website X Upon request Other (explain in	•			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, cor	flict of interest policy, ar	id finai	ncıal	
	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	d records of the organiza	tion.	_	
	<u>CAROLYN RISHEL - 269-381-6290</u>	-			
	3427 GULL ROAD, NAZARETH, MI 49074				

INC. JOSEPH MINISTRIES.

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Form 990 (2012) 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.

Check this box if neither the organization nor 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.

(A) Name and Title	(B) Average hours per week	(do box	not c	(C Pos heck ss pe	C) Ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	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	x						0.	0.	0.
BOARD MEMBER	3.00	Α				t		•	•	•
(2) DONNA RHEAULT BOARD MEMBER	3.00	X						0.	0.	0.
(3) NANCY_CONWAY_CSJ	3.00			\vdash	 	ļ	-	.		
BOARD MEMBER	3.00	x	_	\vdash				0.	0.	0.
(4) VERNICE ANTHONY	2.00								5 4	
BOARD MEMBER		x						0.	0.	0.
(5) ERNEST LANIER	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) HARRY GEIB, SJ	2.00									
BOARD MEMBER		X						0.	0.	0.
(7) LAWRENCE CAIN	3.00		1		ļ	1				
BOARD MEMBER		X						0.	0.	0.
(8) ED SUTORIS	3.00							,	_	_
BOARD MEMBER		X			_		<u> </u>	0.	0.	0.
(9) COLLEEN CONWAY COONEY	2.00	ļ								_
BOARD MEMBER		X				<u> </u>	-	0.	0.	0.
(10) ARNEATHA MARTIN	2.00	ļ								
BOARD MEMBER	 	X				_		0.	0.	0.
(11) LUCY SILVIO, CSJ	3.00	ļ								
CHAIR	2 00		<u> </u>	X	-	-		0.	0.	0.
(12) JAMES BOYD	3.00	-		,,						_
VICE-CHAIR	3 00			X	 -	╁	<u> </u>	0.	0.	0.
(13) MARGUERITE O'BRIEN, CSJ	3.00	1		x				0.	0.	0.
SECRETARY/TREASURER	40.00			^		-		0.	0.	
(14) JANET FLEISCHHACKER, CSJ	40.00			x				83,650.	0.	10,734.
EXECUTIVE DIRECTOR			-	^		$\dagger -$				10,/54.
		$\left\{ \right.$					i			
		\vdash	+-		-		-			
		L								
										5 000 (aa+a)

orm	990 (2012) JOSEPH M	INISTRIE	S		INC		_			80-019	768 <u>4</u>	Pa	ıge 8
Par	VII Section A. Officers, Directors, Trus		oloy	ees,	and	1 Hi	ghe	st C	ompensated Employe	es (continued)			
•	• (A) . Name and title	(B) Average hours per week (list any	box	not cl , unle:	ss pe	tion more rson i	than is bot or/trus	h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	an	(F) timate nount o other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fr org and	om the anızati d relate anızatıo	e on ed
							}						
			_	<u> </u>						<u> </u>			
											1		
	-			-							-		
1b	Sub-total	_!					-		83-,-650-	0		0,7	34.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	/II, Section A					>		83,650.	0		0,7	0. 34.
2	Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable			
3	Did the organization list any former officer			e, ke	еу ег	nplo	oyee	, or	highest compensated e	mployee on		Yes	No
4	line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the s			omp	ensa	atior	n an	d ot	her compensation from	the organization	3_		<u> </u>
5	and related organizations greater than \$15 Did any person listed on line 1a receive or	accrue compe	nsat	tion 1	from	any	y uni			idual for services	4		X
Sec	rendered to the organization? If "Yes," cortion B. Independent Contractors	nplete Schedul	e J	for <u>s</u>	<u>uch</u>	pen	son				5		X
1	Complete this table for your five highest of	·	-								sation	from	
	the organization. Report compensation for (A) Name and busines			ON		VILII	OI W	711111	(B) Description of s		(Compe	C) nsatio	n
									-				
				_									
	Total number of independent control	(moluding hus	not !	·m·+-	vd 4	, +h-	nea l	oto:	d above) who received a	nore than			
2	Total number of independent contractors \$100,000 of compensation from the organ	·	10t I	ainte	,u (C		0 0		above, who received f	nore triall			

Form 990 (2012) JOSEPH MINISTRIES, INC.
Part VIII Statement of Revenue 80-0197684 Page **9**

	•	•	Check if Schedule O cont	ains a respo	nse '	to any question i	n this Part VIII			
•		٠		•			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1 8	а	Federated campaigns .	1a					•	
ar ar	t	b	Membership dues	1b						
S, E	(С	Fundraising events	10						
a it	(d	Related organizations	10		200,000.				
E,	•	е	Government grants (contribut	ions) 1e						
rior	1	f	All other contributions, gifts, gran	ts, and						
ig g			similar amounts not included abor	ve 1f		12,085.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	g	Noncash contributions included in lines	1a-1f \$						
<u>8</u> €	1	h	Total. Add lines 1a-1f			>	212,085.			
						Business Code				
<u>8</u>	2 8									
e S	ŀ	b					<u> </u>			
n S	•	С								
Rev	•	d								
Program Service Revenue		е								
_			All other program service reve	enue						
\rightarrow			Total. Add lines 2a-2f			<u> </u>				
	3		Investment income (including	aiviaenas,	ntere	est, and	676,276.	676 276		
			other similar amounts)				0/0,2/0.	676,276.		
	4		Income from investment of ta	x-exempt be	эпа р	roceeds				
	5		Royalties	(ı) Rea	<u> </u>	(II) Personal				
	۵.	_	Gross rents	(I) Nea	<u> </u>	(ii) Fersonal				
		-	Less rental expenses							
			Rental income or (loss)						-	-
			Net rental income or (loss)			•				
			Gross amount from sales of	(ı) Securi	ties	(ii) Other				
	•		assets other than inventory	829,5						
	ı	b	Less cost or other basis							
			and sales expenses		0.					
		С	Gain or (loss)	829,5	78.					
		d	Net gain or (loss)				829,578.	829,578.		
e	8 :	а	Gross income from fundraisin	g events (n	ot	1				
- Pu			including \$	of						
ě			contributions reported on line	1c) See						
Other Reven			Part IV, line 18		а	_				
£	١	b	Less: direct expenses		b					
			Net income or (loss) from fund					,		
	9 :	а	Gross income from gaming ad	ctivities. See	•					
			Part IV, line 19		а					
			Less direct expenses		b	L				
1			Net income or (loss) from gan	-	S					-
	10	а	Gross sales of inventory, less	returns						
			and allowances		a					
			Less: cost of goods sold		b					
		C	Net income or (loss) from sale		ory	D 01-				-
	44	_	Miscellaneous Revenu			Business Code				
	11 :									
		b			_					
		Y C	All other revenue					-		
		_	Total. Add lines 11a-11d							<u> </u>
	12	-	Total revenue See instructions.				1,717,939.	1,505,854.	0.	0.

