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**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2013****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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](http://www.irs.gov/form990).

**A** For the 2013 calendar year, or tax year beginning JULY 01, 2013, and ending JUNE 30, 20 14

**B** Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Applicant on pending

**C** Name of organization SAINT JOSEPH HOSPITAL FOUNDATION, INC

**D** Employer identification number 61-1159849

**E** Telephone number (859)313-1000

**F** Name and address of principal officer: SHERRI CRAIG  
ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504

**G** Gross receipts \$ 1,342,620

**H** Is this a group exempt from subpart F? ☐ Yes ☒ No

**I** Are all subordinates included? ☐ Yes ☒ No

**J** Website: WWW.SAINTJOSEPHFOUNDATION.ORG

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

**L** Year of formation: 1989

**M** State of legal domicile: KY

**Tax-exempt status:** ☒ 501(c)(3) ☐ 501(c)(1) ☐ 501(c)(29) ☐ 4947(a)(1) or ☐ 527

**Part I Summary**

**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 ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) 3 20

**4** Number of independent voting members of the governing body (Part VI, line 1b) 4 13

**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

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	1,114,249	1,228,525
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	0	0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-100,123	-184,760
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-30,811	-41,842
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	983,515	1,021,823
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	798,668	825,885
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	0	272,278
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>316,208</u> . . . . .		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	430,141	700,484
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	1,228,827	1,798,425
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	-245,312	-776,602
<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 8,148,240	End of Year 8,054,795
<b>21</b> Total liabilities (Part X, line 26) . . . . .	442,922	420,887
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	7,705,318	7,633,908

**Part II Signature Block**

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

**Sign Here** Sherri Craig 5/14/15  
Signature of officer: SHERRI CRAIG, INTERIM PRESIDENT  
Type or print name and title

**Paid Preparer Use Only**

Preparer's name: PAMELA KROHN Preparer's signature: Pamela Krohn Date: 5-19-15 Check ☐ if self-employed

Firm's name: CATHOLIC HEALTH INITIATIVES Firm's EIN: 47-0817373

Firm's address: 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112 Phone no.: (303)298-9100

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 91282Y

Form **990** (2013)

**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
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> ✓	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> ✓	
<b>3</b> 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 . . . . .	<b>3</b>	✓
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b>	✓
<b>5</b> 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 . . . . .	<b>5</b>	✓
<b>6</b> 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 . . . . .	<b>6</b>	✓
<b>7</b> 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 . . . . .	<b>7</b>	✓
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	✓
<b>9</b> 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 . . . . .	<b>9</b>	✓
<b>10</b> 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 . . . . .	<b>10</b> ✓	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> ✓	
<b>b</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 . . . . .	<b>11b</b> ✓	
<b>c</b> 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 . . . . .	<b>11c</b>	✓
<b>d</b> 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 . . . . .	<b>11d</b>	✓
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> ✓	
<b>f</b> 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 . . . . .	<b>11f</b> ✓	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b> ✓	
<b>b</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 . . . . .	<b>12b</b> ✓	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	✓
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	✓
<b>b</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 . . . . .	<b>14b</b>	✓
<b>15</b> 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 . . . . .	<b>15</b>	✓
<b>16</b> 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 . . . . .	<b>16</b>	✓
<b>17</b> 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) . . . . .	<b>17</b>	✓
<b>18</b> 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 . . . . .	<b>18</b> ✓	
<b>19</b> 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 . . . . .	<b>19</b>	✓
<b>20 a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	<b>21</b> ✓	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	<b>22</b> ✓	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	<b>23</b> ✓	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	<b>24a</b>	✓
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25a</b>	✓
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	<b>25b</b>	✓
<b>26</b> 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? <i>If so, complete Schedule L, Part II</i> . . . . .	<b>26</b>	✓
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	<b>27</b>	✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	✓
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b>	✓
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> ✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	✓
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	✓
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b>	✓
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	<b>34</b> ✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	✓
<b>b</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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	✓
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> ✓	

Form **990** (2013)

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

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

**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**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 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.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 13		
<b>2</b> 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? . . . . .	<b>2</b>		✓
<b>3</b> 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? . . . . .	<b>3</b>		✓
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		✓
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		✓
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	✓	
<b>7a</b> 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? . . . . .	<b>7a</b>	✓	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	✓	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	✓	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	✓	
<b>9</b> 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 . . . . .	<b>9</b>		✓

