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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009**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 black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning**, 2009, and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization SAN JUAN HEALTHCARE FOUNDATION, INC. C/O MONTROSE MEMORIAL HOSPITAL		D Employer identification number 74-2390346
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 800 SOUTH THIRD STREET		E Telephone number (970) 240-7251
		City or town, state or country, and ZIP + 4 MONTROSE, CO 81401		F Group Exemption Number - - - ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

G Accounting method ☐ Cash ☐ Accrual
Other (specify) ▶ MOD. ACCRUAL

I Website: ▶ SEE GENERAL EXPLANATION ATTACHMENT

J Tax-exempt status (check only one) - ☒ 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

H Check ▶ ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 159,428.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	97,133.
	2	Program service revenue including government fees and contracts	2	3,070.
	3	Membership dues and assessments	3	
	4	Investment income	4	12,987.
	5a	Gross amount from sale of assets other than inventory		
	5b	Less cost or other basis and sales expenses		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ 45,489. of contributions reported on line 1)	6a	46,238.
6b	Less direct expenses other than fundraising expenses	6b	59,000.	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-12,762.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	100,428.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	79,349.
	11	Benefits paid to or for members	11	0.
	12	Salaries, other compensation, and employee benefits	12	3,725.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶)	16	1,568.
	17	Total expenses. Add lines 10 through 16	17	84,642.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,786.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	958,652.
	20	Other changes in net assets or fund balances (attach explanation)	20	138,736.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	1,113,174.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	958,652.	1,165,874.
23	Land and buildings		
24	Other assets (describe ▶)		
25	Total assets	958,652.	1,165,874.
26	Total liabilities (describe ▶)	0.	52,700.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	958,652.	1,113,174.

JSA
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2009)

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Part III	Statement of Program Service Accomplishments (See the instructions for Part III)
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What is the organization's primary exempt purpose? ATCH 9

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 ATTACHMENT 10

(Grants \$	79,349.) If this amount includes foreign grants, check here	▶
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28a	79,349.
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29

(Grants \$) If this amount includes foreign grants, check here ▶
------------	------------------------------------------------------------------

29a	
-----	--

30

(Grants \$) If this amount includes foreign grants, check here ►

30a	
-----	--

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32	Total program service expenses (add lines 28a through 31a)	32	79,349.
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Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(a) Name and address

(b) Title and average hours per week devoted to position

(c) Compensation
(If not paid,
enter -0-)

(d) Contributions to employee benefit plans & deferred compensation

(e) Expense account and other allowances

ATTACHMENT 11

- 0 -

- 0 -

-0-

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0 ., section 4912 ▶ 0 ., section 4955 ▶ 0		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶		
42 a The organization's books are in care of ▶ GINA CRISMAN Telephone no ▶ 970-252-2564		
Located at ▶ 800 SOUTH THIRD STREET MONTROSE, CO ZIP + 4 ▶ 81401		
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)?	Yes	No
If "Yes," enter the name of the foreign country ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country ▶	42c	
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/>		
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46	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	46	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 ▶ NONE

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors receiving over \$100,000 ▶ NONE

Sign Here	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.			
	Signature of officer <i>Gaye L. Cox</i> Date <i>11/24/10</i>			
Paid Preparer's Use Only	Preparer's signature <i>Yuta F. Winters</i>		Date <i>11/1/10</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <i>BKD, LLP</i> <i>111 SOUTH TEJON, SUITE 800 COLORADO SPRINGS, CO 80903-9848</i>		EIN <i>44-0160260</i>	Preparer's identifying number (See instructions) <i>P00290681</i>
			Phone no <i>719 471-4290</i>	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization **SAN JUAN HEALTHCARE FOUNDATION, INC.**

Employer identification number

C/O MONTROSE MEMORIAL HOSPITAL

74-2390346

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 - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

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

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

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

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	154,417	531,769	231,335	84,763	97,133	1,099,417
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	154,417	531,769	231,335	84,763	97,133	1,099,417
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						108,702
6 Public support Subtract line 5 from line 4						990,715

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	154,417	531,769	231,335	84,763	97,133	1,099,417
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,420	31,067	36,171	27,282	12,987	124,927
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support Add lines 7 through 10						1,224,344
12 Gross receipts from related activities, etc. (see instructions)					12	304,583
13 First five years If the Form 990 is for the organization's first, second third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	80.92 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	80.24 %
16a 33 1/3 % support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009 If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2009 If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2008 If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. See instructions.