JOSEPH MINISTRIES, INC.

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Part IX Statement of Functional Expenses

Secti-	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	
<u>,</u>	Check if Schedule O contains a response		(B)	(C)	. (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and	0.40	0.40		
	organizations in the United States. See Part IV, line 21	942,899.	942,899.		
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)	222 E24	212 000	10 625	
7	Other salaries and wages	233,534.	213,899.	19,635.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			+	
9	Other employee benefits				
10	Payroll taxes Fees for services (non-employees)				
11					
	Management	16,217.	12,163.	4,054.	<u> </u>
b	Legal	9,550.	14,103.	9,550.	
q	Accounting	9,330.		3,330.	
	Professional fundraising services. See Part IV, line 17			-	
	Investment management fees	114,427.		114,427.	
f	Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch O.)	454.		454.	
12	Advertising and promotion	Z7Z •			
13	Office expenses	7,933.		7,933.	
14	Information technology	. , , , , , , , , , ,		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
15	Royalties				·
16	Occupancy	2,502.	2,252.	250.	· · · · · · · · · · · · · · · · · · ·
17	Travel	20,153.	18,138.	2,015.	
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,650.	15,230.	8,420.	
20	Interest			,	
21	Payments to affiliates	6,652.	2,515.	4,137.	
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 O.)				
a				-	
b					
٦ 0					
d	All other expenses				
	All other expenses Add lines 1 through 24s	1,378,721.	1,207,096.	171,625.	0.
<u>25</u> 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	1,310,141.	1,401,030.	1/1/023.	<u> </u>
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here				

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Balance Sheet Part X Check if Schedule O contains a response to any question in this Part X Beginning of year End of year 33,600. 78,707. Cash - non-interest-bearing 1 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other 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 instr). Complete Part II of Sch L. 6 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less accumulated depreciation 10b 10c 11 Investments - publicly traded securities 11 29,579,431. 31,288,949. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 29,613,031 31,367,656. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 31,551. 32,687. 17 Accounts payable and accrued expenses 17 9.0.0-,-0.0.0-. 600.000 18 Grants payable 18 Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 <u>931,551</u> 26 632,687. Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 28,681,480. 30,734,969. Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 28,681,480 30,734,969. 33 33 Total net assets or fund balances 31,367,656. 29,613,031 Total liabilities and net assets/fund balances

CONGREGATION OF THE SISTERS OF ST. Form 990 (2012) JOSEPH MINISTRIES. INC. 80-0197684 Page 12 Part XI Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI 1,717,939. Total revenue (must equal Part VIII, column (A), line 12) 1 1,378,721. 2 Total expenses (must equal Part IX, column (A), line 25) 2 339,218. Revenue less expenses Subtract line 2 from line 1 3 3 28,681,480. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 Net unrealized gains (losses) on investments 1,714,271. 5 5 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 0. Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, 10 30,734,969. 10 Part XII Financial Statements and Reporting \mathbf{x} Check if Schedule O contains a response to any question in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990. Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis Separate basis Were the organization's financial statements audited by an independent accountant? X 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. X Separate basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 20

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

За

X

Act and OMB Circular A-133?

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

CONGREGATION OF THE SISTERS OF ST.

