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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
ST JOSEPH HOSPITAL

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1835 FRANKLIN STREET

City or town, state or country, and ZIP + 4
DENVER, CO 80218

D Employer identification number
84-0417134

E Telephone number
(303) 467-4430

G Gross receipts $ 398,908,614

F Name and address of principal officer
BAIN FARRIS

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0928

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW EXEMPLA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1873

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE JOINT MISSION OF EXEMPLA AND SAINT JOSEPH HOSPITAL IS TO FOSTER HEALING AND HEALTH FOR THE GREATER DENVER COLORADO METROPOLITAN SERVICE AREA

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**	10
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of employees (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	313
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	320,642
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	275,539

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	595,000	760,000
	9 Program service revenue (Part VIII, line 2g)	363,945,876	387,141,939
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,762,114	4,129,266
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-3,197,942	-661,643
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	367,105,048	391,369,562
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	102,420	245,560
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	182,889,708	197,784,485
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	166,007,077	170,671,178
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	348,999,205	368,701,223
	19 Revenue less expenses Subtract line 18 from line 12	18,105,843	22,668,339

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	413,006,258	429,141,510
	21 Total liabilities (Part X, line 26)	104,655,399	96,129,700
	22 Net assets or fund balances Subtract line 21 from line 20	308,350,859	333,011,810

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

Signature of officer — Date: 2010-11-10

TODD CONKLIN SVP AND CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ ERNST & YOUNG US LLP TWO NORTH CENTRAL AVENUE STE 2300 PHOENIX, AZ 85004			EIN ▶ Phone no ▶ (602) 322-3000

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE JOINT MISSION OF EXEMPLA AND SAINT JOSEPH HOSPITAL IS TO FOSTER HEALING AND HEALTH FOR THE GREATER DENVER COLORADO METROPOLITAN SERVICE AREA

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 300,263,123 including grants of $) (Revenue $ 380,394,858)

Provision of hospital based healthcare services, including charity care and unreimbursed Medicaid - see description in Schedule O

4b (Code) (Expenses $ 14,363,119 including grants of $) (Revenue $ 11,954,527)

Health professions education - See detailed descriptions in Schedule O

4c (Code) (Expenses $ 439,263 including grants of $ 245,560) (Revenue $)

Mission and Community Development Activities - See detailed descriptions in Schedule O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 315,065,505

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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.*			
	● 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.*			
	● 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable **1a** 0			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable **1b** 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return **2a** 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year **7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . **10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities **10b**			
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from members or shareholders **11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) **11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year **12b**			

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 10		
b	Enter the number of voting members that are independent . .	1b 8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3	Yes	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CO

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

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

EXEMPLA INC CO BRENDA CHILMAN
2480 W 26TH AVE 360
DENVER,CO 80211
(303) 467-4430

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
See add'l data										

1b Total . . . . . ▶	0	9,194,645	1,674,133

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶0

			Yes	No
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**		No
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**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	760,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		760,000			
Program Service Revenue			Business Code				
	2a	NET PATIENT REV	621,500	376,465,750	376,145,108	320,642	
	b	EDUCATION & OTHER	611,600	8,996,328	8,996,328		
	c	ADMIN MISC INCOME	900,099	1,679,861	1,679,861		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		387,141,939			
	3	Investment income (including dividends, interest and other similar amounts)		4,198,508			4,198,508
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	945,939				
	b	Less rental expenses	4,811,622				
	c	Rental income or (loss)	-3,865,683				
	d	Net rental income or (loss)			-3,865,683			-3,865,683
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	0	33,382			
	b	Less cost or other basis and sales expenses	102,624	0			
	c	Gain or (loss)	-102,624	33,382			
	d	Net gain or (loss)			-69,242			-69,242
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19 a					
	b	Less direct expenses b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances a		1,656,253				
	b	Less cost of goods sold b		2,624,806				
	c	Net income or (loss) from sales of inventory			-968,553			-968,553
		Miscellaneous Revenue		Business Code				
	11a	LOSS ON JT VENTURES/SUBSIDIARIES		900,099	-1,355,945			-1,355,945
	b	SYSTEM EQUALIZATION REVENUE		900,099	5,528,538	5,528,538		
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			4,172,593			
	12	**Total revenue.** See Instructions			391,369,562	392,349,835	320,642	-2,060,915

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) but are not required to complete columns (B), (C), and (D).