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	✓
<b>b</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? . . . . .	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	✓
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b>	✓
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	✓
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>12c</b>	✓
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	✓
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	✓
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	✓
<b>b</b> Other officers or key employees of the organization . . . . .	<b>15b</b>	✓
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	✓
<b>b</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? . . . . .	<b>16b</b>	

**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 employee	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 HILLENMEYER 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

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**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 trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) KATHERINE MCCARTY BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(16) SUZANNE MORTON BOARD MEMBER/CARDIOLOGIST	1 40	<input checked="" type="checkbox"/>						0	295,183	40,065
(17) JOHN SMITHHISLER BOARD MEMBER/PRESIDENT SJH	1 59	<input checked="" type="checkbox"/>						0	708,808	78,703
(18) WILLIAM WITTMAN, M D BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(19) GREG YEARY BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(20) KIMBERLY STIGERS, M D BOARD MEMBER	1 0	<input checked="" type="checkbox"/>						0	0	0
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>								0	2,537,433	229,277
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								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 **3** ☐ ☒
- 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 **4** ☒ ☐
- 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 **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		
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization <b>0</b>		

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

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

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

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**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

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

**Part XII Financial Statements and Reporting**Check 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
- b** 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
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		✓
<b>2b</b>	✓	
<b>2c</b>	✓	
<b>3a</b>		✓
<b>3b</b>		

Form **990** (2013)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☒ Type I    b ☐ Type II    c ☐ Type III—Functionally integrated    d ☐ Type III—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? . . . . .

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

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
SAINT JOSEPH HEALTH (A) SYSTEM, INC	61-1334601	3	✓		✓		✓		734,745
(B)									
(C)									
(D)									
(E)									
<b>Total</b>	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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> 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
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (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
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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](http://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 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.	<b>Held at the End of the Tax Year</b>
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 . . . . . ► \$	

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research

- d** ☐ Loan or exchange programs  
**e** ☐ Other .....

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	3,498,058	3,303,826	2,918,493	2,556,017	4,172,353
<b>b</b> Contributions			389,058		
<b>c</b> Net investment earnings, gains, and losses	368,940	194,232	-3,725	362,476	490,019
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					2,106,355
<b>f</b> Administrative expenses					
<b>g</b> 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

	Yes	No
<b>3a(i)</b>		<input checked="" type="checkbox"/>
<b>3a(ii)</b>		<input checked="" type="checkbox"/>
<b>3b</b>		

**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

**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
<b>1a</b> Land				0
<b>b</b> Buildings				0
<b>c</b> Leasehold improvements		47,311	45,185	2,126
<b>d</b> Equipment				0
<b>e</b> Other				0
<b>Total.</b> 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)		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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.

1. (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)	
<b>Total.</b> (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.

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

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



**SCHEDULE I**  
**(Form 990)**

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Employer identification number

61-1159649

OMB No 1545-0047

**2013**

**Open to Public Inspection**

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BLUEGRASS BREAST IMAGING 1504 LAKEFOREST CT, LEXINGTON, KY 40502	04-3672671		16,621				MAMO 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 LEWIS HARGETT CIRCLE SUITE 160, LEXINGTON, KY 40503	61-1334601	501(C)(3)	734,745				SUPPORT
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

**3** Enter total number of other organizations listed in the line 1 table . . . . . 1

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

Cal. 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					

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

SEE NEXT PAGE

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

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

**SCHEDULE J**  
**(Form 990)**

Department of the Treasury

Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION, INC

**Compensation Information**

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

▶ Complete if the organization answered "Yes" 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public Inspection**

Employer identification number

61-1159649

**Part I Questions Regarding Compensation**

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

☐ First-class or charter travel

☐ Housing allowance or residence for personal use

☐ Travel for companions

☐ Payments for business use of personal residence

☐ Tax indemnification and gross-up payments

☐ Health or social club dues or initiation fees

☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)

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

**1b**

**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? . . . . .

**2**

**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.

☐ Compensation committee

☐ Written employment contract

☐ Independent compensation consultant

☐ Compensation survey or study

☐ Form 990 of other organizations

☐ Approval by the board or compensation committee

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

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

**4a**

✓

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .

