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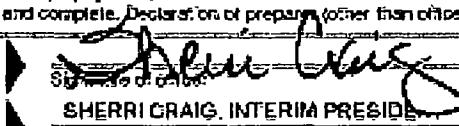
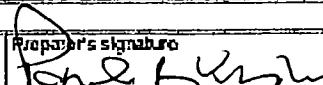


Return of Organization Exempt From Income Tax

2013

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations):
 Do not enter Social Security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning JULY 01 , 2013, and ending JUNE 30 , 2014			
B Check if applicable:	C Name of organization SAINT JOSEPH HOSPITAL FOUNDATION, INC <input type="checkbox"/> Doing Business As <input type="checkbox"/> Number and street (or P.O. box if mail is not delivered to street address) ONE SAINT JOSEPH DRIVE <input type="checkbox"/> Room/suite <input type="checkbox"/> City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40504 D Employer identification number 61-1159649 <input type="checkbox"/> E Telephone number (859)313-1000 E Gross receipts \$ 1,342,620 F Name and address of principal officer: SHERRI CRAIG G Is this a group of tax-exempt entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H Are all subordinates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I If "No," attach a list. (See Instructions) J Website: WWW.SAINTJOSEPHFOUNDATION.ORG K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation 1989 M State of legal domicile: KY		
Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SAINT JOSEPH HOSPITAL FOUNDATION, INC. SOLICITS AND ADMINISTERS DONATIONS THAT BENEFIT THE CHARITABLE, SCIENTIFIC, AND EDUCATIONAL PROGRAMS OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
Expenses	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	75
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
8	Prior Year	Current Year	
	Contributions and grants (Part VIII, line 1b)	1,114,249	1,228,525
9	0	0	
10	-100,123	-164,760	
11	-30,811	-41,842	
12	983,515	1,021,823	
13	798,888	825,885	
14	0	0	
15	0	272,276	
16a	0	0	
b	318,208	318,208	
17	430,141	700,484	
18	1,228,827	1,788,425	
19	-245,312	-776,602	
20	Beginning of Current Year	End of Year	
21	8,148,240	6,054,795	
22	442,922	420,887	
	7,705,318	7,633,908	
Part II Signature Block			
<p>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.</p> <p>Sign Here  Date 5/14/15 Preparer's Name SHERRI CRAIG, INTERIM PRESIDENT Type or print name and title President Paid Preparer Use Only PAMELA KROHN Preparer's signature  Date 5-19-14 Check <input type="checkbox"/> if self-employed PTIN P01210500 Firm's name CATHOLIC HEALTH INITIATIVES Firm's EIN 47-0817373 Firm's address 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 Phone no. (303)299-9100 May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 1128Z Form 990 (2013) </p>			

SCANNED JUN 2015

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:
 THE MISSION OF THE CORPORATION IS TO NURTURE THE HEALING MINISTRY OF THE CHURCH, SUPPORTED BY EDUCATION AND RESEARCH. FIDELITY TO THE GOSPEL URGES THE CORPORATION TO EMPHASIZE HUMAN DIGNITY AND SOCIAL JUSTICE AS IT CREATES HEALTHIER COMMUNITIES. THE CORPORATION, SPONSORED BY A LAY-RELIGIOUS PARTNERSHIP, CALLS OTHER CATHOLIC SPONSORS AND SYSTEMS TO UNITE TO (CONTINUED ON SCHEDULE O)

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
 If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
 If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ _____ 1,347,241 including grants of \$ _____ 825,685) (Revenue \$ _____ 0)
 SEE SCHEDULE O

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

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

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

4e Total program service expenses ► 1,347,241

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	✓	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		✓
9	Did the organization report an amount in Part X, line 21, for escrow 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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		
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 IX		
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 separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI 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 a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
14 a	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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	✓	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	✓	
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	✓	
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 25a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	✓	
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		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		✓
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		✓
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		✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		✓
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		✓
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		✓
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		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
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		
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		
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		
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		✓

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

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 20
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.

1b 13

2 Enter the number of voting members included in line 1a, above, who are independent. **2**

3 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? **3**

4 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? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Did the organization have members or stockholders? **6**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? **8a**

b Each committee with authority to act on behalf of the governing body? **8b**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. **9**

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

10a Did the organization have local chapters, branches, or affiliates? **10a**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13. **12b**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. **13**

13 Did the organization have a written whistleblower policy? **14**

14 Did the organization have a written document retention and destruction policy? **15**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official **15a**

b Other officers or key employees of the organization **15b**

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). **16a**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

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

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

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response or note to any line in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated	Former			
(1) BARRY STUMBO PRESIDENT/CEO	5 55	✓		✓				0	151,656	21,293
(2) ALAN VANARSDALL CHAIR	1 0	✓		✓				0	0	0
(3) SUSAN DEAN TREASURER	1 0	✓		✓				0	0	0
(4) TONY OTTAIANO SECRETARY	1 0	✓		✓				0	0	0
(5) SHERRI CRAIG INTERIM CEO/CFO	5 55	✓		✓				0	178,816	17,295
(6) FLOYD BLAKE BOARD MEMBER/CHAPLAIN COORDINATOR SJHS	1 40	✓						0	62,887	5,498
(7) LAJAVA CHENAULT BOARD MEMBER/VP OF NURSING SJHS	1 40	✓						0	183,530	30,796
(8) LARRY COWGILL BOARD MEMBER	1 0	✓						0	0	0
(9) LESLIE FANNIN BOARD MEMBER	1 0	✓						0	0	0
(10) DERMOT HALPIN BOARD MEMBER/SURGEON	1 40	✓						0	956,553	35,628
(11) WILLIAM HENDERSON, III BOARD MEMBER	1 0	✓						0	0	0
(12) STEPHEN HILLEMEYER BOARD MEMBER	1 0	✓						0	0	0
(13) MARTHA JONES BOARD MEMBER	1 3	✓						0	0	0
(14) MIKE MARNHOUT BOARD MEMBER	1 0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual director or trustee	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) KATHERINE MCCARTY	1								
BOARD MEMBER	0	✓					0	0	0
(16) SUZANNE MORTON	1								
BOARD MEMBER/CARDIOLOGIST	40	✓					0	295,183	40,065
(17) JOHN SMITHHISLER	1								
BOARD MEMBER/PRESIDENT SJH	59	✓					0	708,808	78,703
(18) WILLIAM WITTMAN, M.D.	1								
BOARD MEMBER	0	✓					0	0	0
(19) GREG YEARY	1								
BOARD MEMBER	0	✓					0	0	0
(20) KIMBERLY STIGERS, M.D.	1								
BOARD MEMBER	0	✓					0	0	0
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total							0	2,537,433	229,277
c Total from continuation sheets to Part VII, Section A							0	0	0
d Total (add lines 1b and 1c)							0	2,537,433	229,277
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0									
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual									
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual									
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person									

	Yes	No
3		✓
4	✓	
5		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a	Federated campaigns . . .	1a			
1b	Membership dues . . .	1b			
1c	Fundraising events . . .	1c	118,750		
1d	Related organizations . . .	1d	127,550		
1e	Government grants (contributions)	1e			
1f	All other contributions, gifts, grants, and similar amounts not included above	1f	982,225		
g	Noncash contributions included in lines 1a-1f \$	g	337,963		
h	Total. Add lines 1a-1f . . . ►		1,228,525		
Program Service Revenue		Business Code			
2a			0		
b			0		
c			0		
d			0		
e			0		
f	All other program service revenue .		0	0	0
g	Total. Add lines 2a-2f . . . ►		0		
3 Investment income (including dividends, interest, and other similar amounts) . . . ►			91,081		91,081
4	Income from investment of tax-exempt bond proceeds ►		0		
5	Royalties ►		0		
6a	Gross rents . . .	(i) Real			
b	Less: rental expenses	(ii) Personal			
c	Rental income or (loss)	c	0	0	
d	Net rental income or (loss) ►			0	
7a	Gross amount from sales of assets other than inventory	(i) Securities			
b	Less: cost or other basis and sales expenses . . .	(ii) Other			
c	255,841				
d	-255,841		0		
7	Net gain or (loss) ►		-255,841		-255,841
8a Gross income from fundraising events (not including \$ 118,750 of contributions reported on line 1c). See Part IV, line 18 a			23,014		
b	Less: direct expenses b		64,856		
c	Net income or (loss) from fundraising events . ►		-41,842		-41,842
9a	Gross income from gaming activities. See Part IV, line 19 a				
b	Less: direct expenses b				
c	Net income or (loss) from gaming activities . . ►		0		
10a	Gross sales of inventory, less returns and allowances a				
b	Less: cost of goods sold b				
c	Net income or (loss) from sales of inventory . . ►		0		
Miscellaneous Revenue		Business Code			
11a			0		
b			0		
c			0		
d	All other revenue		0	0	0
e	Total. Add lines 11a-11d ►		0		0
12	Total revenue. See instructions. . . . ►		1,021,923	0	-206,602

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	768,566	768,566		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	57,119	57,119		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	268,178			268,178
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	4,098		212	3,886
10	Payroll taxes	0			
11	Fees for services (non-employees):				
a	Management	0			
b	Legal	2,201		2,201	
c	Accounting	9,200		9,200	
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	19,932		19,932	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	620,634	521,556	81,519	17,559
12	Advertising and promotion	0			
13	Office expenses	3,858		2,103	1,755
14	Information technology	0			
15	Royalties	0			
16	Occupancy	5,105		5,105	
17	Travel	11,803		5,579	6,224
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,196		1,196	
23	Insurance	0			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	DUES & SUBSCRIPTIONS	862		362	500
b	REPAIRS AND MAINTENANCE	539		539	
c	PUBLIC RELATIONS	21,604		3,498	18,106
d	ANNUITY ADJUSTMENT	3,530		3,530	
e	All other expenses	0	0	0	0
25	Total functional expenses. Add lines 1 through 24e	1,798,425	1,347,241	134,976	316,208
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1		
	2 Savings and temporary cash investments	2,511,656	2	716,380
	3 Pledges and grants receivable, net	1,890,846	3	1,559,192
	4 Accounts receivable, net	4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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 instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	7		
	8 Inventories for sale or use	8		
	9 Prepaid expenses and deferred charges	27,456	9	43,466
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,311		
	b Less: accumulated depreciation	10b 45,185	2,758	10c 2,126
	11 Investments—publicly traded securities	1,046,676	11	2,710,917
	12 Investments—other securities. See Part IV, line 11	2,668,848	12	3,022,714
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	14		
	15 Other assets. See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,148,240	16	8,054,795
Liabilities	17 Accounts payable and accrued expenses	42,604	17	73,663
	18 Grants payable	18		
	19 Deferred revenue	252,412	19	235,107
	20 Tax-exempt bond liabilities	20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	21		
	22 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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	23		
	24 Unsecured notes and loans payable to unrelated third parties	24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	147,906		112,117
	26 Total liabilities. Add lines 17 through 25	442,922	26	420,887
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	340,218	27	185,742
	28 Temporarily restricted net assets	6,688,541	28	6,771,607
	29 Permanently restricted net assets	676,559	29	676,559
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	30		
	31 Paid-in or capital surplus, or land, building, or equipment fund	31		
	32 Retained earnings, endowment, accumulated income, or other funds	32		
	33 Total net assets or fund balances	7,705,318	33	7,633,908
	34 Total liabilities and net assets/fund balances	8,148,240	34	8,054,795

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,021,923
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,798,425
3	Revenue less expenses. Subtract line 2 from line 1	3	-776,502
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,705,318
5	Net unrealized gains (losses) on investments	5	445,760
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	259,332
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,633,908

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

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

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis

2b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis

2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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

3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		✓
2b	✓	
2c	✓	
3a		✓
3b		

Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer identification number

61-1159649

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 - h Provide the following information about the supported organization(s).