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
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	245,560	245,560		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0	0		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	1,637,790	0	1,637,790	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	159,791,546	143,806,267	15,985,279	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,896,430	1,752,710	143,720	0
9 Other employee benefits	24,303,729	18,378,268	5,925,461	0
10 Payroll taxes	10,154,990	9,328,796	826,194	0
11 Fees for services (non-employees)				
a Management	17,719,003	17,719,003	0	0
b Legal	1,051,020	0	1,051,020	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising *See Part IV, line 17*	0			0
f Investment management fees	0	0	0	0
g Other	24,998,695	21,455,843	3,542,852	0
12 Advertising and promotion	1,248,318	0	1,248,318	0
13 Office expenses	2,510,414	2,361,193	149,221	0
14 Information technology	103,889	42,845	61,044	0
15 Royalties	0	0	0	0
16 Occupancy	4,387,086	3,802,541	584,545	0
17 Travel	461,218	382,151	79,067	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	937,895	770,662	167,233	0
20 Interest	2,810,016	0	2,810,016	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	24,290,009	16,209,125	8,080,884	0
23 Insurance	1,469,962	0	1,469,962	0
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a BAD DEBT EXPENSE	13,166,488	13,166,488	0	0
b EQUIPMENT RENTAL & MAINTENANCE	7,604,470	7,216,169	388,301	0
c MEDICAL SUPPLIES	54,858,697	53,987,836	870,861	0
d CONTRACT FEES	1,248,996	1,248,486	510	0
e OTHER EXPENSES	107,060	0	107,060	0
f All other expenses	11,697,942	3,191,562	8,506,380	0
25 **Total functional expenses.** Add lines 1 through 24f	368,701,223	315,065,505	53,635,718	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		674,544	1	2,850,623
	2	Savings and temporary cash investments		1,825,479	2	9,162,173
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		41,292,657	4	41,645,386
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		60,000,000	7	60,000,000
	8	Inventories for sale or use		4,481,347	8	4,170,068
	9	Prepaid expenses and deferred charges		3,077,570	9	967,384
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 445,759,416			
	b	Less accumulated depreciation	10b 247,575,158	192,432,720	10c	198,184,258
	11	Investments—publicly traded securities		40,997,382	11	38,785,268
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		48,474,785	13	47,185,836
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		19,749,774	15	26,190,514
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		413,006,258	16	429,141,510
Liabilities	17	Accounts payable and accrued expenses		20,871,232	17	21,476,788
	18	Grants payable			18	
	19	Deferred revenue			19	2,789
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		74,685,026	24	53,474,187
	25	Other liabilities Complete Part X of Schedule D		9,099,141	25	21,175,936
	26	**Total liabilities.** Add lines 17 through 25		104,655,399	26	96,129,700
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		308,168,119	27	332,830,836
	28	Temporarily restricted net assets		182,740	28	180,974
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		308,350,859	33	333,011,810
	34	Total liabilities and net assets/fund balances		413,006,258	34	429,141,510

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

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 **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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

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 ▶☐

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—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 ▶☐

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 ▶☐

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 ▶☐

Part III Support Schedule for Organizations Described in IRC 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 501(c)(3) organization, check this box and **stop here** ▶

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 ▶

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 ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** 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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
ST JOSEPH HOSPITAL	84-0417134

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV	Yes		1,106
j	Total lines 1c through 1i			1,106
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING EXPENDITURES	SCHEDULE C, PART II-B, QUESTION 1I	SAINT JOSEPH HOSPITAL INCURRED $1,106 IN LOBBYING EXPENDIUTRES tHIS INCLUDES PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH EXEMPLA OR EXEMPLA ENTITIES ARE MEMBERS

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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, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 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
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ %
- c Term endowment ▶ %

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		6,733,940		6,733,940
b Buildings		132,872,893	44,643,964	88,228,929
c Leasehold improvements		23,732,931	3,078,124	20,654,807
d Equipment		266,460,507	197,414,716	69,045,791
e Other		15,959,145	2,438,354	13,520,791
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				198,184,258

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
INVESTMENT IN SUBSIDIARIES/JV	2,954,802	C
INVESTMENT IN SYSTEM	44,231,034	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶	47,185,836	

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
INTEREST RECEIVABLE	19,705,316
INSURANCE REBATE RECEIVABLE	3,340,678
DEFERRED COMPENSATION ANNUITY	1,617,313
PHARMACY SUPPLY DEPOSIT	1,527,207
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	26,190,514

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
ESTIMATED THIRD PARTY PAYER SE	3,078,501
ACCRUED INTEREST PAYABLE	495,904
OTHER LIABILITIES	120,644
ASBESTOS MITIGATION LIABILITY	3,611,489
MALPRACTICE LIABILITY	1,973,772
AMOUNTS DUE TO RELATED ENTITIES	11,895,626
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	21,175,936