**4b**

✓

**c** Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .

**4c**

✓

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? . . . . .

**5a**

✓

**b** Any related organization? . . . . .

**5b**

✓

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? . . . . .

**6a**

✓

**b** Any related organization? . . . . .

**6b**

✓

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 . . . . .

**7**

**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 . . . . .

**8**

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

**9**

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

Cat No 50053T

Schedule J (Form 990) 2013

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

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

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

(A) Name 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					
1 BARRY STUMBO, PRESIDENT/CEO	(i) 148,983	0	0	0	13,805	0	172,949	0
2 SHERRI CRAIG, INTERIM CEO/CFO	(i) 175,976	0	0	0	0	0	196,111	0
3 LAJANA CRENAULT, BOARD MEMBER/VP OF NURSING SJHS	(i) 113,197	0	0	0	0	0	0	0
4 DERMOT HALPIN, BOARD MEMBER/SURGEON	(i) 861,199	94,094	0	0	23,179	0	214,326	0
5 SUZANNE MORTON, BOARD MEMBER/CARDIOLOGIST	(i) 293,800	722	0	0	20,952	0	992,181	0
6 JOHN SMITHHISLER, BOARD MEMBER/PRESIDENT SJH	(i) 567,762	93,980	0	0	20,952	0	335,248	0
7	(i) 				72,214	6,489	787,511	0
8	(i) 							
9	(i) 							
10	(i) 							
11	(i) 							
12	(i) 							
13	(i) 							
14	(i) 							
15	(i) 							
16	(i) 							

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	COMPENSATION FOR THE PRESIDENT OF SAINT JOSEPH HOSPITAL FOUNDATION, INC WAS ESTABLISHED AND PAID BY SAINT JOSEPH HEALTH SYSTEM, INC (SJHS), A RELATED ORGANIZATION SJHS USED THE FOLLOWING TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION  1) COMPENSATION COMMITTEE, 2) INDEPENDENT COMPENSATION CONSULTANT, 3) WRITTEN EMPLOYMENT CONTRACTS, 4) COMPENSATION SURVEY OR STUDY, AND 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SCHEDULE J, PART I, LINE 4A	SEVERANCE OR CHANGE-OF- CONTROL PAYMENT	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  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 LAJAVA CHENAULT - \$42,934
SCHEDULE J, PART I, LINE 4B	SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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 JOHN SMITHHISLER  DURING 2013 THE FOLLOWING CONTRIBUTIONS WERE MADE BY CHI TO THE DEFERRED COMPENSATION PLAN JOHN SMITHHISLER - \$51,262

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/form990).**

Name of the organization

Employer identification number

SAINT JOSEPH HOSPITAL FOUNDATION, INC

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

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

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**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	(CONTINUED FROM FORM 990, PART III, LINE 1)  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
FORM 990, PART III, LINE 4A	PROGRAM SERVICE ACCOMPLISHMENTS	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 BEREAS 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.  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.
FORM 990, PART VI, SEC A, LINE 1A	DELEGATE BROAD AUTHORITY TO A COMMITTEE	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.
FORM 990, PART VI, SEC A, LINE 6	CLASSES OF MEMBERS OR STOCKHOLDERS	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.
FORM 990, PART VI, SEC A, LINE 7A	MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	PURSUANT TO SECTION 6.4 OF THE ORGANIZATION'S BYLAWS, DIRECTORS OF THE CORPORATION SHALL BE APPOINTED BY THE CORPORATE MEMBER NO LATER THAN JUNE 30 OF EACH YEAR. PRIOR TO EACH ANNUAL MEETING OF THE CORPORATE MEMBER, OR SUCH OTHER MEETING CALLED FOR THE PURPOSE OF APPOINTING DIRECTORS OF THE CORPORATION, THE NOMINATING COMMITTEE SHALL SELECT AND SUBMIT TO THE BOARD OF DIRECTORS A SLATE OF NOMINEES QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION. THE BOARD OF DIRECTORS SHALL REVIEW THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ON THE RECOMMENDED SLATE AND SHALL VOTE TO ACCEPT OR REFUSE EACH NOMINEE. THE NAMES AND QUALIFICATIONS OF EACH INDIVIDUAL ACCEPTED BY THE BOARD OF DIRECTORS SHALL THEN BE SUBMITTED TO THE CORPORATE MEMBER, WHO SHALL THEN APPOINT OR REFUSE EACH NOMINEE IN ACCORDANCE WITH THE CORPORATE MEMBER'S BYLAWS AND WITH THE ENDORSEMENT OF THE EXECUTIVE VICE PRESIDENT AND CHIEF OPERATING OFFICER OR OTHER DESIGNEE. NOTWITHSTANDING ANYTHING IN THESE BYLAWS TO THE CONTRARY, THE CORPORATE MEMBER MAY UNILATERALLY APPOINT ONE OR MORE INDIVIDUALS TO THE BOARD OF DIRECTORS SHOULD THE BOARD FAIL TO FURNISH THE CORPORATE MEMBER WITH A LIST OF INDIVIDUALS QUALIFIED TO SERVE ON THE BOARD OF DIRECTORS OF THE CORPORATION IN ACCORDANCE