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
SAINT JOSEPH HEALTH (A) SYSTEM, INC	61-1334601	3	✓		✓		✓		734,745
(B)									
(C)									
(D)									
(E)									
Total	1								734,745

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33$\frac{1}{3}$% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33$\frac{1}{3}$% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 $\frac{1}{3}$ % or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . .						
6 Total. Add lines 1 through 5 . . .						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer identification number

61-1159649

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i)	Revenues included in Form 990, Part VIII, line 1 ► \$
(ii)	Assets included in Form 990, Part X ► \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a	Revenues included in Form 990, Part VIII, line 1 ► \$
b	Assets included in Form 990, Part X ► \$

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

5/4/2015 10:06:48 AM

Cat No. 52283D

Schedule D (Form 990) 2013

23

2013 Return KY Lexington - St. Joseph Hospital Foundation, Inc. (61-1159649) - 611159649

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

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

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

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

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

Part IV Escrow and Custodial Arrangements.

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,498,058	3,303,826	2,918,493	2,556,017	4,172,353
b Contributions			389,058		
c Net investment earnings, gains, and losses	368,940	194,232	-3,725	362,476	490,019
d Grants or scholarships					
e Other expenditures for facilities and programs					2,106,355
f Administrative expenses					
g End of year balance	3,866,998	3,498,058	3,303,826	2,918,493	2,556,017

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

a Board designated or quasi-endowment ► 82.5 %
 b Permanent endowment ► 17.5 %
 c Temporarily restricted endowment ► 0 %

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

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

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

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

Yes	No
3a(i)	✓
3a(ii)	✓
3b	

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land					0
b Buildings					0
c Leasehold improvements		47,311	45,185		2,126
d Equipment					0
e Other					0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 2,126

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BENEFICIAL INTEREST IN OUTSIDE TRUSTS	3,022,714	END OF YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	3,022,714	

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO KENTUCKYONE HEALTH	84,164
(3) GIFT ANNUITY PAYABLE	27,953
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	112,117

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,727,015
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	445,760
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	374,648
e	Add lines 2a through 2d	2e	820,408
3	Subtract line 2e from line 1	3	906,607
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	115,316
c	Add lines 4a and 4b	4c	115,316
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,021,923

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,798,425
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	0
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	1,798,425
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,798,425

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE NEXT PAGE

Part XIII

Supplemental Information Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Return Reference	Identifier	Explanation				
SCHEDULE D, PART V, LINE 4	INTENDED USES OF ENDOWMENT FUNDS	<p>ENDOWMENT ASSETS INCLUDE THOSE ASSETS OF DONOR-RESTRICTED FUNDS THAT THE FOUNDATION MUST HOLD IN PERPETUITY AS WELL AS BOARD-DESIGNATED FUNDS. THE FOUNDATION HAS ADOPTED AN INVESTMENT POLICY FOR ITS ENDOWMENT ASSETS THAT ATTEMPTS TO GROW THE VALUE OF THE ENDOWMENT ASSETS. THE FOUNDATION'S BOARD APPOINTS A TREASURER WHO HAS THE RESPONSIBILITY OF MAKING RECOMMENDATIONS CONCERNING THE FOUNDATION'S INVESTMENT POLICIES</p> <p>THE FOUNDATION'S PRIMARY INVESTMENT OBJECTIVES ARE TO INCREASE THE PURCHASING POWER OF THE VARIOUS ASSETS WHILE PRESERVING THEIR PRINCIPAL VALUE. THESE OBJECTIVES ARE TO BE ACHIEVED IN CONCERT WITH THE CATHOLIC HEALTH INITIATIVE'S SOCIAL RESPONSIBILITY POLICY. TO ENSURE SUCH OBJECTIVES ARE ATTAINED, THE FOUNDATION HAS DETERMINED THAT THE PORTFOLIO COMPOSITION SHALL ADHERE TO THE GUIDELINES DESCRIBED BELOW DEPENDING ON FUND RESTRICTIONS</p> <p>UNRESTRICTED FUNDS. THESE FUNDS WILL BE PLACED IN AN INVESTMENT MIX PROVIDING THE HIGHEST TOTAL RETURN, WHICH MAY INCLUDE UP TO 70% EQUITIES. THE INVESTMENT GOALS ARE TO PRESERVE PRINCIPAL AND ACHIEVE LONG-TERM GROWTH</p> <p>RESTRICTED FUNDS. THESE FUNDS WILL BE PLACED IN AN INVESTMENT MIX TO PROMOTE AN ADEQUATE RETURN ON THE FUNDS WHILE THE PRINCIPAL IS MAINTAINED IN ORDER TO MEET CERTAIN INCOME NEEDS THAT MAY BE ASSOCIATED WITH THE FUNDS. THESE FUNDS MAY ALSO INCLUDE UP TO 70% EQUITIES</p> <p>THE FOUNDATION'S INVESTMENT OBJECTIVES REALIZE THAT PRUDENT INVESTMENT MANAGEMENT IS A DUTY AND PORTFOLIO PERFORMANCE SHALL BE MONITORED BY THE BOARD ON A REGULAR BASIS</p>				
SCHEDULE D, PART X, LINE 2	FIN 48 (ASC 740) FOOTNOTE	<p>SAINT JOSEPH HOSPITAL FOUNDATION, INC. IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS NO PROVISION FOR FEDERAL, STATE OR LOCAL INCOME TAXES. THE FOUNDATION RECOGNIZES UNCERTAIN TAX POSITIONS USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE FOUNDATION'S 2010-2013 TAX YEARS REMAIN OPEN AND SUBJECT TO EXAMINATION</p> <p>IN ADDITION, SAINT JOSEPH HOSPITAL FOUNDATION, INC.'S FINANCIAL INFORMATION IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION. CHI'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2014 READS AS FOLLOWS</p> <p>"CHI IS A TAX-EXEMPT COLORADO CORPORATION AND HAS BEEN GRANTED AN EXEMPTION FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CHI OWNS CERTAIN TAXABLE SUBSIDIARIES AND ENGAGES IN CERTAIN ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE AND THEREFORE SUBJECT TO INCOME TAX.</p> <p>MANAGEMENT REVIEWS ITS TAX POSITIONS ANNUALLY AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS."</p>				
SCHEDULE D, PART XI, LINE 2D	OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS</td> <td>374,648</td> </tr> </tbody> </table>	(a) Description	(b) Amount	CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS	374,648
(a) Description	(b) Amount					
CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS	374,648					
SCHEDULE D, PART XI, LINE 4B	OTHER REVENUES IN FORM 990 NOT IN AUDITED FINANCIAL STATEMENTS	<table border="1"> <thead> <tr> <th>(a) Description</th> <th>(b) Amount</th> </tr> </thead> <tbody> <tr> <td>TRANSFERS FROM AFFILIATES</td> <td>115,316</td> </tr> </tbody> </table>	(a) Description	(b) Amount	TRANSFERS FROM AFFILIATES	115,316
(a) Description	(b) Amount					
TRANSFERS FROM AFFILIATES	115,316					

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► **Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

Employer identification number

SAINT JOSEPH HOSPITAL FOUNDATION, INC.

61-1159649

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total				0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 GOLF (event type)	(b) Event #2 GALA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	72,378	69,386		141,764
	2 Less. Contributions	86,250	32,500		118,750
	3 Gross income (line 1 minus line 2)	-13,872	36,886	0	23,014
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs				0
	7 Food and beverages				0
	8 Entertainment				0
	9 Other direct expenses	30,880	33,976		64,856
	10 Direct expense summary. Add lines 4 through 9 in column (d)				64,856
	11 Net income summary. Subtract line 10 from line 3, column (d)				-41,842

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

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

9 Enter the state(s) in which the organization operates gaming activities:

a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

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

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

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

► **Attacks to Forum 000**

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the Organization

SAINT JOSEPH HOSPITAL FOUNDATION INC

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Government

Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BLUEGRASS BREAST IMAGING 15041 LAKEFOREST CT, LEXINGTON, KY 40502	04-3672671		16,621				MAMMO SCREENINGS
(2) FISHHOOK INTERNATIONAL PO BOX 910691, LEXINGTON, KY 40591	61-0620425	501(C)(3)	5,200				SUPPORT
(3) MENDED HEARTS PO BOX 23683, LEXINGTON, KY 40523	61-1072896	501(C)(3)	12,000				SUPPORT
(4) SAINT JOSEPH HEALTH SYSTEM, INC 424 LEMM HARGETT CIRCLE SUITE 160, LEXINGTON KY 40503	61-1334601	501(C)(3)	734,745				SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

Cat. No. 50055P

Schedule I (Form 990) (2013)

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

Cat. No 50055P

Schedule I (Form 990) (2013)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PATIENT FINANCIAL ASSISTANCE	16	19,627	0	N/A	N/A
2 EMPLOYEE FINANCIAL ASSISTANCE	30	37,492	0	N/A	N/A
3					
4					
5					
6					
7					

SEE NEXT PAGE

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Part IV

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

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

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer identification number

61-1159649

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

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

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b		

2		

4a	✓	
4b	✓	
4c		✓

5a		✓
5b		✓

6a		✓
6b		✓

7		

8		

9		

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

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

Note. The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
BARRY STUMBO, PRESIDENT/CEO	(i) 0	(ii) 148,983	(iii) 0	0	0	0	0
1 SHERRI CRAIG, INTERIM CEO/CFO	(i) 0	(ii) 0	(iii) 0	2,673	13,805	7,488	172,949
2 DAYA CREDANT, BOARD MEMBER/VP OF NURSING SJHS	(i) 175,976	(ii) 0	(iii) 0	2,840	0	0	17,295
3 DERMO HALPIN, BOARD MEMBER/SURGEON	(i) 0	(ii) 113,197	(iii) 0	0	0	0	196,111
4 SUZANNE MORTON, BOARD MEMBER/CARDIOLOGIST	(i) 861,199	(ii) 94,094	(iii) 0	1,260	20,562	14,676	992,181
5 JOHN SMITH/STER, BOARD MEMBER/PRESIDENT SJH	(i) 0	(ii) 293,800	(iii) 722	661	20,962	19,113	335,248
6	(i) 567,762	(ii) 93,980	(iii) 47,066	0	0	0	0
7	(i) 0	(ii) 0	(iii) 0	0	0	0	0
8	(i) 0	(ii) 0	(iii) 0	0	0	0	0
9	(i) 0	(ii) 0	(iii) 0	0	0	0	0
10	(i) 0	(ii) 0	(iii) 0	0	0	0	0
11	(i) 0	(ii) 0	(iii) 0	0	0	0	0
12	(i) 0	(ii) 0	(iii) 0	0	0	0	0
13	(i) 0	(ii) 0	(iii) 0	0	0	0	0
14	(i) 0	(ii) 0	(iii) 0	0	0	0	0
15	(i) 0	(ii) 0	(iii) 0	0	0	0	0
16	(i) 0	(ii) 0	(iii) 0	0	0	0	0