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
LIABILITY FOR UNCERTAIN TAX POSITIONS	SCHEDULE D PART XIV	EXEMPLA ACCOUNTS FOR UNCERTAINTY IN TAX POSITIONS IN ACCORDANCE WITH THE ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES, WHICH PRESCRIBES CRITERIA FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN ASC 740 ALSO PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE, AND TRANSITION MANAGEMENT HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2009 AND 2008 TAX YEARS 2007 THROUGH 2009 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE JURISDICTIONS

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)	1		16,111,353		16,111,353	4 530 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1		23,073,363	14,676,029	8,397,334	2 360 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs	2		39,184,716	14,676,029	24,508,687	6 890 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	1		6,400		6,400	0 %
f Health professions education (from Worksheet 5)	4		18,417,876	8,331,509	10,086,367	2 840 %
g Subsidized health services (from Worksheet 6)	7		57,726,889	40,775,994	16,950,895	4 770 %
h Research (from Worksheet 7)	1		152,271		152,271	0 040 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	26		87,001		87,001	0 020 %
j **Total** Other Benefits	39		76,390,437	49,107,503	27,282,934	7 670 %
k **Total.** Add lines 7d and 7j	41		115,575,153	63,783,532	51,791,621	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	1		55,000		55,000	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building	1		10,232		10,232	0 %
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	2		65,232		65,232	0 010 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1	Yes		
2	Enter the amount of the organization's bad debt expense (at cost)	2	3,317,435		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	15,793,715
6	Enter Medicare allowable costs of care relating to payments on line 5	6	16,690,664
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-896,949
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes		

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1	CO SURGICAL VENTURES	INV IN ORTH SURGICAL HOSP	85 000 %	0 %	0 %
2	CO ORTH SURG HOSP	ORTHOPEDIC SPECIALTY HOSPITAL	51 000 %	0 %	40 000 %
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
EXEMPLA ST JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER,CO 80218	X								

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Community benefits of Saint Joseph Hospital are included in a report prepared by Exempla Healthcare

THE ORGANIZATION DID NOT INCLUDE AS SUBSIDIZED HEALTH SERVICES ANY COSTS ATTRIBUTABLE TO PHYSICIAN CLINICS

A cost to charge ratio is used as the methodology for determining the amounts reported in the charity care and means-tested programs table A ratio of costs to charges methodology is employed, using an overall patient cost to charge relationship in determining the cost of charity care

A cost to charge ratio is used as the methodology for determining the amounts reported as cost of bad debt expense For all self-pay accounts, a standard 40% discount is first applied to charges as a deduction of revenue Bad debt expense is reflected net of discounts applied and payments received The organization does not include in bad debt expense any amount that could reasonably be attributable to patients who likely would qualify for financial assistance under the hospitals' charity care policy THE FOLLOWING ARE THE RELEVANT PORTIONS OF THE COMPANY'S FOOTNOTE TO THE FINANCIAL STATEMENTS RELATED TO BAD DEBT INCLUDED IN NET RECEIVABLES IS THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES THE ALLOWANCE FOR UNCOLLECTIBLE RECEIVABLES IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT PERIODICALLY ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY THE RESULTS FO THESE REVIEWS ARE USED TO MODIFY, AS NECESSARY, THE PROVISION FOR BAD DEBTS AND TO ESTABLISH APPROPRIATE ALLOWANCES FOR UNCOLLECTIBLE NET PATIENT ACCOUNTS RECEIVABLE

Inpatient and outpatient Medicare costs are calculated on the cost report Inpatient costs are a product of routine service costs based on per diems and ancillary costs based on inpatient Medicare charges factored by inpatient cost to charge ratios Outpatient costs are based on Medicare outpatient charges factored by outpatient cost to charge ratios

Saint Joseph Hospital has billing and collection practices in place that take into account each patient's ability to pay, and that demonstrate our Core Value of Respect We work with each patient to help them understand their financial responsibility for care received, financial assistance available to them, and to establish payment programs An integral component of our Mission is to be good financial stewards This requires us to determine which patients are in need of charity care and which are able to contribute some payment for care received We maintain a balance that enables us to continue to provide charity care to those who need it most, and to ensure that we manage our resources so that we can continue to be here when people need us most Notice of Availability of Charity Care and Financial Assistance is provided to each patient at the time of registration Such availability is noted in the Understanding the Billing Process brochure received by each patient Financial Counselors are available at the appropriate services sites to provide additional information or assistance Charity Care information is available at Exempla Hospitals and Clinics for Saint Joseph Hospital in one of the following areas * Registration Department * Financial Counselor * Business Office * Patient Representatives * Outside benefits-eligibility agency liaisons The Exempla website provides information about Saint Joseph Hospital financial assistance (including a copy of the charity care policy) Through the process for collecting payment, Saint Joseph Hospital's internal and external collectors are knowledgeable of and guided by Exempla's charity care policy If identified during the collection process that a patient does not have financial means for payment, they are referred to Business Office Charity Care for assistance In 2009, Saint Joseph Hospital provided a total of $16,111,353 in traditional charity care and $8,397,334 for the unpaid cost of Medicaid