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"> <li>• APPROVE MEMBERS OF THE SJHF BOARD</li> <li>• AMENDMENT OF THE CORPORATE DOCUMENTS OF SJHF</li> <li>• APPROVE REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF</li> <li>• ADOPTION OF LONG RANGE AND STRATEGIC PLANS FOR SJHF</li> </ul> <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"> <li>• SUBSTANTIAL CHANGE IN THE MISSION OR PHILOSOPHY OF SJHF</li> <li>• REMOVAL OF A MEMBER OF THE GOVERNING BODY OF SJHF</li> <li>• APPROVAL OF ISSUANCE OF DEBT BY SJHF</li> <li>• APPROVAL OF PARTICIPATION OF SJHF IN A JOINT VENTURE</li> <li>• APPROVAL OF FORMATION OF A NEW CORPORATION BY SJHF</li> <li>• APPROVAL OF A MERGER INVOLVING SJHF</li> <li>• APPROVAL OF THE SALE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF SJHF</li> <li>• TO REQUIRE THE TRANSFER OF ASSETS BY SJHF TO CHI TO ACCOMPLISH CHI'S GOALS AND OBJECTIVES, AND TO SATISFY CHI DEBTS</li> </ul> <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-FILEING 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.CATHOLICHEALTHINIT.ORG OR AT WWW.DACBOND.ORG THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST FROM THE ADMINISTRATION DEPARTMENT IN ADDITION, THE ORGANIZATION'S ARTICLES OF INCORPORATION ARE AVAILABLE FROM THE SECRETARY OF STATE
FORM 990, PART VIII, LINE 8A	SPECIAL EVENTS AND ACTIVITIES	SAINT JOSEPH HOSPITAL FOUNDATION HOSTS AN ANNUAL STARS EVENT AND GOLF TOURNAMENT. PROCEEDS FROM THESE EVENTS WILL GO TOWARDS SUPPORTING SAINT JOSEPH HOSPITAL, SAINT JOSEPH EAST, AND SAINT JOSEPH JESSAMINE

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](http://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?	
						Yes	No
(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 (42-0776588) 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 IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) See Statement												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV** Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" 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) ALBERT HEALTHCARE ST. JOSEPH MANAGED CARE SERVICES INC. (47-002306) 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 10073, APO, GEORGETOWN, GRAND CAYMAN KY1-1001	INSURANCE	CJ	CHI	C CORPORATION	0	43,866,961	100	✓	
(3) ALTERNATIVE INSURANCE MANAGEMENT SERVICE (84-1112049) 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. (62-1570736) 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?