Schedule J (Form 990) 2013

Part III

Supplemental Information Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Return Reference	Identifier	Explanation
SCHEDULE J, PART I, LINE 3	ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	<p>COMPENSATION FOR THE PRESIDENT OF SAINT JOSEPH HOSPITAL FOUNDATION, INC WAS ESTABLISHED AND PAID BY SAINT JOSEPH HEALTH SYSTEM, INC (SJHS), A RELATED ORGANIZATION SJHS USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION</p> <p>1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) WRITTEN EMPLOYMENT CONTRACTS, 4) COMPENSATION SURVEY OR STUDY, AND 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE</p>
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF- CONTROL PAYMENT	<p>POST-TERMINATION PAYMENTS ARE ADDRESSED IN EXECUTIVE EMPLOYMENT AGREEMENTS FOR CATHOLIC HEALTH INITIATIVES (CHI) AND RELATED ORGANIZATIONS' EMPLOYEES AT THE LEVEL OF VICE PRESIDENT AND ABOVE, INCLUDING THE MBO CEOS. THESE EMPLOYMENT AGREEMENTS REQUIRE THAT IN ORDER FOR THE EXECUTIVE TO RECEIVE POST-TERMINATION PAYMENTS, THESE INDIVIDUALS MUST EXECUTE A GENERAL RELEASE AND SETTLEMENT AGREEMENT. POST-TERMINATION PAYMENT ARRANGEMENTS ARE PERIODICALLY REVIEWED FOR OVERALL REASONABLENESS IN LIGHT OF THE EXECUTIVE'S OVERALL COMPENSATION PACKAGE</p> <p>THE FOLLOWING REPORTABLE INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM CATHOLIC HEALTH INITIATIVES (A RELATED ORGANIZATION) DURING THE 2013 CALENDAR YEAR, AND THESE SEVERANCE PAYMENTS WERE INCLUDED IN THE INDIVIDUAL'S W-2 INCOME AND REPORTABLE COMPENSATION ON SCHEDULE J</p> <p>LAJAVA CHENAULT - \$42,934</p>
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>DURING THE 2013 CALENDAR YEAR CATHOLIC HEALTH INITIATIVES (CHI), A RELATED ORGANIZATION, MAINTAINED A SUPPLEMENTAL NON-QUALIFIED DEFERRED COMPENSATION PLAN FOR MBO CEOS AND OTHER CHI EMPLOYEES AT THE LEVEL OF SENIOR VICE PRESIDENT AND ABOVE. THE FOLLOWING REPORTABLE INDIVIDUALS WERE ELIGIBLE TO PARTICIPATE IN THAT PLAN</p> <p>JOHN SMITHHISLER</p> <p>DURING 2013 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN</p> <p>JOHN SMITHHISLER - \$51,262</p>

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2013

Open To Public
Inspection

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

► Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer identification number

61-1159649

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		4,064	REPLACEMENT COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (SAMSUNG GALAXY NOTES AND SAMSUNG LG25 WITH SERVICE)	✓	200	333,899	COST
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a	Yes	No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	Yes	No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	Yes	No

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2013

Open to Public
 Inspection

Name of the Organization
SAINT JOSEPH HOSPITAL FOUNDATION, INC

Employer Identification Number
61-1159649

Return Reference	Identifier	Explanation
FORM 990, PART III, LINE 1	ORGANIZATION'S MISSION	<p>(CONTINUED FROM FORM 990, PART III, LINE 1)</p> <p>ENSURE THE FUTURE OF CATHOLIC HEALTH CARE TO FULFILL THIS MISSION, THE CORPORATION, AS A VALUES-BASED ORGANIZATION, WILL ASSURE THE INTEGRITY OF THE MINISTRY IN BOTH CURRENT AND DEVELOPING ORGANIZATIONS AND ACTIVITIES, RESEARCH AND DEVELOP NEW MINISTRIES THAT INTEGRATE HEALTH, EDUCATION, PASTORAL, AND SOCIAL SERVICES, PROMOTE LEADERSHIP DEVELOPMENT AND FORMATION FOR MINISTRY THROUGHOUT THE ENTIRE ORGANIZATION, ADVOCATE FOR SYSTEMIC CHANGES WITH SPECIFIC CONCERN FOR PERSONS WHO ARE POOR, ALIENATED, AND UNDERSERVED, AND STEWARD RESOURCES BY GENERAL OVERSIGHT OF THE ENTIRE ORGANIZATION</p>
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	<p>SAINT JOSEPH HOSPITAL FOUNDATION WAS INCORPORATED AS A 501(C)(3), TAX-EXEMPT, CHARITABLE FOUNDATION IN 1989 TO RAISE AND ADMINISTER FUNDS IN SUPPORT OF THE CORE VALUES AND STRATEGIC PLAN OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. SAINT JOSEPH HOSPITAL FOUNDATION IS GOVERNED BY A BOARD OF DIRECTORS WHICH IS COMPRISED OF INDIVIDUALS WITHIN THE COMMUNITY AND ONE BOARD MEMBER FROM THE PARENT ORGANIZATION, SAINT JOSEPH HEALTH SYSTEM. SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES SUPPORT FOR SEVERAL OUTREACH PROGRAMS AND SERVICES INCLUDING THE APPALACHIAN OUTREACH PROGRAM, EMPLOYEE ASSISTANCE FUND, NURSING AND ALLIED HEALTH SCHOLARSHIPS, PATIENT AND FAMILY ASSISTANCE FUND, THE SAINT JOSEPH FREE HEALTH CLINIC AND THE EASTERN KENTUCKY MOBILE. IN LATE 2007, THE SAINT JOSEPH HOSPITAL FOUNDATION BEGAN PROVIDING MANAGEMENT AND ADMINISTRATIVE SUPPORT FOR SAINT JOSEPH MOUNT STERLING FOUNDATION AND SAINT JOSEPH BREA HOSPITAL FOUNDATION. IN 2009, SAINT JOSEPH HOSPITAL FOUNDATION ALSO BEGAN ASSISTING SAINT JOSEPH LONDON FOUNDATION AND FLAGET MEMORIAL HOSPITAL FOUNDATION IN CREATING A STRATEGIC PLAN AND ORGANIZATION</p> <p>SAINT JOSEPH HOSPITAL FOUNDATION'S CURRENT 4-MEMBER STAFF AND 19-MEMBER BOARD OF DIRECTORS RAISE FUNDS THROUGH SPECIAL EVENTS, ANNUAL GIVING, MAJOR GIFTS, PLANNED GIVING, CORPORATE/FOUNDATION GRANTS TO HELP FUND THE PROGRAMS AND OUTREACH SERVICES OF SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST AND SAINT JOSEPH JESSAMINE. IN FY 2014, THE SAINT JOSEPH HOSPITAL FOUNDATION RAISED OVER \$1 07 MILLION FOR THE SAME TIME FRAME, THE FOUNDATION PROVIDED OVER \$1 18 MILLION IN PROGRAM SUPPORT</p>
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE SHALL CONSIST OF ONLY DIRECTORS OF THE CORPORATION AND SHALL BE COMPOSED OF THE CHAIRPERSON OF THE BOARD, THE VICE CHAIRPERSON OF THE BOARD, THE TREASURER OF THE BOARD, THE SECRETARY OF THE BOARD, AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER, WHO SHALL SERVE AS EX OFFICIO VOTING MEMBERS OF THE EXECUTIVE COMMITTEE. EACH INDIVIDUAL APPOINTED TO THE EXECUTIVE COMMITTEE SHALL SERVE FOR A TERM OF ONE YEAR OR UNTIL HIS OR HER SUCCESSOR IS DULY APPOINTED BY THE BOARD OF DIRECTORS. ANY VACANCY OF AN APPOINTED EXECUTIVE COMMITTEE MEMBERSHIP MAY BE FILLED FOR THE UNEXPIRED PORTION OF THE TERM IN THE MANNER THAT THE ORIGINAL COMMITTEE MEMBER WAS APPOINTED, EXCEPT AS PROVIDED BY LAW. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE SUCH POWERS AS MAY BE DELEGATED TO IT BY THE BOARD OF DIRECTORS. ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE PROMPTLY REPORTED TO THE BOARD OF DIRECTORS AT THE NEXT REGULAR OR ANNUAL MEETING OF THE BOARD OF DIRECTORS. THE EXECUTIVE COMMITTEE SHALL MEET AT SUCH TIMES AS SHALL BE DETERMINED BY THE CHAIRPERSON. THE EXECUTIVE COMMITTEE SHALL KEEP REGULAR MINUTES OF ITS PROCEEDINGS AND REPORT THE SAME TO THE BOARD OF DIRECTORS AT EACH REGULAR MEETING OF THE BOARD.</p>
FORM 990, PART VI, SEC A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	<p>ACCORDING TO THE BYLAWS OF ST. JOSEPH HOSPITAL FOUNDATION, INC., THE ENTITY'S SOLE MEMBER IS SAINT JOSEPH HEALTH SYSTEM, INC., A KENTUCKY NONPROFIT CORPORATION</p>
FORM 990, PART VI, SEC A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	<p>PURSUANT TO SECTION 6.4 OF THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. PRIOR TO EACH ANNUAL MEETING OF THE CORPORATE MEMBER, OR SUCH OTHER MEETING CALLED FOR THE PURPOSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE NOMINATING COMMITTEE SHALL SELECT AND SUBMIT TO THE BOARD OF DIRECTORS A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. THE BOARD OF DIRECTORS SHALL REVIEW THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ON THE RECOMMENDED SLATE AND SHALL VOTE TO ACCEPT OR REFUSE EACH NOMINEE. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL THEN BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH THE ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE. NOTWITHSTANDING ANYTHING IN THESE BYLAWS TO THE CONTRARY, THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION IN ACCORDANCE</p>