2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves

As part of our Core Value of Response to Need, we take steps to determine where there is the most need in order to provide the greatest good An Exempla Healthcare's Needs Assessment, which includes Saint Joseph Hospital, was recently completed It was based on research that integrated data gathered from governmental, public and private agencies whose primary purpose is to provide organizations with information regarding he health needs of Colorado residents The assessment included a partnership with over 100 organizations, under the umbrella of the Denver Healthy People 2010 campaign sponsored by the US Department of Healthy and Human Services Exempla also partnered with additional organizations specific to each hospital's location and we also considered data regarding hospitals' top diagnostic related groupings (DRGs) from the inpatient, outpatient, emergency and Primary Care physician settings Priorities were selected through gap analysis between the Healthy People 2010 focus areas, the status of our community within those focus areas and hospital service lines Based on prioritization Community Education and Outreach programs to improve the health of our community were funded Strategies were developed to ensure that community health needs are being addressed in focus areas such as access to health cares, tobacco use, stroke and cancer We also continuously assess the needs of the community through close working relationships and partnerships with service agencies in the community, and by evaluating state and county health statistics

3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

Saint Joseph Hospital treats patients with respect and dignity regardless of their ability to pay Our financial assistance and charity care policy strives to balance our Mission and responsible financial management, while carefully managing our resources As part of our responsibility to educate, we inform our patients and their families of the availability of financial and other forms of assistance, including government programs We ensure they have a clear understanding of how to access this assistance We communicate this in a variety of ways to ensure that messages reach multiple audiences We clearly post our financial assistance and charity care policy, including financial assistance contact information, in admissions areas, emergency departments, billing offices, and other high traffic areas Brochures and take-away materials are also placed in these locations We post our financial assistance and charity care policy, including financial assistance contact information, on the public website We provide materials and education when patients register, including discussing the availability of various government benefits, such as Medicaid or state programs, and assisting the patient with qualifying for such programs where applicable We provide a brochure to each patient that details our financial assistance policy and how it is administered The brochure covers eligibility, steps to follow to determine if a patient qualifies for assistance, typical charges a patient may expect for routine procedures, and assistance available based on a patient's income level At the time of admission, we encourage our self pay patients to visit with a financial counselor to discuss qualifications for financial assistance The financial counselor works with the patient to complete a financial assistance form to determine the level of discount for which the patient may be eligible Our financial counselors have the authority to approve adjustments of $5,000 or less as soon as they complete the determination For amounts over $5,000 and up to $10,000, a Supervisor has the authority to approve the adjustments For amounts over $10,000 and up to $25,000, a Manager has the authority to approve the adjustments For amounts over $25,000 and up to $50,000, a Director has the authority to approve the adjustments For amounts over $50,000, the information is provided to the Charity Committee for approval If the patient does not qualify for charity care, the patient is immediately notified and the appeal process is explained, in following with our core values of Respect and Dignity We provide materials and education when patients are discharged, and include information in billing statements, including phone numbers and other methods to contact us with questions We ensure that our financial counselors, admission employees, social workers and other employees understand our policies to be able to assist patients in the most appropriate way We provide this information in a variety of languages to reach people whose primary language is not English Through the process for collecting payment, Exempla's internal and external collectors are knowledgeable of and guided by Exempla's charity care policy If identified during the collection process that a patient does not have financial means for payment, they are referred to Business Office Charity Care for assistance

4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

Exempla serves a five county region, including metro Denver and counties to the near west of Denver, with a diverse demographic ranging from dense urban centers to sparsely populated rural areas and isolated mountain dwelling The demographics also include a broad spectrum of insured and uninsured patients, including homeless individuals Each type of lifestyle is confronted with different public health issues and requires unique solution In Jefferson County, the largest growing constituent is people age 60 and over

5 Community building activities. Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

We extend our care beyond our hospital's walls in order to improve the health of our community Our community building activities demonstrate this commitment Exempla, Inc and Saint Joseph Hospital strive to develop partnership with community groups e g chambers, civic organizations, schools, health departments and economic councils Together we identify and promote health improvement opportunities such as community walk ability, worksite wellness, tobacco cessation, safety (bike helmets) and healthy nutrition We also promote access for vulnerable population through coalitions such as the Coalition for the Medically Underserved and legislative advocacy