	Yes	No
<b>a</b> Receipt of (i) interest (iii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>f</b> Dividends from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>g</b> Sale of assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>h</b> Purchase of assets from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>i</b> Exchange of assets with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<input checked="" type="checkbox"/>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<input checked="" type="checkbox"/>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		<input checked="" type="checkbox"/>
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		<input checked="" type="checkbox"/>
<b>2</b> 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			Yes	No		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 (27-09330004) 6385 CORPORATE DR, COLORADO SPRINGS, CO 80919	FUNDRAISING	CO	501(C)(3)	11 - TYPE I	CHI	✓	
(19) CATHOLIC HEALTH INITIATIVES VIRTUAL HEALTH SERVICES (46-0992796) 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 - FI	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 SJMGROUP (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 (20-1536108) 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) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	EDUCATION	OH	501(C)(3)	2	GSH	✓	
(46) GOOD SAMARITAN FOUNDATION OF CINCINNATI, INC. (31-1206047) 619 OAK ST, ACCOUNTING-3 W, CINCINNATI, OH 45206	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
(64) HIGHLINE MEDICAL CENTER (91-0712166) 16251 SYLVESTER RD SW, BURLEN, WA 98166	HEALTHCARE	WA	501(C)(3)	3	FHS	✓	
(65) HOUSE OF MERCY (42-1323808) 1111 6TH AVE, DES MOINES, IA 50314	SHELTER	IA	501(C)(3)	7	CHI-IA CORP	✓	
(66) JEWISH HOSPITAL AND ST MARY'S HEALTHCARE, INC (61-1029768) 539 S 4TH ST, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	3	KOH	✓	
(67) KENTUCKYONE HEALTH MEDICAL GROUP, INC. (61-1352729) 539 S 4TH ST, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	JHSMH	✓	
(68) KENTUCKYONE HEALTH, INC. (61-1029769) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	HEALTHCARE	KY	501(C)(3)	9	CHI	✓	
(69) 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 HEALTH 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 95904	PHYSICIANS	TX	501(C)(3)	11 - TYPE III - FI	MHSET	✓	
(70) MEMORIAL SPECIALTY HOSPITAL (75-2492741) PO BOX 1447, LUFKIN, TX 95902	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-DM IA	✓	
(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	✓	

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						Yes	No
(79) MERCY HOSPITAL OF DEVILS LAKE (45-0227012) 1031 7TH ST NE, DEVILS LAKE, ND 58301	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(80) MERCY HOSPITAL OF DEVILS LAKE FOUNDATION (35-2367360) 1031 7TH 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 58801	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 (93-0386868) 2700 STEWART PKWY, ROSEBURG, OR 97471	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(85) MERCY MEDICAL FOUNDATION (45-0381803) 1301 15TH AVE WEST, WILLISTON, ND 58801	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 (71-0966606) 1200 N 7TH ST, OAKES, ND 58474	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	OCH	✓	
(90) PINEWOODS MEDICAL DEVELOPMENT CORP (75-2493116) PO BOX 1447, LUFKIN, TX 75902	PROPERTY MGMT	TX	501(C)(3)	11 - TYPE III - FI	MHSET	✓	
(91) PUEBLO STEPUP (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) S E T 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 (22-2876836) 25 POCONO RD, DENVER, NJ 07834	HEALTHCARE	NJ	501(C)(3)	11 - TYPE II	SCHS	✓	
(95) SAINT CLARE'S FOUNDATION, INC. (22-2502997) 25 POCONO RD, DENVER, NJ 07834	FUNDRAISING	NJ	501(C)(3)	7	SCHS	✓	
(96) SAINT CLARE'S HEALTH SERVICES, INC. (22-3639733) 25 POCONO RD, DENVER, NJ 07834	MANAGEMENT	NJ	501(C)(3)	11 - TYPE II	CHI	✓	
(97) SAINT CLARE'S HOSPITAL, INC (22-3319886) 25 POCONO RD, DENVER, 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 W FAIDLEY, 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 BEREAS HOSPITAL FOUNDATION, INC (26-0152877)	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	