Return Reference	Identifier	Explanation
		WITH THIS SECTION
FORM 990, PART VI, SEC A, LINE 7B	DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	<p>PURSUANT TO SECTION 5.4 OF THE ORGANIZATION'S BYLAWS, BOTH SAINT JOSEPH HEALTH SYSTEM, INC ("SJHS"), KENTUCKYONE HEALTH, INC (SJHS' SOLE CORPORATE MEMBER), AND CATHOLIC HEALTH INITIATIVES ("CHI") (KENTUCKYONE HEALTH, INC'S CONTROLLING CORPORATE MEMBER) HAVE RESERVED POWERS AS OUTLINED IN THE CHI GOVERNANCE MATRIX</p> <p>PURSUANT TO THE GOVERNANCE MATRIX, THE FOLLOWING RIGHTS ARE HELD BY THE SJHS BOARD</p> <ul style="list-style-type: none"> • APPROVE MEMBERS OF THE SJHF BOARD • AMENDMENT OF THE CORPORATE DOCUMENTS OF SJHF • APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF • ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJHF <p>THE FOLLOWING RIGHTS ARE RESERVED TO THE CHI BOARD DIRECTLY OR THROUGH POWERS DELEGATED TO THE CHI CHIEF EXECUTIVE OFFICER</p> <ul style="list-style-type: none"> • SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJHF • REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF • APPROVAL OF ISSUANCE OF DEBT BY SJHF • APPROVAL OF PARTICIPATION OF SJHF IN A JOINT VENTURE • APPROVAL OF FORMATION OF A NEW CORPORATION BY SJHF • APPROVAL OF A MERGER INVOLVING SJHF • APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJHF • TO REQUIRE THE TRANSFER OF ASSETS BY SJHF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS <p>IN ADDITION, PURSUANT TO SECTION 5.5.2 OF THE ORGANIZATION'S BYLAWS, SJHS, KENTUCKYONE HEALTH, INC, OR CHI MAY, IN EXERCISE OF ITS APPROVAL POWERS, GRANT OR WITHHOLD APPROVAL IN WHOLE OR IN PART, OR MAY, IN ITS COMPLETE DISCRETION, AFTER CONSULTATION WITH THE BOARD AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER OF THE ORGANIZATION, RECOMMEND SUCH OTHER OR DIFFERENT ACTIONS AS IT DEEMS APPROPRIATE</p>
FORM 990, PART VI, SEC B, LINE 11B	REVIEW OF FORM 990 BY GOVERNING BODY	ONCE THE RETURN IS PREPARED, THE RETURN IS REVIEWED BY THE PRESIDENT/CEO AND AN ELECTRONIC COPY IS PROVIDED TO EACH MEMBER OF THE BOARD. AFTER THE RETURN IS REVIEWED BY THE PRESIDENT/CEO, THE TAX DEPARTMENT FILES THE RETURN WITH THE APPROPRIATE FEDERAL AND STATE AGENCIES, MAKING ANY NONSUBSTANTIVE CHANGES NECESSARY THAT EFFECT E-FILING ANY SUCH CHANGES ARE NOT RESUBMITTED TO THE BOARD. SUBSEQUENT TO THE RETURN BEING FILED, THE PRESIDENT/CEO PRESENTS THE RETURN AT A SAINT JOSEPH HOSPITAL FOUNDATION BOARD MEETING
FORM 990, PART VI, SEC B, LINE 12C	CONFLICT OF INTEREST POLICY	THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS, OFFICERS, AND AFFILIATES OF THE CORPORATION. A CONFLICT EXISTS WHEN THE ACTION OF AN INDIVIDUAL, ON BEHALF OF THE CORPORATION, INVOLVES OBTAINING A DIRECT OR INDIRECT PERSONAL GAIN OR CREATING AN ADVERSE OR POTENTIALLY ADVERSE EFFECT ON THE CORPORATION'S INTERESTS. EACH DIRECTOR MUST REPORT TO THE BOARD CHAIR SITUATIONS THAT MAY CREATE A CONFLICT OF INTEREST WHEN HE OR SHE BECOMES AWARE OF SUCH SITUATIONS. IN THE CASE OF AN OFFICER, DISCLOSURE MUST BE MADE TO THE CORPORATION'S CEO WHO WILL REPORT SUCH DISCLOSURE TO THE BOARD CHAIR. A WRITTEN RECORD OF THE DISCLOSURE WILL BE MADE. IN ADDITION TO THE ONGOING DISCLOSURE OBLIGATION, THE CORPORATION'S CHIEF EXECUTIVE OFFICER SHALL ANNUALLY SEND TO ALL DIRECTORS AND OFFICERS A COPY OF THIS POLICY AND THE CONFLICT OF INTEREST DISCLOSURE STATEMENT. THE STATEMENTS MUST BE COMPLETED, SIGNED, AND REVIEWED BY THE CHIEF EXECUTIVE OFFICER AND BOARD CHAIR.
FORM 990, PART VI, LINE 14	DOCUMENT RETENTION AND DESTRUCTION POLICY	THE DOCUMENT RETENTION AND DESTRUCTION POLICY IS MORE OF AN OPERATIONAL POLICY. THESE TYPES OF POLICIES USUALLY DO NOT GO TO THE BOARD OF DIRECTORS (BOD). THIS HAS NOT BEEN APPROVED BY THE BOD.
FORM 990, PART VI, LINE 15A	PROCESS USED TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	SAINT JOSEPH HOSPITAL FOUNDATION'S PRESIDENT AND CEO IS COMPENSATED BY SAINT JOSEPH HEALTH SYSTEM, INC (SJHS), A RELATED NON-PROFIT ORGANIZATION. SJHS'S EXECUTIVE LEADERSHIP COMPENSATION IS REVIEWED BY THE EXECUTIVE COMMITTEE TO THE BOARD. AN OUTSIDE CONSULTANT PROVIDED COMPARATIVE DATA BASED ON BASE COMPENSATION, TOTAL COMPENSATION, AND EXECUTIVE BENEFITS.
FORM 990, PART VI, LINE 15B	PROCESS USED TO ESTABLISH COMPENSATION OF OTHER OFFICERS/KEY EMPLOYEES	DURING THE TAX YEAR ENDED 6/30/14, NO OFFICERS, DIRECTORS OR TRUSTEES RECEIVED COMPENSATION FROM THE ORGANIZATION. ANY EXECUTIVE COMPENSATION PAID TO OFFICERS, DIRECTORS OR TRUSTEES BY RELATED ORGANIZATIONS WAS SET BY THE RELATED ORGANIZATION'S COMPENSATION COMMITTEE UTILIZING BOTH AN INDEPENDENT CONSULTANT AND COMPARABILITY STUDIES TO DETERMINE COMPENSATION. THEREFORE, THESE QUESTIONS ARE MORE APPROPRIATELY ANSWERED AS N/A.
FORM 990, PART VI, SEC C, LINE 19	REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE INCLUDED IN CATHOLIC HEALTH INITIATIVES' CONSOLIDATED AUDITED FINANCIAL STATEMENTS THAT ARE AVAILABLE AT WWW.CATHOLICHEALTHINITIATIVES.ORG OR AT WWW.DACBOND.ORG. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT. IN ADDITION, THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE.
FORM 990, PART VIII, LINE 8A	SPECIAL EVENTS AND ACTIVITIES	SAINST JOSEPH HOSPITAL FOUNDATION HOSTS AN ANNUAL STARS EVENT AND GOLF TOURNAMENT. PROCEEDS FROM THESE EVENTS WILL GO TOWARDS SUPPORTING SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE.

Return Reference	Identifier	Explanation				
		TOTAL INCOME EARNED FROM THESE EVENTS DURING THE CURRENT YEAR WAS \$76,908 COMPUTED AS FOLLOWS GROSS RECEIPTS \$141,764 (INCLUDES CONTRIBUTIONS OF \$118,750) DIRECT EXPENSES \$64,856 TOTAL NET INCOME \$76,908				
FORM 990, PART IX, LINE 11G	OTHER EXPENSES	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses
		PROGRAM SUPPORT FEES	620,634	521,556	81,519	17,559
FORM 990 , PART XI, LINE 9	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount			
		CHANGE IN BENEFICIAL INTEREST IN OUTSIDE TRUSTS				374,648
		TRANSFERS FROM AFFILIATES				- 115,316

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
SAINT JOSEPH HOSPITAL FOUNDATION, INC.

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

► See separate instructions.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Employer identification number

61-1159649

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) ALEGENT CREIGHTON CLINIC (47-0765154)	12809 W DODGE RD, OMAHA, NE 68154	HEALTHCARE	NE	501(C)(3)	3 ACH	✓	
(2) ALEGENT CREIGHTON HEALTH (47-0757164)	12809 W DODGE RD, OMAHA, NE 68154	HEALTHCARE	NE	501(C)(3)	3 CHI NEBRASKA	✓	
(3) ALEGENT CREIGHTON HEALTH FOUNDATION (47-0648586)	12809 W DODGE RD, OMAHA, NE 68154	FUNDRAISING	NE	501(C)(3)	7 ACH	✓	
(4) ALEGENT HEALTH - BERGAN MERCY HEALTH SYSTEM (47-0484764)	7500 MERCY RD, OMAHA, NE 68124	HEALTHCARE	NE	501(C)(3)	3 CHI NEBRASKA	✓	
(5) ALEGENT HEALTH - COMMUNITY MEMORIAL HOSPITAL OF MISSOURI VALLEY, IA (42-077666)	631 N 8TH ST, MISSOURI VALLEY, IA 51555	HEALTHCARE	IA	501(C)(3)	3 CHI NEBRASKA	✓	
(6) ALEGENT HEALTH - IMMANUEL MEDICAL CENTER (47-0376615)	6901 N 72ND ST, OMAHA, NE 68122	HEALTHCARE	NE	501(C)(3)	3 CHI NEBRASKA	✓	
(7) ALEGENT HEALTH - MEMORIAL HOSPITAL SCHUYLER (47-0399853)	104 W 17TH ST, SCHUYLER, NE 68661	HEALTHCARE	NE	501(C)(3)	3 CHI NEBRASKA	✓	

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

Cat No. 50135Y

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part V, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) See Statement										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes	No
(1) ALLEGENT HEALTHCARE/ST. JOSEPH MANAGED CARE SERVICES INC (47-0802396) 12809 WEST DODGE RD, OMAHA, NE 68154	MANAGED CARE	NE	CHI NEBRASKA	C CORPORATION	5,312,313	4,520,865	100	✓		
(2) ALL SAINTS INSURANCE COMPANY SPC, LTD PO BOX 1073, APO, GEORGETOWN, GRAND CAYMAN KY1-1001,	INSURANCE	CJ	CHI	C CORPORATION	0	43,866,961	100	✓		
(3) ALTERNATIVE INSURANCE MANAGEMENT SERVICE (64-1112049) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018	MANAGEMENT SERVICES	CO	CHI	C CORPORATION	0	6,272,746	100	✓		
(4) AMERICAN NURSING CARE, INC (31-1085414) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	CHS	C CORPORATION	5,118,606	51,920,207	100	✓		
(5) AMERIMED, INC (31-1158699) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	2,134,392	14,669,219	100	✓		
(6) BC HOLDING COMPANY, INC (31-1542851) 1850 BLUEGRASS AVE, LOUISVILLE, KY 40215	FITNESS CLUB	KY	JHSMH	C CORPORATION	0	0	100	✓		
(7) CADUCEUS MEDICAL ASSOCIATES, INC (52-1570736) 2525 DE SALES AVE, CHATTANOOGA, TN 37404	HEALTHCARE	TN	MHCS	C CORPORATION	0	1,008	100	✓		

Schedule R (Form 990) 2013

Part V Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓
- 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V – UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
										Yes	No
(1)
(2)
(3)
(4)
(5)
(6)
(7)
(8)
(9)
(10)
(11)
(12)
(13)
(14)
(15)
(16)