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

Inspection

Employer identification number

		JOSEPH	MINISTRIES,	INC.					8	<u>0-0197684</u>	4
Part I	Reason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	.) See inst	ructions			
The orgai	nization is not a	private foundation	because it is: (For lines 1	through 1	1, check	only one b	ox.)				
1 🗔	A church, cor	nvention of churche	s, or association of churc	ches descr	nbed in se	ction 170	(b)(1)(A)(i)	•			
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🗔			tal service organization of		n section	170(b)(1)(A)(iii).				
4		•	operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital's na	me,
	city, and stat		•						•		
5 🔲	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	nental uni	t describ	ed in	
	_	(b)(1)(A)(iv). (Comple	=	_	·		_				
6 🔲			ent or governmental unit	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 X		_	eives a substantial part					r from the	general	public described	l ın
	•	b)(1)(A)(vi). (Comple				ŭ			ŭ	•	
8 🗀			section 170(b)(1)(A)(vi). ((Complete	Part II)						
9 🗔			eives: (1) more than 33 1			rom contri	butions, m	nembershi	p fees, a	nd gross receipts	s from
	•	•	nctions - subject to certa		• •					-	
			axable income (less sect								
		509(a)(2). (Complete	· ·		•		·				
10 🔲	An organizati	on organized and o	perated exclusively to te	st for publi	c safety S	See sectio	n 509(a)(4	I).			
11 🔲	An organizati	on organized and o	perated exclusively for th	ne benefit o	of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes of one	∍ or
	more publicly	supported organiza	ations described in section	on 509(a)(1	l) or section	on 509(a)(2	2) See sec	tion 509(a)(3). Ch	eck the box that	
	describes the	type of supporting	organization and comple	ete lines 1º	1e through	11h					
	a 🔲 Type I	i b	ype II c 🗔 T	ype III - Fui	nctionally	integrated	c	і 🔙 Тур	e III - No	n-functionally into	egratēd
_e	-By-checking-	this-box,-l-certify-tha	at-the-organization-is-not	-controlled	directly o	r.indirectly	by one o	r_more_disc	qualified.	persons other th	an
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desi	cribed in s	ection 509	9(a)(1) or	section 509(a)(2)).
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			_
	supporting o	rganızatıon, check tl	nis box								
g	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or co	ontribution	from any	of the foll	owing pers	sons?		
	(i) A perso	n who directly or inc	lirectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıı) and (ııı) below	, Yes	s No
	the gov	erning body of the s	upported organization?							11g(i)	
	(ii) A famıly	member of a perso	n described in (i) above?							11g(ii)	<u>_</u>
	(iii) A 35% (controlled entity of a	ı person described in (i) o	or (II) above	∍? .					11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganızatıoni	(s)						
		T								т—————	
(i) Nam	e of supported	(ii) EIN	(iii) Type of organization			(v) Did yo		(vi) ls organizatio	the	(vii) Amount of m	onetary
org	ganization		(described on lines 1-9	in col. (i) lis governing			ion in col.	(i) organiz	ed in the	support	
			above or IRC section (see instructions))		1			U.S			
			(000 1	Yes	No	Yes	No	Yes	No_		
				ļ	ļ		 		-	ļ	
						!					
				-					-		
							 	_			
						[
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-		1									

INC

Schedule A (Form 990 or 990 EZ) 2012 JOSEPH MINISTRIES

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not 212,085.28639519. include any "unusual grants") 28425229 200 1,900. 105. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 212,085.28639519. 28425229. 200. 1,900. 105. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 28639519. 6 Public support. Subtract line 5 from line 4 **Section B. Total Support (b)** 2009 (c) 2010 Calendar year (or fiscal year beginning in) (a) 2008 (d) 2011 (e) 2012 (f) Total 28425229 212,085.28639519. 200 <u>1,900</u>. 105. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 796,073. 665,911. 705,868. 717,400. 676,276. 3561528. and income from similar sources 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.) 32201047. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) $\triangleright X$ organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f) 14 % 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

80-0197684 Page 2

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	now, piease com	Sictor art II.)				
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and		1	, - ,			
	membership fees received (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	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						
5	_ '						
J	furnished by a governmental unit to		1				
	the organization without charge						
	· · · · · · · · · · · · · · · · · · ·			<u>. </u>	<u> </u>		
	Total. Add lines 1 through 5 a Amounts included on lines 1, 2, and				<u> </u>		
7	* *						
	3 received from disqualified persons Amounts included on lines 2 and 3 received					-	
	from other than disqualified persons that		1				
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year				-	 	
	Add lines 7a and 7b			<u></u>			<u> </u>
	Public support (Subtract line 7c from line 6)					-	
_	ction B. Total Support			1	1	T	T
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 6			-		-	
10	g Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
١	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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		1				
	assets (Explain in Part IV)			ļ	1		
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, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here						▶ □
Se	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2012 (l.	ine 8, column (f) d	livided by line 13,	column (f))		15	%
16	Public support percentage from 2011	Schedule A, Part	: III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	12 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2011 Schedule A,	Part III, line 17			18	%
19:	a 33 1/3% support tests - 2012. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ai	-				•	ightharpoons
ı	33 1/3% support tests - 2011. If the		=				and
	line 18 is not more than 33 1/3%, che	-					. —
20	Private foundation. If the organization			•			▶□

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

➤ 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
2012
Open to Public Inspection

Name of the organization

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

Employer identification number 80-0197684

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	_	used only
	for charitable purposes and not for the benefit of the donor		-
	impermissible private benefit?	, , , , , , , , , , , , , , , , , , , ,	Yes No
Pai		ganization answered "Yes" to Form 990, F	
1	Purpose(s) of conservation easements held by the organizat	-	
-	Preservation of land for public use (e.g., recreation or		storically important land area
	Protection of natural habitat	Preservation of a cert	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	day of the tax your.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
h	Total acreage restricted by conservation easements		2b
	Number of conservation easements on a certified historic st	nucture included in (a)	2c
	Number of conservation easements included in (c) acquired	• •	
u	listed in the National Register	arter of 11700, and not on a matoric-struct	2d
3	Number of conservation easements modified, transferred, re	pleased extinguished or terminated by the	<u> </u>
0	year	bleased, extinguished, of terminated by the	s organization during the tax
4	Number of states where property subject to conservation ea	esement is located	
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·	
3	violations, and enforcement of the conservation easements	• • • • • • • • • • • • • • • • • • • •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
7	Amount of expenses incurred in monitoring, inspecting, and	_	
8	Does each conservation easement reported on line 2(d) abo		
Ü	and section 170(h)(4)(B)(ii)?	we satisfy the requirements of section 170	Yes No
9	In Part XIII, describe how the organization reports conservat	tion agreements in its revenue and expense	
9	include, if applicable, the text of the footnote to the organization	•	
		ation s financial statements that describes	the organization's accounting for
Pa	conservation easements rt III Organizations Maintaining Collections o	of Art. Historical Treasures, or O	ther Similar Assets
	Complete if the organization answered "Yes" to Form		
12	If the organization elected, as permitted under SFAS 116 (A	•	ment and balance sheet works of art
10	historical treasures, or other similar assets held for public ex	•	·
	the text of the footnote to its financial statements that descri		ince of public service, provide, in Fait Am,
h	If the organization elected, as permitted under SFAS 116 (A		t and halance sheet works of art, historical
U	treasures, or other similar assets held for public exhibition, e		
		education, of research in furtherance of pu	blic service, provide the lollowing amounts
	relating to these items.		• •
	(i) Revenues included in Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X	and the second second second second	> \$
2	If the organization received or held works of art, historical tre		ıı gaın, provide
	the following amounts required to be reported under SFAS	1 To (ASC 958) relating to these items	.
a	Revenues included in Form 990, Part VIII, line 1		. • \$
b	Assets included in Form 990, Part X		▶ \$