(a) Name, address and EIN of related organization	(b) Primary Activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
305 ESTILL ST, BERE, KY 40403							
(104) SAINT JOSEPH HEALTH SYSTEM, INC (61-1334601) 424 LEWIS HARGETT CIRCLE, STE 160, LEXINGTON, KY 40503	HEALTHCARE	KY	501(C)(3)	3	KOH	✓	
(105) SAINT JOSEPH HOSPITAL FOUNDATION, INC. (61-1159649) ONE SAINT JOSEPH DRIVE, LEXINGTON, KY 40504	FUNDRAISING	KY	501(C)(3)	11 - TYPE I	SJHS	✓	
(106) SAINT JOSEPH LONDON FOUNDATION, INC. (26-0438748) 1001 SAINT JOSEPH LANE, LONDON, KY 40741	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(107) SAINT JOSEPH MEDICAL FOUNDATION, INC (31-1539059) 200 ABRAHAM FLEXNER WAY, LOUISVILLE, KY 40202	PHYSICIANS	KY	501(C)(3)	3	SJHS	✓	
(108) SAINT JOSEPH MOUNT STERLING FOUNDATION, INC (27-2884584) 225 FALCON DR, MOUNT STERLING, KY 40353	FUNDRAISING	KY	501(C)(3)	7	SJHS	✓	
(109) SAINT JOSEPH'S HOSPITAL FOUNDATION (36-3418207) 30 WEST 7TH ST, DICKINSON, ND 58601	FUNDRAISING	ND	501(C)(3)	11 - TYPE I	SJHC	✓	
(110) SAMARITAN BEHAVIORAL HEALTH, INC. (02-0633634) 601 S EDWIN C MOSES BLVD, DAYTON, OH 45417	HEALTHCARE	OH	501(C)(3)	7	SHP	✓	
(111) SAMARITAN HEALTH PARTNERS (31-1107411) 111 N MAIN ST, STE 500, DAYTON, OH 45402	HEALTHCARE	OH	501(C)(3)	11 - TYPE I	CHI	✓	
(112) SCHUYLER MEMORIAL HOSPITAL FOUNDATION, INC (36-3630014) 104 W 17TH ST, SCHUYLER, NE 68661	FUNDRAISING	NE	501(C)(3)	11 - TYPE I	AHMS	✓	
(113) SJPMC, JOPLIN MISSOURI (44-0545809) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	HEALTHCARE	MO	501(C)(3)	3	CHI	✓	
(114) SL AUGUSTA CORP (76-0226623) PO BOX 20269, HOUSTON, TX 77225	TITLE HOLDING	TX	501(C)(2)		SLPC	✓	
(115) ST. ANTHONY HOSPITAL (93-0391614) 1601 SE COURT AVE, PENDLETON, OR 97801	HEALTHCARE	OR	501(C)(3)	3	CHI	✓	
(116) ST. ANTHONY HOSPITAL FOUNDATION (93-0992727) 1601 SE COURT AVE, PENDLETON, OR 97801	FUNDRAISING	OR	501(C)(3)	11 - TYPE I	SAH	✓	
(117) ST. ANTHONY'S HOSPITAL ASSOCIATION (71-0245507) FOUR HOSPITAL DR, MORRILTON, AR 72110	HEALTHCARE	AR	501(C)(3)	3	SVIMC	✓	
(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 (23-2342997) 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	SURHN	✓	