Schedule R (Form 990) 2013

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(8) ALEGENT HEALTH - MERCY HOSPITAL, CORNING, IOWA (42-0782518) PO BOX 368, CORNING, IA 50841	HEALTHCARE	IA	501(C)(3)	3	CHI NEBRASKA	✓
(9) ALVERNA APARTMENTS (41-1351177) 300 SE 8TH AVE, LITTLE FALLS, MN 56345	LTERM CARE	MN	501(C)(3)	9	CHI	✓
(10) APPLETREE COURT (41-1850500) 601 OAK ST, BRECKENRIDGE, MN 56520	SENIOR LIVING	MN	501(C)(3)	9	SFH	✓
(11) BISHOP DRUMM RETIREMENT CENTER (42-0725196) 1111 6TH AVE, DES MOINES, IA 50314	LTERM CARE	IA	501(C)(3)	9	CHI-IA CORP	✓
(12) BORNEMANN HEALTHCARE CORPORATION (23-2187242) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	HEALTHCARE	PA	501(C)(3)	11 - TYPE I	CHI	✓
(13) CARRINGTON HEALTH CENTER (45-0227311) 800 N 4TH ST, CARRINGTON, ND 58421	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(14) CATHOLIC HEALTH INITIATIVES (47-0617373) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	N/A	✓
(15) CATHOLIC HEALTH INITIATIVES - COLORADO (84-0405257) 188 INVERNESS DRIVE WEST, STE 500, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHI	✓
(16) CATHOLIC HEALTH INITIATIVES - IOWA CORP (42-0680448) 1111 6TH AVE, DES MOINES, IA 50314	HEALTHCARE	IA	501(C)(3)	3	CHI	✓
(17) CATHOLIC HEALTH INITIATIVES COLORADO FOUNDATION (84-0902211) 6385 CORPORATE DR, STE 301, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	7	CHIC	✓
(18) CATHOLIC HEALTH INITIATIVES NATIONAL FOUNDATION (27-093004) 6385 CORPORATE DR, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	11 - TYPE I	CHI	✓
(19) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES (46-1992796) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHINS	✓
(20) CENTENNIAL MEDICAL GROUP, INC. (26-3946191) 2700 STEWART PKWY, ROSEBURG, OR 97471	PHYSICIANS	OR	501(C)(3)	9	MMC	✓
(21) CENTRAL KANSAS MEDICAL CENTER (48-0543724) 3515 BROADWAY, GREAT BEND, KS 67530	SURGERY CENTER	KS	501(C)(3)	3	CHI	✓
(22) CHI HEALTH CONNECT AT HOME - FARGO (27-1966847) 4816 AMBER VALLEY PKWY S, FARGO, ND 58104	HEALTHCARE	MN	501(C)(3)	9	CHI	✓
(23) CHI INSTITUTE FOR RESEARCH AND INNOVATION (27-1050565) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓
(24) CHI KENTUCKY, INC (20-2741651) 3900 OLYMPIC BLVD, STE 400, ERLANGER, KY 41018	HEALTHCARE	KY	501(C)(3)	11 - TYPE I	CHI	✓
(25) CHI NATIONAL HOME CARE (45-1261716) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	9	CHI NS	✓
(26) CHI NATIONAL SERVICES (45-2532084) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	11 - TYPE I	CHI	✓
(27) CHI NEBRASKA (36-3233121) 6940 O ST, STE 200, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	11 - TYPE III - F1	CHI	✓
(28) CHI ST. LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER (74-1161938) 6624 FANNIN ST, HOUSTON, TX 77030	HEALTHCARE	TX	501(C)(3)	3	SLHS	✓
(29) CHI ST. VINCENT HOSPITAL HOT SPRINGS (71-0236913) 300 WERNER ST, HOT SPRINGS, AR 71913	HEALTHCARE	AR	501(C)(3)	3	CHISVHS	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(30) CHI ST VINCENT HOT SPRINGS (26-1125064) 300 WERNER ST, HOT SPRINGS, AR 71913	HOLDING CO AR	501(C)(3)	11 - TYPE II	SVIMC	✓	
(31) CHI ST VINCENT MEDICAL GROUP HOT SPRINGS (26-1125131) 1 MERCY LANE, STE 201, HOT SPRINGS, AR 71913	HEALTHCARE AR	501(C)(3)	3	CHISVHS	✓	
(32) COMMUNITY LIMITED CARE DIALYSIS CENTER (23-7419853) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	HOLDING CO OH	501(C)(2)	GSH	✓		
(33) COMMUNITY MEMORIAL HOSPITAL MEDICAL SERVICE FOUNDATION (42-1294399) 631 N 8TH ST, MISSOURI VALLEY, IA 51555	FUNDRAISING IA	501(C)(3)	11 - TYPE I	AH-CMHMV	✓	
(34) CONTINUING CARE HOSPITAL (61-1400619) 150 NORTH EAGLE CREEK DR, LEXINGTON, KY 40509	LT ACH	KY	501(C)(3)	3	SJHS	✓
(35) COVENANT HOME CARE (23-2028429) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HOME HEALTH PA	501(C)(3)	11 - TYPE II	CHI NHC	✓	
(36) ENUMCLAW REGIONAL HOSPITAL ASSOCIATION (91-0715805) 1450 BATTERSBY AVE, ENUMCLAW, WA 98022	HEALTHCARE WA	501(C)(3)	3	FHS	✓	
(37) FLAGET HEALTHCARE, INC. (61-1345363) 4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004	HEALTHCARE KY	501(C)(3)	3	KOH	✓	
(38) FLAGET MEMORIAL HOSPITAL FOUNDATION, INC (56-2351341) 4305 NEW SHEPHERDSVILLE RD, BARDSTOWN, KY 40004	FUNDRAISING KY	501(C)(3)	11 - TYPE I	FH	✓	
(39) FRANCISCAN FOUNDATION (91-1145592) 1717 SOUTH J ST, TACOMA, WA 98405	FUNDRAISING WA	501(C)(3)	9	FHS	✓	
(40) FRANCISCAN HEALTH SYSTEM (91-0564491) 1717 SOUTH J ST, TACOMA, WA 98405	HEALTHCARE WA	501(C)(3)	3	CHI	✓	
(41) FRANCISCAN HEALTH VENTURES FKA SIMGROUP (43-1882377) TACOMA FNC CTR BLDG, 1145 BROADWAY, TACOMA, WA 98402	PHYSICIANS MO	501(C)(3)	9	CHI	✓	
(42) FRANCISCAN MEDICAL GROUP (91-1939739) 1313 BROADWAY, STE 200, TACOMA, WA 98402	HEALTHCARE WA	501(C)(3)	9	FHS	✓	
(43) FRANCISCAN VILLA OF SOUTH MILWAUKEE, INC (39-1093829) 3601 S CHICAGO AVE, SOUTH MILWAUKEE, WI 53172	HEALTHCARE WI	501(C)(3)	9	CHI	✓	
(44) GLOBAL HEALTH INITIATIVES (20-1526108) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	MINISTRIES CO	501(C)(3)	11 - TYPE I	CHI	✓	
(45) GOOD SAMARITAN COLLEGE OF NURSING & HEALTH SCIENCE (31-1778403)	EDUCATION EDUCATION OH	501(C)(3)	2	GSH	✓	
(46) GOOD SAMARITAN FOUNDATION OF CINCINNATI INC. (31-1206047)	FUNDRAISING OH	501(C)(3)	11 - TYPE I	GSH	✓	
(47) GOOD SAMARITAN HOSPITAL (47-0379755) PO BOX 1990, KEARNEY, NE 68848	HEALTHCARE NE	501(C)(3)	3	CHI NEBRASKA	✓	
(48) GOOD SAMARITAN HOSPITAL FOUNDATION (47-0659443) 111 W 31ST ST, KEARNEY, NE 68847	FUNDRAISING NE	501(C)(3)	7	GSH	✓	
(49) GOOD SAMARITAN HOSPITAL FOUNDATION - DAYTON (23-7296923) 110 N MAIN ST, STE 500, DAYTON, OH 45402	FUNDRAISING OH	501(C)(3)	7	SHP	✓	
(50) HARRISON MEDICAL CENTER (91-0565546) 2520 CHERRY AVE, BREMERTON, WA 98310	HEALTHCARE WA	501(C)(3)	3	FHS	✓	
(51) HARRISON MEDICAL CENTER FOUNDATION (91-1197626) 2520 CHERRY AVE, BREMERTON, WA 98310	FUNDRAISING WA	501(C)(3)	7	HMC	✓	
(52) HEALTH S.E.T. (84-1102943) 2420 W 26TH AVE, STE 460D, DENVER, CO 80211	LOW INC CARE CO	501(C)(3)	7	CHIC	✓	
(53) HEALTHCARE AND WELLNESS FOUNDATION (76-0761782) 2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520	FUNDRAISING MN	501(C)(3)	11 - TYPE I	SFMC	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(54) HIGHLINE MEDICAL CENTER (91-0712166) 16231 SYLVESTER RD SW, BURien, WA 98166	HEALTHCARE	WA	501(C)(3)	3	FHS		✓
(55) HOUSE OF MERCY (42-1323808) 1111 6TH AVE, DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP		✓
(56) JEWHISH HOSPITAL AND ST MARY'S HEALTHCARE, INC (61-1029768) 539 S 4TH ST, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	3	KOH		✓
(57) KENTUCKYONE HEALTH MEDICAL GROUP, INC. (61-1352729) 539 S 4TH ST, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	JHSMH		✓
(58) KENTUCKYONE HEALTH INC. (61-1029769) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	CHI		✓
(59) LAKEWOOD HEALTH CENTER (41-0758434) 600 MAIN AVE S, BAUDETTE, MN 56623	HEALTHCARE	MN	501(C)(3)	3	CHI		✓
(60) LINUS OAKES, INC (93-0821381) 2700 STEWART PKWY, ROSEBURG, OR 97471	SENIOR LIVING	OR	501(C)(3)	9	MMC		✓
(61) LISBON AREA HEALTH SERVICES (82-0558836) 905 MAIN ST, LISBON, ND 58054	HEALTHCARE	ND	501(C)(3)	3	CHI		✓
(62) LUFKIN VISION ACQUISITIONS (82-0563768) PO BOX 1447, LUFKIN, TX 75901	PROPERTY MGMT	TX	501(C)(3)	11 - TYPE III - FI	MHSET		✓
(63) MEMORIAL HEALTH CARE SYSTEM FOUNDATION, INC. (62-1839548) 2525 DE SALES AVE, CHATTANOOGA, TN 37404	FUNDRAISING	TN	501(C)(3)	7	MHCS		✓
(64) MEMORIAL HEALTH CARE SYSTEM, INC (62-0532345) 2525 DE SALES AVE, CHATTANOOGA, TN 37404	HEALTHCARE	TN	501(C)(3)	3	CHI		✓
(65) MEMORIAL PARTNERS FOUNDATION INC. (03-0417049) 5600 BRAINERD RD, STE 500, CHATTANOOGA, TN 37411	HEALTHCARE	TN	501(C)(3)	9	MHCS		✓
(66) MEMORIAL HEALTH SYSTEM OF EAST TEXAS (75-0755367) PO BOX 1447, LUFKIN, TX 75902	HEALTHCARE	TX	501(C)(3)	3	CHI		✓
(67) MEMORIAL MEDICAL CENTER - LIVINGSTON (76-0436439) PO BOX 1447, LUFKIN, TX 75902	HEALTHCARE	TX	501(C)(3)	3	MHSET		✓
(68) MEMORIAL MEDICAL CENTER - SAN AUGUSTINE (75-2663904) PO BOX 1447, LUFKIN, TX 75902	HEALTHCARE	TX	501(C)(3)	3	MHSET		✓
(69) MEMORIAL MULTISPECIALTY ASSOCIATES (75-2721155) 1201 FRANK AVE, LUFKIN, TX 75904	PHYSICIANS	TX	501(C)(3)	11 - TYPE III - FI	MHSET		✓
(70) MEMORIAL SPECIALTY HOSPITAL (75-2492741) PO BOX 1447, LUFKIN, TX 75902	HEALTHCARE	TX	501(C)(3)	3	MHSET		✓
(71) MERCY AUXILIARY OF CENTRAL IOWA (42-6076069) 1111 6TH AVE, DES MOINES, IA 50314	AUXILIARY	IA	501(C)(3)	11 - TYPE I	MF-DMIA		✓
(72) MERCY CLINICS INC (42-1193699) 1111 6TH AVE, DES MOINES, IA 50314	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP		✓
(73) MERCY COLLEGE OF HEALTH SCIENCES (42-1511682) 1111 6TH AVE, DES MOINES, IA 50314	EDUCATION	IA	501(C)(3)	2	CHI-IA CORP		✓
(74) MERCY FOUNDATION OF DES MOINES, IA (23-7358794) 1111 6TH AVE, DES MOINES, IA 50314	FUNDRAISING	IA	501(C)(3)	7	CHI-IA CORP		✓
(75) MERCY FOUNDATION, INC. (93-6088946) 2700 STEWART PKWY, ROSEBURG, OR 97471	FUNDRAISING	OR	501(C)(3)	7	MMC		✓
(76) MERCY HEALTH CARE FOUNDATION (42-1461064) PO BOX 368, CORNING, IA 50841	FUNDRAISING	IA	501(C)(3)	11 - TYPE I	AHMH-CORNING		✓
(77) MERCY HEALTHCARE FOUNDATION (45-0435338) 570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072	FUNDRAISING	ND	501(C)(3)	11 - TYPE III - FI	MHVC		✓
(78) MERCY HOSPITAL FOUNDATION, COUNCIL BLUFFS (42-1178204) 800 MERCY DR, COUNCIL BLUFFS, IA 51503	FUNDRAISING	IA	501(C)(3)	11 - TYPE I	AHBMHS		✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(79) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 17TH ST NE, DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(80) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION (35-2367360) 1031 17TH ST NE, DEVILS LAKE, ND 58301	FUNDRAISING	ND	501(C)(3)	7	MHDL	✓
(81) MERCY HOSPITAL OF VALLEY CITY (45-0226553) 570 CHAUTAUQUA BLVD, VALLEY CITY, ND 58072	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(82) MERCY MEDICAL CENTER (45-0231183) 1301 15TH AVE WEST, WILLISTON, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(83) MERCY MEDICAL CENTER - CENTERVILLE (42-0680308) ONE ST JOSEPH'S DRIVE, CENTERVILLE, IA 52544	HEALTHCARE	IA	501(C)(3)	3	CHI-IA CORP	✓
(84) MERCY MEDICAL CENTER, INC (93-03686868) 2700 STEWART PKWY, ROSEBURG, OR 97471	HEALTHCARE	OR	501(C)(3)	3	CHI	✓
(85) MERCY MEDICAL FOUNDATION (45-0581803) 1301 15TH AVE WEST, WILLISTON, ND 58301	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	MMC	✓
(86) MERCY PROFESSIONAL PRACTICE ASSOCIATES, INC. (42-1470935) 1111 6TH AVE, DES MOINES, IA 50314	PHYSICIANS	IA	501(C)(3)	9	CHI-IA CORP	✓
(87) NEBRASKA HEART HOSPITAL (39-2031968) 7500 S 91ST ST, LINCOLN, NE 68526	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(88) OAKES COMMUNITY HOSPITAL (45-0231675) 1200 N 7TH ST, OAKES, ND 58474	HEALTHCARE	ND	501(C)(3)	3	CHI	✓
(89) OAKES COMMUNITY HOSPITAL FOUNDATION (71-09666606) 1200 N 7TH ST, OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	OCH	✓
(90) PINNEYWOODS MEDICAL DEVELOPMENT CORP (75-2493116) PO BOX 1447, LUFKIN, TX 75902	PROPERTY MGMT	TX	501(C)(3)	11 - TYPE III - FI	MHSET	✓
(91) PUEBLO STEPPUP (84-1234295) 1925 E ORMAN AVE, STE G52, PUEBLO, CO 81004	COMMUNITY	CO	501(C)(3)	7	CHIC	✓
(92) REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE (91-1170040) 12844 MILITARY RD S, TUKWILA, WA 98168	HEALTHCARE	WA	501(C)(3)	3	FHS	✓
(93) SET OF COLORADO SPRINGS, INC (84-1183335) 2864 S CIRCLE DR, STE 450, COLORADO SPRINGS, CO 80906	LTERM CARE	CO	501(C)(3)	7	CHIC	✓
(94) SAINT CLARE'S COMMUNITY CARE, INC (22-2878736) 25 POCONO RD, DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11 - TYPE II	SCHS	✓
(95) SAINT CLARE'S FOUNDATION, INC (22-2502997) 25 POCONO RD, DENVILLE, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS	✓
(96) SAINT CLARE'S HEALTH SERVICES, INC. (22-3639733) 25 POCONO RD, DENVILLE, NJ 07834	MANAGEMENT	NJ	501(C)(3)	11 - TYPE II	CHI	✓
(97) SAINT CLARE'S HOSPITAL, INC (22-3319886) 25 POCONO RD, DENVILLE, NJ 07834	HEALTHCARE	NJ	501(C)(3)	3	SCHS	✓
(98) SAINT ELIZABETH FOUNDATION (47-0625523) 555 S 70TH ST, LINCOLN, NE 68510	FUNDRAISING	NE	501(C)(3)	7	SERMC	✓
(99) SAINT ELIZABETH HEALTH SERVICES (36-3233120) 555 S 70TH ST, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	SERMC	✓
(100) SAINT ELIZABETH REGIONAL MEDICAL CENTER (47-0379836) 555 S 70TH ST, LINCOLN, NE 68510	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(101) SAINT FRANCIS MEDICAL CENTER (47-0376601) 2620 WAIDLEY, GRAND ISLAND, NE 68803	HEALTHCARE	NE	501(C)(3)	3	CHI NEBRASKA	✓
(102) SAINT FRANCIS MEDICAL CENTER FOUNDATION (47-0630267) PO BOX 9804, GRAND ISLAND, NE 68802	FUNDRAISING	NE	501(C)(3)	7	SFMC	✓
(103) SAINT JOSEPH BEREAL HOSPITAL FOUNDATION, INC (26-0152877)	FUNDRAISING	KY	501(C)(3)	7	SIHS	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
305 ESTILL ST, BEREA, KY 40403	HEALTHCARE	KY	501(C)(3)	3	KOH	✓
(104) SAINT JOSEPH HEALTH SYSTEM, INC (61-1334601) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓
(105) SAINT JOSEPH HOSPITAL FOUNDATION, INC. (61-1159649) ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓
(106) SAINT JOSEPH LONDON FOUNDATION, INC. (26-0438748) 1001 SAINT JOSEPH LANE, LONDON, KY 40741	PHYSICIANS	KY	501(C)(3)	3	SJHS	✓
(107) SAINT JOSEPH MEDICAL FOUNDATION, INC (31-1539059) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓
(108) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC (27-2884584) 225 FALCON DR, MOUNT STERLING, KY 40353	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	SJHHC	✓
(109) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 30 WEST 7TH ST, DICKINSON, ND 58601	FUNDRAISING	OH	501(C)(3)	7	SHP	✓
(110) SAMARITAN BEHAVIORAL HEALTH, INC. (02-0633634) 601 S EDWIN C MOSES BLVD, DAYTON, OH 45417	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	CHI	✓
(111) SAMARITAN HEALTH PARTNERS (31-1107411) 110 N MAIN ST, STE 500, DAYTON, OH 45402	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	AHMHS	✓
(112) SCHUYLER MEMORIAL HOSPITAL FOUNDATION, INC (36-3630014) 104 W 17TH ST, SCHUYLER, NE 68661	FUNDRAISING	NE	501(C)(3)	3	CHI	✓
(113) SJRMC, JOPLIN MISSOURI (44-0545809) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	MO	501(C)(3)	3	SLPC	✓
(114) SL AUGUSTA CORP (76-0226623) PO BOX 20269, HOUSTON, TX 77225	TITLE HOLDING	TX	501(C)(2)	3	CHI	✓
(115) ST. ANTHONY HOSPITAL (93-0391614) 1601 SE COURT AVE, PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	11 - TYPE I	SAH	✓
(116) ST. ANTHONY HOSPITAL FOUNDATION (93-0992272) 1601 SE COURT AVE, PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	3	SVIMC	✓
(117) ST. ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) FOUR HOSPITAL DR, MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	CHI	✓
(118) ST. CATHERINE HOSPITAL (48-0543721) 401 EAST SPRUCE ST, GARDEN CITY, KS 67846	HEALTHCARE	KS	501(C)(3)	3	CHI	✓
(119) ST. CATHERINE HOSPITAL DEVELOPMENT FOUNDATION (20-0598702) 401 EAST SPRUCE ST, GARDEN CITY, KS 67846	FUNDRAISING	KS	501(C)(3)	11 - TYPE I	SCH	✓
(120) ST. DOMINIC OF ONTARIO, OREGON (93-0433692) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	OR	501(C)(4)		CHI	✓
(121) ST. FRANCIS HOME (41-0729978) 2400 ST. FRANCIS DR, BRECKENRIDGE, MN 56520	LTERM CARE	MN	501(C)(3)	9	CHI	✓
(122) ST. FRANCIS LIFE CARE CORPORATION (22-2536017) 19 POCONO RD, DENVILLE, NJ 07834	ELDERLY CARE	NJ	501(C)(3)	9	SCHS	✓
(123) ST. FRANCIS MEDICAL CENTER (41-0695598) 2400 ST FRANCIS DR, BRECKENRIDGE, MN 56520	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(124) ST. FRANCIS OF BAKER CITY (93-0412495) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	OR	501(C)(3)	3	CHI	✓
(125) ST. JOSEPH COMMUNITY HEALTH (71-0897107) 1516 5TH ST NW, ALBUQUERQUE, NM 87102	COMMUNITY	NM	501(C)(3)	11 - TYPE I	CHI	✓
(126) ST. JOSEPH HEALTH MINISTRIES (23-342997) 1929 LINCOLN HWY E, STE 150, LANCASTER, PA 17602	HEALTHCARE	PA	501(C)(3)	11 - TYPE I	CHI	✓
(127) ST. JOSEPH MEDICAL CENTER FOUNDATION (23-2649362) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	FUNDRAISING	PA	501(C)(3)	11 - TYPE I	SJRNH	✓