	dule D (Form 990) 2012 JOSEPH M							<u>80-01</u>	<u>97684</u>	Page 2
Par	t III Organizations Maintaining Col									
3	Using the drganization's acquisition, accession,	and other record	ls, chec	k any of the	following tha	t are a sigr	ııfıcant	use of its	collection i	tems
•	(check all that apply).									
а	Public exhibition	d		Loan or exc	hange progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's colle	ctions and explai	n how th	ney further t	he organizati	on's exemp	ot purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or re									
	to be sold to raise funds rather than to be maint								Yes	☐ No
Par	t IV Escrow and Custodial Arrange					"Yes" to Fo	rm 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Part X			•					ŕ	
1a	Is the organization an agent, trustee, custodian	or other intermed	dary for	contribution	ns or other as	sets not in	cluded			
	on Form 990, Part X?		-						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII and	d complete the fo	llowing	table:						
	•	•	ŭ						Amount	
С	Beginning balance						1c			
	Additions during the year			•		•	1d			
	Distributions during the year						1e			
f	Ending balance			•			1f			
2a	Did the organization include an amount on Form	n 990. Part X. line	212						Yes	☐ No
	If "Yes," explain the arrangement in Part XIII Cr			on has beer	provided in	Part XIII				
Par										<u> </u>
		a) Current year		Prior year	(c) Two yea		Three v	ears back	(e) Four v	ears back
1a	Beginning of year balance			1					<u> </u>	
b	Contributions									
С	c Net investment earnings, gains, and losses									
d										
е	Other expenditures for facilities				İ			-	-	
_	and programs				ļ					
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curren	t year end baland	e (line 1	g, column (a	a)) held as [.]					
а	Board designated or quasi-endowment	•	%		,					
b	Permanent endowment	%	_							
С	c Temporarily restricted endowment ▶ %									
	The percentages in lines 2a, 2b, and 2c should equal 100%									
За	Are there endowment funds not in the possessi	on of the organiz	ation tha	at are held a	and administe	ered for the	organiz	ation		
	by [.]						_		Y	es No
	(i) unrelated organizations									
	(ii) related organizations								3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	sted as required o	n Sched	dule R?					3b	
4	Describe in Part XIII the intended uses of the or	ganization's endo	wment	funds.						
Par	t VI Land, Buildings, and Equipmer	nt. See Form 990), Part X	, line 10.						
	Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Acc	umulate	d	(d) Book	/alue
		basis (investr	nent)	basis	(other)		ciation		<u> </u>	
1a	Land									
b	Buildings									
c	Leasehold improvements									
ď	Equipment									
	Other									
Total	. Add lines 1a through 1e (Column (d) must equi	al Form 990. Part	X. colur	nn (B) line	10(c))					0.

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

Schedule D (Form 990) 2012 JOSEPH MINI Part VII Investments - Other Securities. See	STRIES, INC.	2.	80-0197684 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost of	or end-of-year market value
(1) Finançial derivatives			·
(2) Closely-held equity interests			
(3) Other	_		
(A) POOLED INVESTMENTS	31,288,949	END-OF-YEAR MARI	KET VALUE
(B)	· · · · · · · · · · · · · · · · · · ·		
(C)	*	-	
(D)	•		
(E) (F)		 	
(G)			· · ·
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	31,288,949	•	
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1)			
(2)			
(3)	•		
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	15		
	Description		(b) Book value
(1)			
(2)			
(3)	-		
(4)	1		
(5)	····		
(6)	,,,		
(7)	, <u> </u>		
(8)			
(9)			
(10)		 .	
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X, I	9 15)		
(a) Description of liability	ine 25.	(b) Book value	
(1) Federal income taxes		(b) Book value	
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)		
2. FIN 48 (ASC 740) Footnote In Part XIII, provide the tex			
liability for uncertain tax positions under FIN 48 (ASC 7	40) Check here if the te	xt of the footnote has been provided	ın Part XIII X