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization	SAN JUAN HEALTHCARE FOUNDATION, INC.
--------------------------	--------------------------------------

C/O MONTROSE MEMORIAL HOSPITAL

Employer identification number

74-2390346

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.

- | | | | | | |
|---|--------------------------|----------------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <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 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			
Total ►						

- 3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	COWBOY POETRY (event type)	3 (total number)	
Revenue	1 Gross receipts	48,910.	13,350.	24,967.	87,227.
	2 Less Charitable contributions	15,022.	12,369.	13,598.	40,989.
	3 Gross income (line 1 minus line 2)	33,888.	981.	11,369.	46,238.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	3,187.		875.	4,062.
	6 Rent/facility costs	5,674.	711.	4,054.	10,439.
	7 Food and beverages	1,450.		776.	2,226.
	8 Entertainment	2,800.	12,710.	250.	15,760.
	9 Other direct expenses	9,144.	5,161.	8,243.	22,548.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				55,035.
	11 Net income summary. Combine line 3, column (d), and line 10				-8,797.

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine line 1, column d, and line 7				
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?	9a			
b	If "No," explain				
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a			
b	If "Yes," explain				
11	Does the organization operate gaming activities with nonmembers?	11			
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?	12			

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a %		
b	An outside facility 13b %		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? 15a		
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 ▶ _____		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> 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? 17a		
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 ▶ \$		

SAN JUAN HEALTHCARE FOUNDATION, INC.

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FORM 990EZ - GENERAL EXPLANATION ATTACHMENT

FORM 990-EZ, PAGE 1, LINE I
WEB ADDRESS

WWW.MONTROSEHOSPITAL.COM/PAGES/SAN_JUAN_FOUNDATION.HTML

SAN JUAN HEALTHCARE FOUNDATION, INC.

74-2390346

ATTACHMENT 1

FORM 990EZ, PART I - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>AMOUNT</u>
OTHER INVESTMENTS	12,987.
TOTAL	<u>12,987.</u>

ATTACHMENT 2FORM 990EZ, PART I - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
GALA DINNER	15,022.
GOLF TOURNAMENT	4,700.
GRIN AND BARRETT RIDE	2,943.
CATCH A FISH	1,350.
DA VINCI	3,150.
CARING FRIENDS	5,955.
COWBOY POETRY	12,369.
TOTAL	<u>45,489.</u>

ATTACHMENT 3FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
GALA DINNER	33,888.	22,255.	11,633.
GOLF TOURNAMENT	5,630.	7,181.	-1,551.
GRIN AND BARRETT RIDE	5,739.	2,719.	3,020.
CATCH A FISH	0.	889.	-889.
DA VINCI	0.	3,077.	-3,077.
CARING FRIENDS	0.	4,297.	-4,297.
COWBOY POETRY	981.	18,582.	-17,601.
TOTALS	<u>46,238.</u>	<u>59,000.</u>	<u>-12,762.</u>

ATTACHMENT 4FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF \$5000

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

FOUNDATION STATUS OF RECIPIENTRECIPIENT NAME AND ADDRESSPURPOSE OF GRANT OR CONTRIBUTIONAMOUNT

GRANTS PAID

MONTROSE MEMORIAL HOSPITAL
800 SOUTH THIRD STREET
MONTROSE, CO 81401

AFFILIATE
501(C)(3)

TO SUPPORT MMH'S PORTION OF THE CANCER CENTER

19,353

TOTAL CONTRIBUTIONS PAID19,353

GRANTS ACCRUED

MONTROSE MEMORIAL HOSPITAL
800 SOUTH THIRD STREET
MONTROSE, CO 81401

AFFILIATE
501(C)(3)

FUND DAVINCI ROBOT

10,000

MMH PEDIATRIC REHAB
800 SOUTH THIRD STREET
MONTROSE, CO 81401

AFFILIATE
501(C)(3)

PURCHASE EQUIPMENT

7,200

MMH ONCOLOGY
800 SOUTH THIRD STREET
MONTROSE, CO 81401

AFFILIATE
501(C)(3)

PURCHASE EQUIPMENT

35,500

TOTAL CONTRIBUTIONS ACCRUED52,700TOTAL GRANTS AND SIMILAR AMOUNTS PAID72,053

SAN JUAN HEALTHCARE FOUNDATION, INC.

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ATTACHMENT 5

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,568.
TOTAL	<u>1,568.</u>

SAN JUAN HEALTHCARE FOUNDATION, INC.