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(128) ST. JOSEPH MEDICAL CENTER, INC. (52-0591461) 201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030	HEALTHCARE MD	501(C)(3)	3	CHI	✓	
(129) ST. JOSEPH MEDICAL GROUP (20-8544021) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	HEALTHCARE PA	501(C)(3)	9	BHC	✓	
(130) ST. JOSEPH PHYSICIAN ENTERPRISE, INC. (52-1311775) 201 INTERNATIONAL CIRCLE, STE 212, HUNT VALLEY, MD 21030	PHYSICIANS MD	501(C)(3)	11 - TYPE I	SJMC	✓	
(131) ST. JOSEPH REGIONAL HEALTH NETWORK (23-1352211) 2500 BERNVILLE RD, PO BOX 316, READING, PA 19603	HEALTHCARE PA	501(C)(3)	3	CHI	✓	
(132) ST. JOSEPH'S AREA HEALTH SERVICES (41-0695603) 600 PLEASANT AVE, PARK RAPIDS, MN 56470	HEALTHCARE ND	501(C)(3)	3	CHI	✓	
(133) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 30 WEST 7TH ST, DICKINSON, ND 58601	HEALTHCARE MANAGEMENT TX	501(C)(3)	11 - TYPE I	SLHS	✓	
(134) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION (26-0274448) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	3	SLCDC	✓	
(135) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - FMC (27-37328) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	3	SLHS	✓	
(136) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - SUGAR LAND (26-1947374) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	3	SLHS	✓	
(137) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - THE WOODLANDS (26-0335902) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	3	SLCDC	✓	
(138) ST. LUKE'S COMMUNITY HEALTH SERVICES (76-0536234) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	3	SLHS	✓	
(139) ST. LUKE'S FOUNDATION (45-3811485) 1213 HERMANN DRIVE, STE 855, HOUSTON, TX 77004	FUNDRAISING TX	501(C)(3)	7	SLHS	✓	
(140) ST. LUKE'S HEALTH SYSTEM CORPORATION (76-0536232) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	MANAGEMENT INVESTMENT MGMT TX	501(C)(3)	11 - TYPE I	CHI	✓	
(141) ST. LUKE'S HEALTH SYSTEM FOUNDATION (76-0127715) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	HEALTHCARE TX	501(C)(3)	11 - TYPE I	SLHS	✓	
(142) ST. LUKE'S HOSPITAL AT THE VINTAGE (26-3734606) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	PHYSICIANS TX	501(C)(3)	3	SLHS	✓	
(143) ST. LUKE'S MEDICAL GROUP (76-0458535) 6624 FANNIN ST, HOUSTON, TX 77030	PROPERTY MGMT TX	501(C)(3)	11 - TYPE I	CHI-SLH	✓	
(144) ST. LUKE'S MEDICAL TOWER CORPORATION (76-0531713) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	PROPERTY MGMT TX	501(C)(3)	11 - TYPE I	SLHS	✓	
(145) ST. LUKE'S PROPERTIES CORPORATION (76-0531716) 6624 FANNIN ST, STE 1100, HOUSTON, TX 77030	PROPERTY MGMT TX	501(C)(3)	11 - TYPE I	SLHS	✓	
(146) ST. LUKE'S SUGAR LAND PROPERTIES CORPORATION (45-4120549) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	PROPERTY MGMT TX	501(C)(3)	11 - TYPE I	SLCDC-SL	✓	
(147) ST. MARY'S COMMUNITY HOSPITAL (47-0443636) 1314 3RD AVE, NEBRASKA CITY, NE 68410	HEALTHCARE NE	501(C)(3)	3	CHI NEBRASKA	✓	
(148) ST. MARY'S HOSPITAL FOUNDATION (47-0707604) 1314 3RD AVE, NEBRASKA CITY, NE 68410	FUNDRAISING NE	501(C)(3)	7	SMCH	✓	
(149) ST. VINCENT FOUNDATION (51-0169837) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	FUNDRAISING AR	501(C)(3)	11 - TYPE I	SVIMC	✓	
(150) ST. VINCENT INFIRMARY MEDICAL CENTER (71-0236917) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE AR	501(C)(3)	3	CHI	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
Yes	No					
(151) ST. VINCENT MEDICAL GROUP (71-0830696) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	501(C)(3)	9	SVIMC	✓
(152) THE GOOD SAMARITAN HOSPITAL OF CINCINNATI, OH (31-0537486) 6119 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	HEALTHCARE	OH	501(C)(3)	3	CHI	✓
(153) THE PHYSICIAN NETWORK (47-0780857) 2000 Q ST, STE 500, LINCOLN, NE 68503	PHYSICIANS	NE	501(C)(3)	11 - TYPE I	CHI NEBRASKA	✓
(154) TOTAL HEALTHCARE (84-0927232) 188 INVERNESS DRIVE WEST, STE 500, ENGLEWOOD, CO 80112	HEALTHCARE	CO	501(C)(3)	3	CHIC	✓
(155) UNITY FAMILY HEALTHCARE (41-0721642) 815 SE 2ND ST, LITTLE FALLS, MN 56345	HEALTHCARE	MN	501(C)(3)	3	CHI	✓
(156) VILLA NAZARETH, INC (45-0226714) 801 PAGE DR, FARGO, ND 58103	LTERM CARE	ND	501(C)(3)	9	CHI	✓
(157) VISITING NURSE ASSOCIATION OF ST. CLARE'S, INC. (22-1768334) 191 WOODPORT RD, SPARTA, NJ 07871	HOME HEALTH	NJ	501(C)(3)	9	SCHS	✓
(158) WOODLANDS DOCTOR GROUP (27-499340) 17200 ST. LUKES WAY, STE 170, THE WOODLANDS, TX 77384	PHYSICIANS	TX	501(C)(3)	9	SLCHS	✓