	CONGREGATION OF THE SISTERS OF ST.			_
	dule D (Form 990) 2012 JOSEPH MINISTRIES, INC.	<u> 30 - 0</u>	197684	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements	1	3,317,	<u>784.</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments			
b	Donated services and use of facilities 2b			
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIII)			
е	Add lines 2a through 2d	2e	1,714,	
3	Subtract line 2e from line 1	3	1,603,	<u>513.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.) 4b 114,426.			
С	Add lines 4a and 4b .	4c	114,	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,717,	<u>939.</u>
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per F	<u> </u>	n	
1	Total expenses and losses per audited financial statements	1	1,264,	<u> 295.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities . 2a			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII)	ļ		
е	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	1,264,	295.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII) 4b 114, 426.			
С	Add lines 4a and 4b	4c	114,	426.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,378,	
	t XIII Supplemental Information			
Com	olete 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 2	b. Part V. line 4	: Part
	2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b Also complete this part to provide any additional information		.,	,
	T X, LINE 2: CSJ MINISTRIES HAS RECOGNIZED IN THE FINANCIA			
ST	TEMENTS THE EFFECTS OF ALL TAX POSITIONS AND CONTINUALLY I	EVA I	JUATES	
EXI	IRING STATUTES OF LIMITATIONS, AUDITS, CHANGES IN TAX LAW	ANT) NEW	
	The second secon			
AUI	CHORITATIVE RULINGS. CSJ MINISTRIES IS NOT AWARE OF ANY C	FRCT	MSTANCE	S
	TOTAL TOTAL TOTAL OF THE TOTAL TO THE TOTAL OF THE TOTAL	-100	/IID IIII(CD	
OR	EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT UNRECOGNIZED	ጥልን	C BENEFT	TS
	THE THE PARTY OF T		<u></u>	
MAY	INCREASE OR DECREASE WITHIN 12 MONTHS OF THE STATEMENT OF	וק ג	NANCTAT.	
			<u></u>	
POS	SITION DATE.			

Schedule D (Form 990) 2012

CONGREGATION OF THE SISTERS OF ST.	
Schedule D (Form 990) 2012 JOSEPH MINISTRIES, INC.	80-0197684 Page 5
Part XIII Supplemental Information (continued)	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES, NETTED AGAINST INVESTMENT INCOME	
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES, NETTED AGAINST INVESTMENT INCOME	
THE PROPERTY OF THE PROPERTY O	
EXPLANATION FOR AMOUNTS IN PART XII AND PART XIII, LINE 4B	- INVESTMENT
EXPENSES ARE NETTED AGAINST INVESTMENT INCOME ON THE AUDITED	O FINANCIAL
STATEMENTS. THIS AMOUNT IS LISTED AS AN EXPENSE ITEM ON THI	F FORM 990
DIATEMENTO. THIS AMOUNT IS BISTED AS AN ENTEROL TIEM ON THE	1 1 Old 1 9 9 0 .
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14. **2** Schedule I (Form 990) (2012) Employer identification number 80-0197684 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance TINANCIAL ASSISTANCE FINANCIAL ASSISTANCE TINANCIAL ASSISTANCE FINANCIAL ASSISTANCE FINANCIAL ASSISTANCE FINANCIAL 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 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 (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yeş'" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistande to Organizations, Ö Ö o o 0, (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the Unit<mark>ed States.</mark> Attach to Form 990. recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. (d) Amount of cash grant 73,000 80,000 84 600 25,000 65,787 80,00 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ST. О F (c) IRC section if applicable CONGREGATION OF THE SISTERS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(c)(3)36-3015802 501(C)(1) INC 3 Enter total number of other organizations listed in the line 1 table 55-0734539 JOSEPH MINISTRIES 55-0753678 20-1289813 48-1251656 48-1177617 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? REFLECTION AND ACTION - 3430 ROCKY DEVELOPMENT CENTER - 161 EDGINGTON 1 (a) Name and address of organization RIVER DR. - CLEVELAND, OH 44111 BLUFFVIEW STREET - WICHITA, KS NEIGHBORS MINISTRIES - 1329 S. HOLY FAMILY CHILD CARE AND RIVER'S EDGE - A PLACE FOR SISTERS OF ST. JOSEPH DEAR LANE - WHEELING, WV 26003 1329 S. BLUFFVIEW STREET CHRIST IN THE WILDERNESS or government KERMIT, WV 25674-1249 7500 S. RANDECKER RD. Name of the organization STOCKTON IL 61085 WICHITA, KS 67218 Department of the Treasury STEPSTONE, INC. Internal Revenue Service P.O. BOX 1249 ABLE FAMILIES SCHEDULE I (Form 990) Part I Part 67218 0

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0	ION OF THE		OF ST.				80-0197684 Page 1
Part II Continuation of Grants and Other Assistance to Governments and	Assistance to G		nizations in the U	nited States (Sch	Organizations in the United States (Schedule I (Form 990), Part II)	(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)	35,000	0			FINANCIAL ASSISTANCE
ليبال	34-1618516	501(C)(3)	200 000	0			FINANCIAL ASSISTANCE
T 25 E	72-6001242	501(C)(3)	100,000,	•0			FINANCIAL ASSISTANCE
TALLER DE JOSE 3047 W. CERMAK CHICAGO, IL 60623	27-2966284	501(C)(3)	135,000	*0			FINANCIAL ASSISTANCE
PEOPLE PROGRAM 2240 LAKESHORE DR. NEW ORLEANS LA 70122	72-1122258	501(C)(3)	55,280	0.0			FINANCIAL ASSISTANCE
A OF AINST	04-3588640	501(C)(3)		0			FINANCIAL ASSISTANCE
NAZARETH ACADEMY 1209 W. OGDEN AVE. LAGRANGE PARK, IL 60526	36-4106561	501(C)(3)	100,000	0			FINANCIAL ASSISTANCE
SCHOOL AND TUTORS ON WHEELS, INC. 1515 W. OGDEN AVE. LAGRANGE PARK, IL 60526	45-2564510	501(C)(3)	50,735.				FINANCIAL ASSISTANCE
THE WELL SPIRITUALITY CENTER, INC. 1515 W. OGDEN AVE. LAGRANGE PARK, IL 60526	46-2539368	<u>501(C)(3)</u>	102,500	0			FINANCIAL ASSISTANCE Schedule I (Form 990)

Page 2 Schedule I (Form 990) (2012) (f) Description of non-cash assistance 80-0197684 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 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. ANNUAL ON-SITE VISITS TO ORGANIZATIONS ARE ALSO MADE BY THE ORGANIZATION TO CSJ 2: ORGANIZATIONS RECEIVING FUNDS MUST SUBMIT QUARTERLY FINANCIAL REPORTS AS WELL AS ANNUAL REPORTS SUMMARIZING THE (d) Amount of non-cash assistance CSJ MINISTRIES. HH ST (c) Amount of cash grant CONGREGATION OF THE SISTERS OF IMPLEMENTATION OF THE PROGRAMS AND ACTIVITIES OF EXECUTIVE DIRECTOR OR ASSOCIATE DIRECTOR OF (b) Number of recipients JOSEPH MINISTRIES, (a) Type of grant or assistance LINE PART I, Schedule I (Form 990) (2012) MINISTRIES. SCHEDULE I, 232102 12-18-12 Part IV Part III

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.