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

We are an important part of our community and serve in many ways, from delivering core health care, to preventive care, to support of other civic groups In 2009, we provided community benefit totaling $51,856,943, including traditional charity care and the unpaid cost of Medicaid Our Board of Directors represent medical and business professionals and all provide hours of service in support of our hospital They are deeply involved in our needs assessment process, building programs and services, and community outreach to ensure that people know about services available to them through our hospital When Saint Joseph Hospital has excess revenue over operating expenses, we use those funds to obtain current health care technologies and equipment, improve patient care, provide medical training education and research, and to expand access to points of care These investments ensure we'll be here to care for future generations Saint Joseph Hospital also contributes to the economy as a purchaser of goods and services, and is a major employer We also support our employees in volunteering for community organizations including serving on community boards, and provide opportunities for them to support causes through hospital events We are good citizens and partner with other organizations and agencies to support a thriving community Nearly 100% of hospital's leadership serves on a variety of community and state boards and councils such as chambers, schools, non-profits, workforce development, and community colleges Our open medical staff serves on a variety of important committees and boards such as hospital's foundation boards, speaker's bureaus, and quality councils We provide focused support for Caritas Clinic, the community's health clinic for the uninsured We work closely together to provide integrated care for those who come to either facility for their health needs Caritas Clinic provides quality primary health care services for uninsured, low-income patients regardless of their ability to pay The Clinic is committed to providing access to compassionate and trustworthy care for the uninsured poor Services the Clinic provides include primary care, ongoing management of chronic diseases, and medication assistance In addition to financial support, Saint Joseph Hospital assists the Clinic in many other ways including strategy and operations guidance, donating supplies, and providing IT and financial systems management Caritas Clinic is also a part of the Sisters of Charity of Leavenworth Health System In fulfillment of our shared Mission, the SCLHS Clinics for the Uninsured are often the only safety net clinic in their community and provide valuable services for those who are most vulnerable

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

Saint Joseph Hospital is part of the Sisters of Charity of Leavenworth Health System (SCLHS), a faith-based, Mission-driven health care organization SCLHS operates 11 hospitals and four clinics for the uninsured in four states (California, Colorado, Kansas and Montana) SCLHS also is affiliated with two rural hospitals in Kansas and Montana The not-for-profit health system is headquartered in Lenexa, Kan , and comprises nearly 16,000 employees SCLHS is sponsored by the Sisters of Charity of Leavenworth, who opened their first hospital in 1864 Community benefits provided in 2009 throughout SCLHS totaled $204 9 million As part of SCLHS, we promote the shared Mission that "We will, in the spirit of the Sisters of Charity, reveal God's healing love by improving the health of the individuals and communities we serve, especially those who are poor or vulnerable " We are committed to living and demonstrating our Core Values of Excellence, Respect, Response to Need, Stewardship and Wholeness SCLHS supports its hospitals by providing guidance, oversight, and resources to help them accomplish initiatives that improve health in all our communities This includes coordinating community benefit processes, providing guidance with community needs assessments, and establishing consistent financial assistance and charity care policies and procedures Other ways SCLHS benefits its hospitals include quality improvement and performance excellence initiatives, system-wide IT implementation and infrastructure, strategic and operations direction and oversight, supply chain management and purchasing, benefits administration (including a wellness program free to employees that promotes their health and well-being), risk management, disaster planning and crisis assistance By sharing the work across our system we are able to lighten the burden for all in order to fulfill our Mission of improving health in our communities SCLHS improves overall health in our communities by providing infrastructure to support and sustain four Clinics for the Uninsured in Kansas and Colorado The SCLHS Clinics for the Uninsured are often the only safety net clinic in their community and provide valuable services for those who are most vulnerable Each hospital is supported by a Foundation to access and optimize local philanthropic organizations and individuals These Foundations raise funds through outreach, special events, and building donor relations throughout their community to support the needs of the hospital In times of disaster, SCLHS comes to the aid of our communities and others outside our service areas An example of this is a system-wide response to send relief to the people of Haiti after the earthquake there SCLHS provided a match of monies raised by our employees throughout the system to donate a total of $127,255

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

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. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
SUSAN G KOMEN BREAST CANCER FOUNDATION 1835 FRANKLIN ST DENVER,CO 80218	751835298	501(c)(3)	25,000				PINK TIE AFFAIR SPONSORSHIP
AMERICAN HEART ASSOCIATION1280 S PARKER RD DENVER,CO 80231	135613797	501(c)(3)	25,000				DENVER HEART BALL SPONSOR
ARRUPE CORPORATE WORK STUDY PROGRAM 4343 UTICA DENVER,CO 80212	460508814	501(c)(3)	55,000				Support for the school's work study program
DPS FOUNDATION900 Grant St Ste 503 DENVER,CO 80203	841224325	501(c)(3)	10,000				Gala Sponsor
STORIES ON STAGEPO Box 211093 DENVER,CO 80221	841583634	501(C)(3)	10,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 5