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

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation allocation?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes
(1) ALEGENT HEALTH NORTHWEST IMAGING CENTER, LLC (06-1786985) 3606 N 156TH ST, OMAHA, NE 68116	OP DIAGNOSTICS	NE	ACH	RELATED	116,752	776,649	✓	0	✓	51
(2) AUDUBON LAND COMPANY, LLC (84-1513085) 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	CHIC	RELATED	34,991	8,665,388	✓	0	✓	50,1
(3) AVANTAS, LLC (39-2045003) 11128 JOHN GALT BLVD, STE 400, OMAHA, NE 68137	STAFFING OF NURSES	NE	AHBMHS	RELATED	-319,683	4,762,246	✓	-439,535	✓	95
(4) BERGAN MERCY SURGERY CENTER, LLC (20-8671994) 7710 MERCY RD, STE 200, OMAHA, NE 68124	AMBUL SURG CTR	NE	ACH	RELATED	142,085	3,294,472	✓	0	✓	63,94
(5) BERYWOOD OFFICE PROPERTIES, LLC (62-1875199) 400 BERYWOOD TRAIL, CLEVELAND, TN 37312	PHYS OFFICE	TN	MHCS	RELATED	57,545	1,013,237	✓	0	✓	63
(6) BLUEGRASS REGIONAL IMAGING CENTER (61-1386736) 1218 SOUTH BROADWAY, STE 310, LEXINGTON, KY 40504	DIAGNOSTIC IMAGING	KY	SJHS	RELATED	308,428	3,317,191	✓	0	✓	65
(7) CATHOLIC HEALTH INITIATIVES PHYSICIAN SERVICES, LLC (46-2945938) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	PRACTICE MGMT SRVC	DE	CHI	RELATED	2,478	4,571,498	✓	0	✓	80
(8) CENTRAL NEBRASKA HOME CARE SERVICES (47-0692112) PO BOX 1146, 4502 N SECOND AVE, KEARNEY, NE 68848	HEALTHCARE SRVC	NE	N/A	RELATED	-195,425	216,945	✓	-77,269	✓	100
(9) CENTRAL NEBRASKA REHAB SERVICE (81-0653461) 620 DIERS AVE, STE 300, GRAND ISLAND, NE 68803	PHYSICAL THERAPY	NE	SFMC	RELATED	2,132,606	3,494,427	✓	0	✓	51
(10) CHI OPERATING INVESTMENT PROGRAM, LP (47-0727942) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INVESTMENTS	CO	CHI	UNRELATED	344,962,532	4,617,413,792	✓	0	✓	92,8
(11) CHIC/AMSURG SURGERY CENTERS, LLC (11-1222333) 188 INVERNESS DRIVE WEST, #500, ENGLEWOOD, CO 80112	SURGERY CENTER	CO	CHIC	RELATED	0	0	✓	0	✓	51
(12) HC SL VINTAGE I, LLC (27-0453767) 18000 W SARAH LANE, STE 250, BROOKFIELD, WI 53045	PROPERTY HOLDING	WI	SL CDC-V	RELATED	1,027,057	105,658,490	✓	0	✓	51
(13) HEALTHCARE SUPPORT SERVICES (72-1546196) PO BOX 9804, GRAND ISLAND, NE 68802	LAUNDRY	NE	N/A	RELATED	98,584	3,190,678	✓	97,006	✓	100
(14) HEARTLAND ONCOLOGY LLC (22-2233444) 2337 E CRAWFORD ST, SALINA, KS 67401	ONCOLOGY	KS	SCH	RELATED	0	0	✓	0	✓	51
(15) HIGHLINE IMAGING, LLC (20-0460005)	DIAGNOSTIC	WA	HMC	RELATED	375,761	1,784,057	✓	0	✓	80

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domestic or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tioneate allocation		(i) Code V- UBI amount in box 20 of Schedule K- 1 (Form 1065)	General or managing partner?	(k) Percentage ownership
							Yes	No			
275 SW 160TH ST, BURien, WA 98166	IMAGING										
(16) LAKESIDE AMBULATORY SURGICAL CENTER, LLC (204267902) 17031 LAKESIDE HILLS DR, OMAHA, NE 68130	AMBUL SURG CTR	NE ACH	RELATED		3,465,880	1,951,221	✓	0	✓		51
(17) LAKESIDE ENDOSCOPY CENTER, LLC (20- 5544496) 17001 LAKESIDE HILLS PLZ, STE 201, OMAHA, NE 68130	ENDOSCOPY SRVC	NE ACH	RELATED		1,455,294	1,013,126	✓	0	✓		52 28
(18) LINCOLNCK LEASING, LLC (26-2496856) 6003 OLD CHENEY RD, LINCOLN, NE 68516	REAL ESTATE	NE SERMC	RELATED		574,064	425,034	✓	0	✓		53.76
(19) LOUISVILLE S.C. LTD (06-2119566) 3000 RIVERCHASE GALLERIA, STE 500, BIRMINGHAM, AL 35244	SURGERY CENTER	AL SCOFI	RELATED		417,359	478,373	✓	0	✓		61.1
(20) NEBRASKA SPINE HOSPITAL, LLC (27- 0263191) 6901 N 72ND ST, OMAHA, NE 68122	SPINE HOSPITAL	NE ACH	RELATED		10,501,730	17,301,869	✓	0	✓		51
(21) NORTH RIVER SURGERY CENTER, LLC (71- 0799771) 2209 WILDWOOD AVE, SHERWOOD, AR 72120	AMBUL SURG CTR	AR SVIMC	RELATED		81,071	1,077,536	✓	0	✓		57 45
(22) ORTHOCOLORADO, LLC (37-1577105) 11650 WEST 2ND PLACE, LAKewood, CO 80255	ORTHO HOSPITAL	CO THC	RELATED		1,846,183	8,411,844	✓	0	✓		60
(23) PENINSULA RADIATION ONCOLOGY, LLC (87-0808610) 315 MLK JR WAY, STE 111, TACOMA, WA 98405	HEALTHCARE SRVC	WA FHS	RELATED		256,567	3,262,002	✓	0	✓		60
(24) PENRAD IMAGING (84-1072619) 1390 KELLY JOHNSON BLVD, COLORADO SPRINGS, CO 80920	MEDICAL IMAGING	CO CHIC	RELATED		715,094	3,489,436	✓	0	✓		70
(25) PMC HOSPITAL, LLC (27-328058) 4600 E SAM HOUSTON PKWY, SOUTH PASADENA, TX 77505	HOSPITAL	TX SL CDC-PMC	RELATED		1,092,540	20,751,174	✓	0	✓		51
(26) PRAIRIE HEALTH VENTURES, LLC (20- 4962103) 421 S 9TH ST, STE 102, LINCOLN, NE 68508	TECH SRVC	NE AH-IMC	RELATED		1,011,804	5,564,586	✓		68,565	✓	65.75
(27) PREMIER SURGERY CENTER OF LOUISVILLE, L.P. (72-1378216) 3000 RIVERCHASE GALLERIA, STE 500, BIRMINGHAM, AL 35244	SURGERY CENTER	AL SCA	RELATED		88,900	254,399	✓	0	✓		51
(28) PUEBLO AMBULATORY SURGERY CENTER, LLC (62-1488737) 188 INVERNESS DRIVE WEST, #500, ENGLEWOOD, CO 80112	SURGERY CENTER	CO CHIC	RELATED		0	0	✓	0	✓		51
(29) SAINT JOSEPH - PAML, LLC (45-2116736) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	MGMT SVCS	KY SJHS	RELATED		-52,573	93,769	✓	0	✓		62 5
(30) SAINT JOSEPH - SCA HOLDINGS, LLC (45- 3801157) 1451 HARRODSBURG RD, LEXINGTON, KY 40503	OP SURGERY	DE SJHS	RELATED		0	0	✓	0	✓		51
(31) SAINT JOSEPH-ANC HOME CARE SERVICES (26-3330545) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	KY JH	RELATED		88,608	256,606	✓	0	✓		100

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
(32) SCA PREMIER SURGERY CENTER OF LOUISVILLE, LLC (72-1386840) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	42,319	631,595	✓	0	✓	0	51
(33) ST. FRANCIS LAND COMPANY (26-3134100) 5390 N ACADEMY BLVD, STE 300, COLORADO SPRINGS, CO 80918	REAL ESTATE	CO	CHIC	RELATED	-130,967	13,823,763	✓	0	✓	0	51
(34) ST FRANCIS MEDICAL CENTER ASSOCIATES (91-1352698) 1717 SOUTH J ST, TACOMA, WA 98405	MED OFFICE	WA	FHS	RELATED	238,717	19,017,063	✓	0	✓	0	54.21
(35) ST. LUKE'S DIAGNOSTIC CATH LAB, LLP (71-095365) 6620 MAIN ST, STE 1520, HOUSTON, TX 77030	DIAGNOSTICS	TX	SLHS HOLDINGS	RELATED	273,448	868,814	✓	0	✓	0	57.3
(36) ST. LUKE'S HOSPITAL AT THE VINTAGE, LLC (26-3734516) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	SLHS	RELATED	-19,253,743	69,158,748	✓	0	✓	0	51
(37) ST. LUKE'S LAKESIDE HOSPITAL, LLC (30-0427437) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	HOSPITAL	TX	SL CDC-W	RELATED	1,106,628	25,874,619	✓	0	✓	0	51
(38) ST. LUKE'S THE WOODLANDS SLEEP CENTER, LLC (46-2795726) 6624 FANNIN, STE 800, HOUSTON, TX 77030	DIAGNOSTICS	TX	SLSH	RELATED	0	0	✓	0	✓	0	50
(39) SUPERIOR MEDICAL IMAGING, LLC (26-2884555) 5000 NORTH 26TH ST, LINCOLN, NE 68521	OP DIAGNOSTICS	NE	SERMC	RELATED	-200,323	821,112	✓	0	✓	0	51
(40) SURGERY CENTER OF LEXINGTON, LLC (62-1179539) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	SURGERY CENTER	DE	SJHS	RELATED	-200,318	4,079,584	✓	0	✓	0	51
(41) SURGERY CENTER OF LOUISVILLE, LLC (62-1179537) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	SURGERY CENTER	KY	JH	RELATED	-15,452	396,101	✓	0	✓	0	51