(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	MN	501(C)(3)	3	CHI	✓	
(133) ST. JOSEPH'S HOSPITAL AND HEALTH CENTER (45-0226429) 30 WEST 7TH ST, DICKINSON, ND 58601	HEALTHCARE	ND	501(C)(3)	3	CHI	✓	
(134) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION (26-0274448) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	MANAGEMENT	TX	501(C)(3)	11 - TYPE I	SLHS	✓	
(135) ST. LUKE'S COMMUNITY DEVELOPMENT CORPORATION - PMC (27-3733278) 6624 FANNIN ST, STE 2505, HOUSTON, TX 77030	HEALTHCARE	TX	501(C)(3)	3	SLCDC	✓	
(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	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	INVESTMENT MGMT	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	HEALTHCARE	TX	501(C)(3)	3	SLHS	✓	
(143) ST. LUKE'S MEDICAL GROUP (76-0458535) 6624 FANNIN ST, HOUSTON, TX 77030	PHYSICIANS	TX	501(C)(3)	3	SLHS	✓	
(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	CHI-SLH	✓	
(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 (51-0169537) 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) 619 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 (27-4499340) 17200 ST. LUKE'S 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		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 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 BRDWAY, 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 (22-2333444) 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 domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income related, unrelated, excluded from tax under sections 512-514	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation s?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
275 SW 160TH ST, BURIEN, WA 98166	IMAGING											
(16) LAKESIDE AMBULATORY SURGICAL CENTER, LLC (20-4267902) 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) LINCOLN CK LEASING, LLC (26-2498856) 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	SVMC	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 (27-3280598) 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	
(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	✓		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		✓	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		✓	54.21
(35) ST. LUKE'S DIAGNOSTIC CATH LAB, LLP (71-0959365) 6620 MAIN ST, STE 1520, HOUSTON, TX 77030	DIAGNOSTICS	TX	SLHS HOLDINGS	RELATED	273,448	868,814		✓	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	✓		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	✓		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	✓		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	✓		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	✓		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	✓		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, C.J	CAPTIVE MANAGEMENT T	CJ	CHI	C CORPORATION	0	0	100	✓	
(9) CARMONA-DESOTO 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	-2286538	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	CONDO ASSOC	TX	CHI-SLHBCM	C CORPORATION	0	0	100	✓	
(13) CLEARIVER 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-IA 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	16782	100	✓	
(18) FIRST INITIATIVES INSURANCE, LTD (98-0203038) PO BOX 10073, APO, GEORGETOWN, GRAND CAYMAN, KY1-1001, C.J	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 1990, KEARNEY, NE 68848	MEDICAL CLINIC	NE	CHI NEBRASKA	C CORPORATION	-7280	180468	100	✓	
(21) HEALTH SYSTEMS ENTERPRISES, INC. (47-0664558) PO BOX 1990, KEARNEY, NE 68848	MGMT	NE	GSH	C CORPORATION	87278	1377820	100	✓	
(22) HEALTHCARE MGMT SERVICES ORGANIZATION, INC. (91-1865474) 1717 SOUTH J ST, TACOMA, WA 98405	HEALTH ORG.	WA	FHS	C CORPORATION	0	0	100	✓	
(23) HEARTLANDPLAINS HEALTH (46-4368223) 198 INVERNESS DRIVE WEST, ENGLEWOOD, CO 80112	INSURANCE	NE	PHPSI	C CORPORATION	0	0	100	✓	
(24) HIGHLINE MEDICAL GROUP (91-1586438) 15811 AMBAUM BLVD SW, STE 170, BURIEN, WA 98166	MEDICAL SERVICES	WA	HMC	C CORPORATION	-6049147	5689139	100	✓	
(25) MEDQUEST (45-0392137) 1602 WEST 11TH ST, WILLISTON, ND 58801	SALE OF DME	ND	MMC WILLISTON	C CORPORATION	-	1152715	100	✓	
(26) MERCY PARK APARTMENTS, LTD (42-1202422) 1111 6TH AVE, DES MOINES, IA 50314	HOUSING	IA	CHI-IA CORP	C CORPORATION	273525	1937218	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, CJ	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 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 (46-4380824) 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, DENVER, 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) SJL PHYSICIAN MANAGEMENT SERVICES, INC. (27-0164198) 424 LEWIS HARGETT CR, STE 160, LEXINGTON, KY 40503	MGMT	KY	SJHS	C CORPORATION	0	0	100	✓	
(44) SLMT PARKING, INC. (76-0637140) 6624 FANNIN, STE 800, HOUSTON, TX 77030	PARKING	TX	SLHS	C CORPORATION	1117934	13768221	100	✓	
(45) SOUNDPATH HEALTH, INC (42-1720801) 32129 WEYERHAEUSER WAY S, STE 201, FEDERAL WAY, WA 98001	INSURANCE	WA	PHPS	C CORPORATION	-154741	10976973	62.6	✓	
(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	WA	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?	
								Yes	No
(48) ST. JOSEPH OFFICE PARK ASSOCIATION (61-1079899) 1401 HARRODSBURG RD, BLDG B70, LEXINGTON, KY 40504	MGMT	KY	SIHS	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 (76-0377932) 6720 BERTNER, MC4-262, 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 ASSOCIATION (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	SVIMC	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 EPISCOPAL HOSPITAL DENTON A COOLEY BUILDING 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. (52-1710750) 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 Service**Application 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](http://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](http://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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 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, 2015, 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, 2013, and ending June 30, 2014.

- 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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	<b>3c</b>	\$

**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  File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions. SAINT JOSEPH HOSPITAL FOUNDATION, INC	Employer identification number (EIN) or 61-1159649
	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-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

**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 ► Edmund A. Burington Title ► Tax Supervisor Date ► 1/8/15

Form 8868 (Rev. 1-2014)