3 Enter total number of other organizations . . . ▶ 0

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. Use Schedule I-1 (Form 990) 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

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

Identifier	Return Reference	Explanation
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS	SCHEDULE I, PART I	- THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASONS FOR SUCH SUPPORT SUPPORT IS NOT CONSIDERED GRANTS, BUT RATHER MISCELLANEOUS DONATIONS AND SPONSORSHIPS ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE ORGANIZATION'S MISSION

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 idemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ 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**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**	Yes	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**	Yes	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JEFFREY D SELBERG	(i)	0	0	0	0	0	0	0
	(ii)	644,090	243,472	515,064	486,383	14,315	1,903,324	413,939
ROBERT ALAN MINKIN	(i)	0	0	0	0	0	0	0
	(ii)	481,332	109,394	543,542	195,144	16,224	1,345,636	527,042
HARALD E BORGSTROM	(i)	0	0	0	0	0	0	0
	(ii)	255,170	93,242	916,806	16,451	5,990	1,287,659	870,222
TODD A CONKLIN	(i)	0	0	0	0	0	0	0
	(ii)	359,988	0	55,700	4,500	20,058	440,246	0
ROBERT H MALTE	(i)	0	0	0	0	0	0	0
	(ii)	375,066	69,823	531,350	181,119	25,869	1,183,227	492,850
DAVID HAMM	(i)	0	0	0	0	0	0	0
	(ii)	303,787	80,978	182,372	165,384	18,267	750,788	134,921
JUDY A MITCHELL	(i)	0	0	0	0	0	0	0
	(ii)	242,944	57,213	368,120	128,518	6,563	803,358	310,365
MARTIN CARROLL HELLDORFER	(i)	0	0	0	0	0	0	0
	(ii)	130,734	46,238	110,060	13,840	11,723	312,595	0
DAVID C PECORARO	(i)	0	0	0	0	0	0	0
	(ii)	269,087	65,761	60,369	12,986	14,382	422,585	0
KATHRYN LOUISE BALLINGER	(i)	0	0	0	0	0	0	0
	(ii)	303,954	65,739	38,500	18,820	11,650	438,663	0
WILLIAM M MURRAY	(i)	0	0	0	0	0	0	0
	(ii)	902,099	0	772,651	292,786	13,161	1,980,697	0

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 3	THE ORGANIZATION RELIED ON A RELATED ORGANIZATION THAT USED EACH OF THE METHODS DESCRIBED IN SCHEDULE J, PART I TO ESTABLISH COMPENSATION OF THE ORGANIZATION'S CEO
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 4A	A SEVERANCE PAYMENT WAS MADE TO MARTIN HELLDORFER DURING 2009, IN THE AMOUNT OF $52,942
SUPPLEMENTAL COMPENSATION INFORMATION	SCHEDULE J, PART I, QUESTION 6A	THE MANAGEMENT INCENTIVE PLANS ARE BASED ON A COMBINATION OF MEASURES, AND ARE TAILORED TO INDIVIDUAL PARTICIPANTS SENIOR LEADERSHIP IS ELIGIBLE FOR THE SENIOR MANAGEMENT INCENTIVE PLAN (SMIP) PERFORMANCE CATEGORIES FOR THE SMIP ARE LIVES SAVED, MEDICARE CORE MEASURES, PATIENT SAFETY COMPOSITE, INPATIENT SATISFACTION, LEVEL OF INPATIENTS THAT WOULD RECOMMEND, EMPLOYEE ENGAGEMENT, BEST PLACE TO PRACTICE RESULTS FOR PHYSICIANS, ADJUSTED ADMISSIONS, EMERGENCY AVAILABILITY, FLEX BUDGET COMPLIANCE, AND OPERATING CASH FLOW MARGIN THE FINAL TWO CATEGORIES ARE GENERALLY RELATED TO THE NET EARNINGS OF THE DIVISION IN WHICH THE INDIVIDUAL WORKS, OR IN THE CASE OF SYSTEM SERVICES SENIOR MANAGEMENT, THE NET EARNINGS OF THE COMPANY THE RELATIVE WEIGHT OF EACH CATEGORY IS TAILORED TO THE INDIVIDUAL PARTICIPANT DESIGNATED MANAGERS AND DIRECTORS ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN (MIP) PERFORMANCE CATEGORIES FOR THE MIP ARE HOSPITAL OPERATING MARGIN, HOSPITAL PATIENT SATISFACTION, CLINICAL AND OPERATIONAL EXCELLENCE, FINANCIAL PERFORMANCE, SERVICE EXCELLENCE, EMPLOYEE ENGAGEMENT, AND PHYSICIAN ENGAGEMENT THE RELATIVE WEIGHT OF EACH CATEGORY IS TAILORED TO THE INDIVIDUAL PARTICIPANT
INITIAL CONTRACT EXCEPTION	PART I, QUESTION 8	ROBERT MINKIN WAS HIRED IN JUNE 2006, AND WAS PAID PURSUANT TO A CONTRACT THAT WAS SUBJECT TO THE INITIAL CONTRACT EXCEPTION DESCRIBED IN REGS SECTION 53 4958-4(A)(3)
SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN	SCHEDULE J PART I QUESTION 4B	EXEMPLA HAS A 457(F) SUPPLEMENTAL NONQUALIFIED DEFERRED COMPENSATION PLAN, IN WHICH CERTAIN KEY OFFICERS PARTICIPATE THE FOLLOWING OFFICERS RECEIVED DISTRIBUTIONS FROM THE 457(F) PLAN IN 2009 JEFFREY D SELBERG - $413,939 HARALD E BORGSTROM - $870,222 ROBERT ALAN MINKIN - $527,042 ROBERT H MALTE - $492,850 JUDY A MITCHELL - $310,365 DAVID HAMM - $134,921 THE FOLLOWING OFFICERS RECEIVED DEFERRED COMPENSATION AWARDS FROM THE 457(F) PLAN IN 2009 JEFFREY D SELBERG - $463,983 ROBERT ALAN MINKIN - $184,404 ROBERT H MALTE - $162,299 JUDY A MITCHELL - $109,498 DAVID HAMM - $139,404