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ATTACHMENT 6

FORM 990EZ, PART I - OTHER CHANGES IN FUND BALANCES

INCREASES IN FUND BALANCES

UNREALIZED GAINS ON INVESTMENTS

138,736.

TOTAL

138,736.

ATTACHMENT 7FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	76,961.	28,743.
SAVINGS	413,445.	455,693.
INVESTMENTS - SECURITIES	468,246.	681,438.
TOTALS	<u>958,652.</u>	<u>1,165,874.</u>

ATTACHMENT 8FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
GRANTS PAYABLE	0.	52,700.
TOTALS	<u>0.</u>	<u>52,700.</u>

ATTACHMENT 9

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

WE DEVELOP RESOURCES THAT GO TOWARDS IMPROVING HEALTHCARE IN THE MONTROSE REGION. THESE RESOURCES ARE FOR THE ADVANCEMENT OF CHARITABLE, SCIENTIFIC, OR EDUCATIONAL HEALTHCARE NEEDS. WE RECOGNIZE THE ROLE OF THE DONOR IN THE ADVANCEMENT OF THE FOUNDATION AND PLEDGE TO ACCEPT, INVEST, AND ADMINISTER GIFTS ACCORDING TO THE WISHES OF THE DONOR AND THE NEEDS OF THE COMMUNITY. TOWARD THESE ENDS, WE ENCOURAGE GIVING TO LIFE AND A LIFETIME OF GIVING.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 10PROGRAM SERVICE ACCOMPLISHMENT 1

THE SAN JUAN HEALTHCARE FOUNDATION WAS FOUNDED IN 1982 TO LOOK TOWARD THE FUTURE OF HEALTHCARE NEEDS IN OUR COMMUNITY. THE FOUNDATION VISION OF SUPPORT FOR HEALTHCARE FACILITIES, EDUCATION, AND EQUIPMENT HAS MAINTAINED ITSELF OVER THE YEARS. PROGRAM ACCOMPLISHMENTS INCLUDE: SCHOLARSHIPS FOR NURSING EDUCATION, SUPPORT OF THE "NEW ME" HEALTH EDUCATION PROGRAM FOR THE 5TH GRADERS AT THE SCHOOL DISTRICT, SUPPORT OF THE DA VINCI ROBOT FOR SURGICAL PROCEDURES AT MONTROSE MEMORIAL HOSPITAL (MMH), SUPPORT OF REDECORATION OF PEDIATRIC ROOM IN THE MMH ER DEPARTMENT, PHYSICAL THERAPY EQUIPMENT FOR PEDIATRIC REHAB AT MMH, SUPPORT OF THE CARING FRIENDS FUND, CATCH A FISH PROGRAM, AND NEW PROJECTORS FOR THE EDUCATION CENTER AT MMH.

SAN JUAN HEALTHCARE FOUNDATION, INC.

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 11

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
JEAN BALDERSTON 800 SOUTH THIRD STREET MONTROSE, CO 81401	VICE PRESIDENT 1.00	0.	0.	0.
TOM BARRETT 800 SOUTH THIRD STREET MONTROSE, CO 81401	DIRECTOR 1.00	0.	0.	0.
WILLIAM BENNETT 800 SOUTH THIRD STREET MONTROSE, CO 81401	DIRECTOR 1.00	0.	0.	0.
PHOEBE BENZIGER 800 SOUTH THIRD STREET MONTROSE, CO 81401	DIRECTOR 1.00	0.	0.	0.
GAYE COX 800 SOUTH THIRD STREET MONTROSE, CO 81401	PRESIDENT 1.00	0.	0.	0.
GAYLE FRAZZETTA 800 SOUTH THIRD STREET MONTROSE, CO 81401	SECRETARY-TREASURER 1.00	0.	0.	0.
MARY SNYDER 800 SOUTH THIRD STREET	DIRECTOR 1.00	0.	0.	0.

SAN JUAN HEALTHCARE FOUNDATION, INC.

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FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 11 (CONT'D)

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
MONTROSE, CO 81401				
DOUG TEA 800 SOUTH THIRD STREET MONTROSE, CO 81401	DIRECTOR 1.00	0.	0.	0.
DORIS VAN NESS 800 SOUTH THIRD STREET MONTROSE, CO 81401	DIRECTOR 1 00	0.	0.	0.
GRAND TOTALS		0.	0.	0.