2012
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 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

•	ONGREGATION OF THE SISTERS OF ST. OSEPH MINISTRIES, INC.		Employer identification number 80-0197684
•			
FORM 990, PART	VI, SECTION B, LINE 12C: EACH DIRECTO	OR, PR	INCIPAL OFFICER
AND MEMBER OF A	COMMITTEE WITH BOARD DELEGATED POWER	RS SHA	LL ANNUALLY SIGN A
STATEMENT WHICH	AFFIRMS THAT SUCH PERSON: A) HAS REC	CEIVED	A COPY OF THE
CONFLICTS OF IN	TEREST POLICY, B) HAS READ AND UNDERS	TANDS	THE POLICY, C)
HAS AGREED TO CO	OMPLY WITH THE POLICY, D) UNDERSTANDS	TAHT 3	THE ORGANIZATION
IS A CHARITABLE	ORGANIZATION AND THAT IN ORDER TO MA	AINTAI	N ITS FEDERAL TAX
EXEMPTION IT MUS	ST ENGAGE PRIMARILY IN ACTIVITIES WHI	ICH AC	COMPLISH ONE OR
MORE OF ITS TAX	-EXEMPT PURPOSES. PERIODIC REVIEWS A	ARE AL	SO CONDUCTED BY
THE BOARD TO EN	SURE THAT THE ORGANIZATION IS IN COM	PLIANC	E WITH THE
CONFLICTS OF IN	TEREST POLICY.		, <u></u>
FORM 990, PART	VI, SECTION C, LINE 19: ALL OFFICIAL	DOCUM	ENTS ARE KEPT AT
CONGREGATION OF	THE SISTERS OF ST. JOSEPH MINISTRIES	S, INC	OFFICE AT 3427
GULL ROAD, NAZA	RETH, MI AND ARE AVAILABLE TO ANYONE	WHO M	AKES A REQUEST IN
WRITING.			
FORM 990, PART	XII, LINE 2C:		
THE ORGANIZATION	N'S PROCESS FOR OVERSEEING THE AUDIT	OF TH	E FINANCIAL
STATEMENTS AND	SELECTION OF AN INDEPENDENT AUDITOR I	HAS NO	T CHANGED.
		·	·
		•	

Schedule R (Form 990) 2012 (g) Section 512(b)(13) ŝ **Employer identification number** 2012 · Open to Public OMB No 1545-0047 × × × controlled entity? Inspection Direct controlling Yes 80-0197684 entity 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.) Direct controlling CONGREGATION OF CONGREGATION OF CONGREGATION OF THE SISTERS OF THE SISTERS OF THE SISTERS OF entity ST, JOSEPH ST. JOSEPH ST, JOSEPH End-of-year assets <u>e</u> status (if section Public charity 170(B)(1)(A) 170(B)(1)(A) 170(B)(1)(A) 501(c)(3)) 509(A)(3) Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code Ð section 501(C)(3) 501(C)(3) 501(C)(3) ਉ See separate instructions. ldentification of Disregarded Entities (Complete if the organization answered "Yes" to Forர் 990, Part IV, Ine 33) egal domicile (state or Legal domicile (state or foreign country) oreign country) HEALTH-RELATED INITIATIVES WEST VIRGINIA WEST VIRGINIA VIRGINIA VIRGINIA ত্ NUTRITION/HEALTH EDUCATION WEST ST. SEE PART VII FOR CONTINUATIONS PROVIDES GED, LITERACY AND TO SUPPORT THE DEVELOPMENT CONGREGATION OF THE SISTERS OF ▶ Attach to Form 990. RELIGIOUS ORGANIZATION OF HEALTHY COMMUNITIES Primary activity THROUGH INITIATIVES Primary activity TO OVERSEE FUNDS 9 RESTRICTED FOR INC. JOB TRAINING, For Paperwork Reduction Act Notice, see the Instructions for Form 990. JOSEPH MINISTRIES, WELLNESS FOUNDATION, INC. - 55-0785474, 137 INC. - 83-0481134, 3430 ROCKY RIVER DRIVE CONGREGATION OF THE SISTERS OF ST, JOSEPH 55-0357048, 137 MOUNT SAINT JOSEPH ROAD Name, address, and EIN (if applicable) THE SISTERS OF ST. JOSEPH HEALTH AND MOUNT ST. JOSEPH ROAD, WHEELING, WV ST, JOSEPH HEALTH INITIATIVE, INC. - 55-0734539 Name, address, and EIN of related organization of disregarded entity CLEVELAND, OH 44111-2997 KERMIT, WV 25674-1249 INC. WHEELING WV 26003 Name of the organization Department of the Treasury Internal Revenue Service ABLE FAMILIES P.O. BOX 1249 SCHEDULE R (Form 990) Part II Part

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Schedule R (Form 990)	JOSEPH MINISTRIES, INC.
Part II Continuation of I	Part II Continuation of Identification of Related Tax-Exempt Organizations