Part IV

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

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
Yes	No							
(8) CAPTIVE MANAGEMENT INITIATIVES, LTD (98-0663022) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	CAPTIVE MANAGEMENT	CJ	CHI	C CORPORATION	0	0	100	✓
(9) CARMONA-DESOOTO BUILDING HORIZONTAL PROPERTY REGIME, INC (71-0771076) 300 WERNER ST, HOT SPRINGS, AR 71913	HEALTHCARE	AR	CHI-SVHS	C CORPORATION	0	0	100	✓
(10) CATHOLIC HEALTH INITIATIVES CENTER FOR TRANSLATIONAL RESEARCH (27-2269511) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	RESEARCH	CO	CIRI	TRUST	-2886538	1241259	100	✓
(11) CGH REALTY COMPANY, INC (23-2326801) 2500 BERNVILLE RD, READING, PA 19603	REAL ESTATE	PA	SJHM	C CORPORATION	0	0	100	✓
(12) CHI ST LUKE'S HEALTH BAYLOR COLLEGE OF MEDICINE MEDICAL CENTER CONDO ASSOC (45-5079545) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	CONDOSOC	TX	CHI-SLHBCM	C CORPORATION	0	0	100	✓
(13) CLEARRIVER HEALTH (46-4495960) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	TN	PHPSI	C CORPORATION	0	0	100	✓
(14) COMCARE SERVICES, INC (84-0904813) 5570 DTC PARKWAY, ENGLEWOOD, CO 80111	INACTIVE	CO	CHIC	C CORPORATION	0	0	100	✓
(15) CONSOLIDATED HEALTH SERVICES (31-1378212) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	CHI	C CORPORATION	-879467	52379487	100	✓
(16) DES MOINES MEDICAL CENTER, INC (42-0837382) 1111 6TH AVE, DES MOINES, IA 50314	REAL ESTATE	IA	CHI-A CORP	C CORPORATION	67314	1064032	92.98	✓
(17) EAST TEXAS CLINICAL SERVICES, INC (45-4736213) 2801 VIA FORTUNA, #500, AUSTIN, TX 78746	HEALTHCARE	TX	MHSET	C CORPORATION	632545	167782	100	✓
(18) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, CJ	INSURANCE	CJ	CHI	C CORPORATION	0	0	100	✓
(19) FRANCISCAN SERVICES, INC (23-2487967) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	CHI	C CORPORATION	434854	718254	100	✓
(20) GOOD SAMARITAN OUTREACH SERVICES (47-0659440) PO BOX 1980, KEARNEY, NE 68848	MEDICAL CLINIC	NE	GSH	C CORPORATION	87278	1377820	100	✓
(21) HEALTH SYSTEMS ENTERPRISES, INC. (47-0664558) PO BOX 1980, KEARNEY, NE 68848	MGMT	NE	FHS	C CORPORATION	0	0	100	✓
(22) HEALTHCARE MGMT SERVICES ORGANIZATION, INC. (91-1865474) 1717 SOUTH J ST, TACOMA, WA 98405	HEALTH ORG.	VIA	PHPSI	C CORPORATION	0	0	100	✓
(23) HEARTLANDPLAINS HEALTH (46-4368223) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	NE	HMC	C CORPORATION	-6049147	5689139	100	✓
(24) HIGHLINE MEDICAL GROUP (91-1588438) 15811 AMBAUM BLVD SW, STE 170, BURien, WA 98166	MEDICAL SERVICES	VIA	MMC WILLISTON	C CORPORATION	-1152715	100	✓	
(25) MEDQUEST (45-0392137) 1602 WEST 11TH ST, WILLISTON, ND 58801	SALE OF DME	ND	CHI-IA CORP	C CORPORATION	273525	1937218	100	✓
(26) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVE, DES MOINES, IA 50314	HOUSING	IA	MMC	C CORPORATION	0	142337	100	✓
(27) MERCY SERVICES CORP (93-0824308) 2700 STEWART PARKWAY, ROSEBURG, OR 97471	RETAIL SALES	OR	MMC	C CORPORATION	0	142337	100	✓

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	Yes	No
(28) MHI CLINICAL SERVICES (46-1967952) 1201 W FRANK AVE, LUFKIN, TX 75904	HEALTHCARE	TX	MHSET	C CORPORATION	0	0	100	✓		
(29) MOUNTAIN MANAGEMENT SERVICES, INC. (62-1570739) 6028 SHALLOWFORD RD, CHATTANOOGA, TN 37421	MGMT SVC ORG	TN	MHCS	C CORPORATION	96044	6465179	100	✓		
(30) NAZARETH ASSURANCE COMPANY (03-0304831) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, C.J.	INSURANCE	CJ	CHI	C CORPORATION	0	0	100	✓		
(31) PATIENT TRANSPORT SERVICES, INC (31-1100798) 1700 EDISON DR, MILFORD, OH 45150	HOME HEALTH	OH	ANC	C CORPORATION	-164340	5488275	100	✓		
(32) PHYSICIAN/HEALTH SYSTEM NETWORK (91-1746721) 1149 MARKET ST, TACOMA, WA 98402	HEALTH ORG.	WA	FHS	C CORPORATION	0	0	100	✓		
(33) PROMINENCE HEALTH PLAN SERVICES, INC (FKA COLLABHEALTH COLLABHEALTH PLAN SERVICES, INC) (46-1224037) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	ADMIN SERVICES	CO	PHI	C CORPORATION	-5339325	38272608	100	✓		
(34) PROMINENCE HEALTH, INC (FKA COLLABHEALTH MANAGED SOLUTIONS, INC) (46-1222808) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HOLDING CO	CO	CHI	C CORPORATION	0	23806707	100	✓		
(35) QCA HEALTH PLAN, INC. (71-0794605) 12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211	INSURANCE	AR	QCHI	C CORPORATION	0	0	100	✓		
(36) QUALCHOICE HOLDINGS, INC. (27-4075520) 12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211	HOLDING CO	AR	PHPS	C CORPORATION	0	0	100	✓		
(37) QUALCHOICE LIFE AND HEALTH INSURANCE COMPANY, INC. (71-0386640) 12615 CHENAL PARKWAY, STE 300, LITTLE ROCK, AR 72211	INSURANCE	AR	QCH	C CORPORATION	0	0	100	✓		
(38) RIVERLINK HEALTH (46-4380524) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	OH	PHPS	C CORPORATION	0	0	100	✓		
(39) RIVERLINK HEALTH OF KENTUCKY, INC. (46-4828332) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	KY	PHPS	C CORPORATION	0	0	100	✓		
(40) SAINT CLARE'S PRIMARY CARE, INC. (22-2441202) 66 FORD RD, DENVILLE, NJ 07834	BILLING SERVICES	NJ	SCCC	C CORPORATION	-235604	1361242	100	✓		
(41) SAMARITAN FAMILY CARE, INC. (31-1299450) 40 W FOURTH ST, STE 1700, DAYTON, OH 45402	HEALTHCARE	OH	SHP	C CORPORATION	0	0	100	✓		
(42) SJH SERVICES CORPORATION (23-2307408) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	CO	FSI	C CORPORATION	-197039	3331737	100	✓		
(43) SJH PHYSICIAN MANAGEMENT SERVICES, INC. (27-0164198) 424 LEWIS HARGETT CR, STE 160, LEXINGTON, KY 40503	MGMT	KY	SJHS	C CORPORATION	0	0	100	✓		
(44) SJMT PARKING, INC. (76-0637140) 6624 FANNIN, STE 800, HOUSTON, TX 77030	PARKING	TX	SJHS	C CORPORATION	1117934	13768221	100	✓		
(45) SOUNDPATH HEALTH, INC. (42-1720801) 32129 VEWYERHAUSER WAY S, STE 201, FEDERAL WAY, WA 98001	INSURANCE	VIA	PHPS	C CORPORATION	-154741	10976973	626	✓		
(46) ST ANTHONY DEVELOPMENT COMPANY (93-1216943) 1415 SOUTHGATE, PENDLETON, OR 97801	ATHLETIC CLUB	OR	SAH	C CORPORATION	114663	2936102	100	✓		
(47) ST JOSEPH DEVELOPMENT COMPANY, INC (91-1480569) 1717 SOUTH J ST, TACOMA, WA 98405	RENTAL	VIA	FSI	C CORPORATION	63164	11845439	100	✓		

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(48) ST. JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG RD, BLDG B70, LEXINGTON, KY 40504	MGMT	KY	SJHS	C CORPORATION	0	882139	85	✓
(49) ST. LUKE'S 6620 MAIN CONDOMINIUM ASSOCIATION (30-0355517) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100	✓
(50) ST. LUKE'S ANESTHESIOLOGY ASSOCIATES (46-1517163) 6624 FANNIN, STE 1100, HOUSTON, TX 77030	MEDICAL CLINIC	TX	CHI-SLH	C CORPORATION	0	0	100	✓
(51) ST. LUKE'S EPISCOPAL HOSPITAL PHYSICIAN HOSPITAL ORGANIZATION, INC (76-03771932) 6720 BERTNER, MCA4-262, HOUSTON, TX 77030	PHO	TX	CHI-SLH	C CORPORATION	6	0	60	✓
(52) ST. LUKE'S HEALTH SYSTEM HOLDINGS, INC. (FKA SLEHS HOLDINGS, INC.) (76-0637138) 6624 FANNIN, STE 800, HOUSTON, TX 77030	HOLDING CO	TX	SLHS	C CORPORATION	1425313	33114103	100	✓
(53) ST. LUKE'S MEDICAL ARTS CENTER I CONDOMINIUM ASSOC (30-0355518) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	CONDO ASSOC	TX	SLPC	C CORPORATION	0	0	100	✓
(54) ST. LUKE'S MEDICAL TOWER CONDOMINIUM ASSOCIATION (76-0298751) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	CONDO ASSOC	TX	SLMTC	C CORPORATION	0	0	100	✓
(55) ST. VINCENT COMMUNITY HEALTH SERVICES, INC (71-0710785) TWO ST. VINCENT CIRCLE, LITTLE ROCK, AR 72205	HEALTHCARE	AR	SV/IMC	C CORPORATION	2408638	15225732	100	✓
(56) STABLEVIEW HEALTH, INC. (46-4373713) 198 INVERNESS DRIVE WEST ENGLEWOOD, CO 80112	INSURANCE	KY	PHPS	C CORPORATION	0	0	100	✓
(57) SUGAR LAND DOCTOR GROUP (45-4270163) 1317 LAKE POINTE PARKWAY, SUGAR LAND, TX 77478	MEDICAL CLINIC	TX	SLCDC-SL	C CORPORATION	0	0	100	✓
(58) THE TEXAS HEART INSTITUTE AT ST. LUKE'S CONDOMINIUM ASSOCIATION (90-0064009) 6624 FANNIN, STE 2505, HOUSTON, TX 77030	CONDO ASSOC	TX	CHI-SLH	C CORPORATION	0	0	100	✓
(59) TOWSON MANAGEMENT, INC. (52-11710750) 7601 OSLER DR, TOWSON, MD 21204	MGMT SERVICES	MD	FSI	C CORPORATION	516457	197196	100	✓

Form 8868

(Rev. January 2014)

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► JAMIE LUNDIEN

Telephone No. ► (719)548-7090 Fax No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until February 15, 20 15, to file the exempt organization return for the organization named above. The extension is for the organization's return for.
► calendar year 20 ____ or

► tax year beginning July 01, 20 13, and ending June 30, 20 14.

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No 27916D

Form 8868 (Rev. 1-2014)

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

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

Enter filer's identifying number, see instructions

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

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

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 990-BL	02	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06		

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► JAMIE LUNDIEN
Telephone No. ► (719)548-7090 Fax No. ►
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until May 15, 20 15 .
 5 For calendar year , or other tax year beginning July 01, 20 13 , and ending June 30, 20 14 .
 6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
 7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN

8a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

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

Signature ► Ellenor A. LexingtonTitle ► Tax SupervisorDate ► 1/8/15

Form 8868 (Rev. 1-2014)