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
HESKY-FISHER-LUKNIC MDSPC	MEDICAL DIR/EXEMPLA BOD	1,092,270	GRAD MED ED TEACHING AGREEMENT		No
MIDTOWN INPATIENT MEDICINE	PARTNER / EXEMPLA KEY EMP	1,862,841	HOSPITALIST SVCS AGREEMENT		No
HOSPITAL SHARED SERVICES	BOD / EXEMPLA KEY EMP	4,424,513	CONTRACTED SERVICES		No
COLORADO ORTHOPEDIC SURGICAL HOSPIT	BOD / EXEMPLA OFFICER	1,912,725	MEDICAL SVCS TO SJH PATIENTS		No

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

Identifier	Return Reference	Explanation

Identifier	Return Reference	Explanation
EXEMPT PURPOSE ACHIEVEMENTS	FORM 990, PART III, QUESTIONS 4A, 4B & 4C	Exempla Saint Joseph Hospital (ESJH) is owned by Sisters of Charity of Leavenworth Health System (SCLHS) Exempla Healthcare (Exempla) is a health care delivery system formed on January 1, 1998, by a Joint Operating Agreement among SCLHS, ESJH, LMC Community Foundation (currently Community First Foundation) and Exempla, Inc (Exempla) Exempla operates Exempla Lutheran Medical Center, Exempla Good Samaritan Medical Center and other affiliated medical services including the Exempla Physician Network The system's collective program services accomplishments include but are not limited to the following The medical services are provided to all who seek service regardless of race, creed, sex, national origin, handicap, age, or ability to pay Although reimbursement for services is critical for the operation and stability of Exempla and ESJH, it is recognized that not all individuals possess the ability to purchase essential medical services Therefore, in keeping with Exempla's and ESJH'S commitment to serve all members of its community, free care and/or subsidized care will be considered and provided where the need and/or an individual's inability to pay exist In addition, Exempla and ESJH recognize the essential need to be exceptional stewards of Medicare, Medicaid and community/private funding dollars For 2009, ESJH provided benefit to the community at a cost of $51 9 million, including charity care, unreimbursed Medicaid, other subsidized health services and education Exempla and ESJH also recognize the essential need to enhance and improve medical outcomes, quality, and services In response, a Best in the Nation strategy and program was implemented The objectives of the program are to be the Best in the Nation on predefined qualities, service and cost indicators The quality indicators are in alignment with major publicly comparable databases including the Colorado Health and Hospital Association and Centers for Medicare and Medicaid Services Currently, the program is in the eighth year of this initiative Recognized quality achievements include, but are not limited to the following * In 2009 the Society of Thoracic Surgeons (STS) recognized the ESJH Cardiac & Vascular Institute for the third year in a row by awarding it the highest rating possible, a 3-Star rating, which places it in the top 10 percent of all open-heart programs in the United States * In 2009, ESJH Cardiac & Vascular Institute was the only program in the State of Colorado and one of only five in the country to be recognized by the Centers for Medicare and Medicaid as a Center of Value for its members * In 2009, the ICU was selected to receive the American Association of Critical Nurses "Beacon Award" This is a significant achievement as only 2 6 percent of the nation's critical care units have been recognized for this award to date The Beacon Award for Critical Care Excellence recognizes the nation's top adult critical care, pediatric critical care, and progressive care units Because it provides units a way to measure their systems, outcomes and environment, this award is increasingly linked to patient safety initiatives * In 2009, the American College of Surgeons National Surgical Quality Improvement Program recognized ESJH, in affiliation with Kaiser Permanente Colorado, as one of 25 health care organizations in the United States to achieve exemplary outcomes for surgical patient care ESJH is the first hospital in Colorado to receive the honors The ACS NSQIP recognition program commends a select group of hospitals for superior outcomes related to patient management in five clinical areas deep-vein thrombosis, cardiac and respiratory incidents, surgical site infections, and urinary tract infections * In 2009 ESJH received the National Excellence in Healthcare Four Star Award for Pathology Services and in 2008 for Anesthesia Services, Hospitalist Services and Pathology Services The Four Star Award designation is given to health care facilities which score between the 75th and 89 9th percentiles in Professional Research Consultant's hospital database * In 2008, ESJH earned Phase II Accreditation as a chest pain center by the Society of Chest Pain Centers, an organization dedicated to patient advocacy and focusing on ischemic heart disease This accreditation confirms our multi-disciplinary commitment to quality and safety through rapid diagnosis and treatment of heart attack symptoms Saint Joseph Hospital was named Internship Worksite of the Year for 2007 by The Center for Work Education and Employment (CWEE), an organization that helps single parent families achieve self-sufficiency and end their dependency on welfare * ESJH was a winner of the 2006 and 2007 Voluntary Hospitals of America (VHA) Leadership Award for Clinical Excellence This award honors organizations that have differentiated themselves around national performance standards through implementation of Rapid Response Teams With its 565 licensed beds, ESJH served the community with 19,907 inpatient admissions, 146,044 outpatient admissions and 49,554 emergency room visits