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations						•	
(a)	(q)		(2)	ල	(e)	Œ	(g)	2(h)Y13)
Name, address, and EIN	Primary activity	Lega	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	(S) (S) (S)
of related organization		<u>₽</u>	foreign country)	Section	status (ii section 501(c)(3))	enny	Yes No	S
CAREGIVER COMPANION, INC 27-2958867	IMPROVE THE QUALITY OF					CONGREGATION OF		
612 WABASH AVE	LIFE FOR CAREGIVERS OF THE					THE SISTERS OF		
LAFAYETTE, IN 47905	SICK, FRAIL AND DISABLED	INDIANA		501(C)(3)	509(A)(2)	ST, 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	OVERSEE & SPONSOR VARIOUS					CONGREGATION OF		
MINISTRIES INC 48-1251656, 1329 S.	SERVICES TO SERVE THE POOR		_			THE SISTERS OF		
BLUFFVIEW, WICHITA, KS 67218	AND UNDERSERVED	KANSAS		501(C)(3)	509(A)(2)	ST, JOSEPH		×
DILLON COMPLEX FOR INDEPENDENT LIVING, INC.						CONGREGATION OF		
- 38-2209509 3301 GULL ROAD, PO BOX 308,	RESIDENCE FOR LOW-INCOME					THE SISTERS OF		
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	1					THE SISTERS OF		
LANE, WHEELING, WV 26003	CHILD CARE	WEST V	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	LOUIȘIANA		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	онто		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	OHIO		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		
BATON ROUGE, LA 70808	FACILITIES AT ST. JOSEPH'S	LOUISIANA		501(C)(3)	509(A)(3)	ST, JOSEPH		×
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Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations							
(a)	(q)		(0)	(p)	(e)	(J)	(6)	
Name, address, and EIN	Primary activity	Legal dom	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)	2(b)(13) Iled
of related organization		foreign	oreign country)	section	status (if section 501(c)(3))	entıty	organization?	No No
ST, JOSEPH ADOPTION REFERRAL SERVICES, INC.						CONGREGATION OF		
D/B/A ST, JOSEPH ADOPTION MINIST, 8160	TO PROVIDE ADOPTION					THE SISTERS OF		;
PARALLEL PKWY, STE 103, KANSAS CITY, KS	SERVICES	KANSAS		501(C)(3)	509(A)(2)	ST. JOSEPH		×
ST. JOSEPH SPIRITUALITY CENTER, INC	RELIGIOUS EDUCATION AND					CONGREGATION OF		
72-1458825, 2980 KLEINERT AVE, BATON ROUGE,	SPIRITUAL DEVELOPMENT					THE SISTERS OF		1
LA 70806	THROUGH WORKSHOPS &	LOUISTANA		501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
SISTERS OF ST, JOSEPH CHARITABLE FUND, INC.						CONGREGATION OF		
- 55-0751850, PO BOX 4440, PARKERSBURG, WV	PROVIDES GRANTS TO HELP					THE SISTERS OF		
26104	FOSTER HEALTHY LIFESTYLES	WEST VIRGINIA		501(C)(3)	509(A)(3)	ST. JOSEPH		×
STEPSTONE, INC 48-1177617	PROVIDE HOUSING FOR					CONGREGATION OF		
1329 S. BLUFFVIEW	VICTIMS OF DOMESTIC					THE SISTERS OF		;
WICHITA, KS 67218	VIOLENCE	KANSAS		501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
TALLER DE JOSE, INC 27-2966284	RESOURCE CENTER FOR	_				CONGREGATION OF		
3047 W, CERMAK	PERSONS SEEKING ASSISTANCE					THE SISTERS OF		
_ 3	WITH PROBLEMATIC	ILLINOIS		501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
SCHOOL AND TUTORS ON WHEELS, INC						CONGREGATION OF		
45-2564510, 1515 W, OGDEN AVE, LAGRANGE	PROVIDES ADULT LITERACY					THE SISTERS OF		
PARK, IL 60526	CLASSES	ILLINOIS		501(C)(3)	170(B)(1)(A)	ST, JOSEPH		×
SHERIDAN VILLAGE, INC, - 84-1618981	· •					CONGREGATION OF		
1051 S. BLUFFVIEW	LOW-INCOME HOUSING					THE SISTERS OF		!
WICHITA, KS 67218	FACILITY	KANSAS		501(C)(3)	509(A)(2)	ST. JOSEPH		×
THE WELL SPIRITUALITY CENTER - 46-2539368						CONGREGATION OF		
1515 W, OGDEN AVE,	SPIRITUALITY RETREAT					THE SISTERS OF		
LAGRANGE PARK, IL 60526	CENTER	ILLINOIS		501(C)(3)		ST, JOSEPH		×
	·1							
	12							

ST. CONGREGATION OF THE SISTERS OF

General or Percentage managing ownership Page 2 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) 3 80-0197684 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.) Yes No 9 Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) ate allocations? Disproportion-Yes No Ξ Share of end-of-year assets Œ Share of total income $\boldsymbol{arepsilon}$ Predominant income (related, inrelated, excluded from tax under sections §12-514) (d)
| Direct controlling | entity JOSEPH MINISTRIES, INC. (c)
Legal
domicile
(state or
foreign
country) Primary activity Name, address, and EIN of related organization Schedule R (Form 990) 2012 Part III Part IV

	/ f							
(a)	(q)	9	(p)	(e)	(4)		(h)	()
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or foreign	Direct	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year	ge	Section 512(b)(13) controlled entity?
		country)		6000				Yes No
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32162 12-10-12						Sche	Schedule R (Form 990) 2012	990) 201

ST. CONGREGATION OF THE SISTERS OF

JOSEPH MINISTRIES, Schedule R (Form 990) 2012 Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36)

Page 3

80-0197684

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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 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)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
 - Performance of services or membership or fundraising solicitations by related organization(s) Ε

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- 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.

