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

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

St. Joseph Worker Foundation, Inc.

Employer identification number 621825301

St. Jo	oseph worker Foundation, inc.		0.5			02102	.5301						
Par	rt I Reason for Public Ch	arity Status (All	organizations must	complet	e this pa	art.) See instructio	ns.						
The c	The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)												
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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:												
10	✓ An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12	☐ An organization organized ar	nd operated exclus	sively for the benefit o	f, to perfo	rm the fu	unctions of, or to cal	ry 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g												
а	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.												
b	Type II. A supporting ord												
	control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.												
c	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.												
d	☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.												
1.50		• 1											
е	Check this box if the organization of the condition of						e II, Type III						
f													
g	Provide the following informati	on about the supp	orted organization(s).										
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)						
				Yes	No	200							
(A)	•					,							
(B)													
(C)													
(D)													
(E)													

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

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support					,					
Calendar year (or fiscal year beginning in) ▶		(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees										
_	received. (Do not include any "unusual grants.")	30900	19827	20156	17500	18401	106784				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0				
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	o	0	0	0	0	0				
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	o	0	0	0				
6	Total. Add lines 1 through 5	30900	19827	20156	17500	18401	106784				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	0	0	0	0	0	0				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000						<i>k</i>				
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0				
	Add lines 7a and 7b	0	0	0	0	0	0				
8	Public support. (Subtract line 7c from	4.32	100	La Balletina	150	3 BES					
Conti	line 6.)	200		2000		1	106784				
	ion B. Total Support	(1)0010	410011	() 2015	(0.00/0.1	T					
9	Amounts from line 6	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total				
10a		30900	19827	20156	17500	18401	106784				
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	o	0	0	o	0	0				
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0				
c	Add lines 10a and 10b	0	0	0	0	0	0				
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0							
12	Other income. Do not include gain or loss from the sale of capital assets	U			0	0	0				
	(Explain in Part VI.)	0	0	0	0	0	0				
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	30900	19827	20156	17500	18401	106784				
14	First five years. If the Form 990 is for the	e organization	's first, second	d, third, fourth,	or fifth tax ye		501(c)(3)				
	organization, check this box and stop her						▶ 🗆				
	on C. Computation of Public Suppor										
15	Public support percentage for 2017 (line 8	3, column (f) div	ided by line 1	3, column (f))		15	100 %				
16	Public support percentage from 2016 Sch	edule A, Part I	II, line 15 .	<u> </u>		16	100 %				
	tion D. Computation of Investment Income Percentage										
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f) 17 0 %										
18	Investment income percentage from 2016 Schedule A, Part III, line 17										
19a	331/3% support tests – 2017. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line										
	17 is not more than 33½%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .										
b	331/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization										
20	Private foundation. If the organization did	not check a b	oox on line 14,	19a, or 19b, cl	neck this box a	and see instruc	tions 🕨 🗌				

## SCHEDULE O (Form 990 or 990-EZ)

## 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

**Employer identification number** 

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Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information.

St. Joseph Worker Foundation, Inc. 621825301 990-EZ Grants are listed in Part III and are repeated here. Part III #28: 34 students in Haiti received educational scholarships which enabled them to attend school. The total amount of these scholarships was \$20000. Part III #29: Grant of \$150 to "St. Joseph Worker Foundation, Inc. for Children and Families of Haiti Agency Endowment Fund" of the Community Foundation of Middle Tennessee, Inc. The total amount of these grants was \$20150.