I the answer to any of the above is tree, see the instructions for information of who must complete this infer the answer to any of the above is tree, including covered relationships and transaction unless four.	no must complete tr	ils ilite, ilicidalilg covered i	elationships and transaction thresholds.
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
RIVER'S EDGE - A PLACE FOR REFLECTION AND (1) ACTION	Д	80,000.	80,000.BOARD APPROVAL
(2) STEPSTONE, INC.	B .	80,000.	80,000.BOARD APPROVAL
SISTERS OF ST. JOSEPH DEAR NEIGHBOR (3) MINISTRIES, INC.	В	84,600.	84,600.BOARD APPROVAL
(4) ST. JOSEPH ACADEMY	щ	200,000	200,000.BOARD APPROVAL
HOLY FAMILY CHILD CARE AND DEVELOPMENT (5) CENTER	В	73,000.	73,000.BOARD APPROVAL
(6) TALLER DE JOSE	щ	135,000.	135,000.BOARD APPROVAL

CONGREGATION OF THE SISTERS (Schedule R (Form 990) JOSEPH MINISTRIES, INC.	OF ST.		80-0197684
າ of Tran	1 990), 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.	В	.000,00	000.BOARD APPROVAL
(8)ST. JOSEPH'S ACADEMY	В	100,000	100,000.BOARD APPROVAL
(9)NAZARETH ACADEMY	В	100,000.BOARD	BOARD APPROVAL
(10)ABLE FAMILIES, INC.	В	65,787.	65,787.BOARD APPROVAL
(11)PEOPLE PROGRAM, INC.	Д	55,280.	,280.BOARD APPROVAL
(12)SCHOOL AND TUTORS ON WHEELS, INC.	В	50,735.	50,735.BOARD APPROVAL
(13)THE WELL SPRITUALITY CENTER	В	102,500.BOARD	BOARD APPROVAL
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			
232225 05-01-12			

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Schedule R (Form 990) 2012 JOSEPH MINISTRIES, INC.

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.

bisproper Code V-UBI General or Percentage bonate amount in box 20 managing ownership of Schedule K-1 partner? of Schedule K-1 yes No (Form 1065) Yes No Schedule R (Form 990) 2012 end-of-year Share of assets <u>6</u> Share of income total Predominant income parties sec (related, unrelated, ongs) excluded from fax under section 512[514] yes No ਉ (state or foreign Legal domicile country) Primary activity Name, address, and EIN of entity

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

Schedule R (Form 990) 2012 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 instr	uctions)
•	
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS	S:
NAME OF RELATED ORGANIZATION:	
ABLE FAMILIES, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF	Cm .TOCEDH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
ST. JOSEPH HEALTH INITIATIVE, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF	
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 DELAMED ODGANIZATION.	
NAME OF RELATED ORGANIZATION:	
CAREGIVER COMPANION, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF	ST. JOSEPH
MINISTRIES, INC.	
NAME OF DELAMED ODGANIZAMION.	
NAME OF RELATED ORGANIZATION:	
CHRIST IN THE WILDERNESS, INC. 232165 12-10-12	Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 JOSEPH MINISTRIES, INC.	80-0197684 Page
Part VII Supplemental Information Corriplete this part to provide additional information for responses to questions on Schedule R (see instru	rational .
Complete this part to provide additional information for responses to questions on Schedule R (see instru	ctions)
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	T. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
SISIERS OF SI. UOSEPH DEAR NEIGHBOR MINISTRIES, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	T. JOSEPH
MINISTRIES, INC.	
	· · · · · ·
NAME OF RELATED ORGANIZATION:	
DILLON COMPLEX FOR INDEPENDENT LIVING, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	T. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
HOLY FAMILY CHILD CARE AND DEVELOPMENT CENTER, INC.	
DIDECE COMEDOLITING DIVERTEN. CONCEDED TON OF MAIL CLEEDING OF C	TO CERT
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	T. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
CONGREGATION OF ST. JOSEPH MINISTRY AGAINST THE DEATH	
PENALTY, INC.	
PRIMARY ACTIVITY: PRESENTATIONS, PUBLICATIONS, ETC. REGARDI	NG SOCIAL
JUSTICE ON UNDERPRIVILEGE	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	udabot. m
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF S	1. UOSEPH
MINISTRIES, INC.	
NAME OF DELAMED ODGANIZATION	
NAME OF RELATED ORGANIZATION:	
NAZARETH ACADEMY, INC.	
232185 12-10-12	Schedule R (Form 990) 20

PRIMARY ACTIVITY: REWARD SCHOLARSHIPS AND IMPROVE EDUCATIONAL FACILITIES

AT ST. JOSEPH'S ACADE

SJA FOUNDATION, INC.

DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS OF ST. JOSEPH

Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
MINISTRIES, INC.
MINISTRIES, INC.
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:
ST. JOSEPH ADOPTION REFERRAL SERVICES, INC. D/B/A ST.
JOSEPH ADOPTION MINIST
DIN. 02 0521021
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) 2012 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	nstructions).
NAME OF RELATED ORGANIZATION:	
TALLER DE JOSE, INC.	
PRIMARY ACTIVITY: RESOURCE CENTER FOR PERSONS SEEKING AS	SISTANCE WITH
PROBLEMATIC SITUATIONS	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS O	F ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
SCHOOL AND TUTORS ON WHEELS, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS O	F ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
SHERIDAN VILLAGE, INC.	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS O	F ST. JOSEPH
MINISTRIES, INC.	
NAME OF RELATED ORGANIZATION:	
THE WELL SPIRITUALITY CENTER	
DIRECT CONTROLLING ENTITY: CONGREGATION OF THE SISTERS O	F ST. JOSEPH
MINISTRIES, INC.	