EXEMPT PURPOSE ACHIEVEMENTS FORM 990, PART III, QUESTIONS 4A, 4B & 4C CONTINUED Services Comprehensive medical services include, but are not limited to, cardiology, oncology, orthopedic, women and family, pediatrics, emergency and trauma, neonatal intensive care, neurology, OB/GYN and general surgical and medical * ESJH is a leading heart hospital in Denver performing approximately 400 open-heart surgeries annually, more that any other Colorado hospital * ESJH delivers more babies that any other Colorado hospital with 4,909 births in 2009 Along with normal deliveries, the hospital also cares for critically ill newborns and high-risk mothers * ESJH is among the top three Colorado hospitals for newly diagnosed cancer cases In order to meet the special needs of these patients, the Comprehensive Cancer Center brings together in one place the ESJH Breast Care Center, cancer psychosocial services, medical and surgical oncology, a laboratory, a research department, a new cancer pharmacy and the Infusion Center This means that the professionals from oncologists to lab technicians to psychotherapists to infusion specialists, pharmacist and radiologists -have access to leading-edge technology and can better interact with one another to provide fully coordinated care to each of our patients * ESJH has one of the busiest orthopedic programs in Colorado, more than 250 hip and 500 knee procedures were performed in 2009 * The highly trained physicians, nurses and support staff in the Emergency Department treat more than 136 patients per day for a wide range of emergency medical conditions Programs A strong commitment to the health of the community is further exemplified, but not limited to, the following programs * The Caritas Clinic, Sister Joanna Bruner Family Medicine Center, Exempla Family Medical Center, and Seton Women's Center provide a continuum of care from preventive through acute care to medically underserved individuals in a physician office setting The three on-campus clinics provide more than 40,000 patient visits each year and offer payment for services via a sliding fee program No patient is denied service due to an inability to pay * Boot Camp for New Dads is an innovative program designed to build confidence and prepare first-time dads for the challenges of parenthood Veteran dads and their newborns orient rookie dads It served approximately 1,130 expectant fathers in 2009 * The Baby Boutique is an award-winning incentive program that encourages prenatal care among expectant families By following appropriate prenatal care and regular office visit schedules and attending prenatal educational classes, expectant families earn coupons for maternity clothes, baby clothes and baby equipment In 2009, approximately 900 families were served, with most families returning regularly to the Baby Boutique as the course of pregnancy proceeded Incidence of low birth weight was less in participating families than in non-participating families * The Graduate Medical Education Program trains 104 medical residents each year in the fields of family practice, internal medicine, obstetrics/gynecology and general surgery * The Exempla Saint Joseph Hospital Foundation raises and manages funds for the benefit of the hospital and its community programs Funds raised by the foundation enable the hospital to offer a variety of health care programs to the community, particularly the medically underserved * Exempla Saint Joseph Hospital Mobile Mammography - through support from the Denver affiliate of the Komen Foundation and Exempla Saint Joseph Hospital Foundation, ESJH provides diagnostic care for medically underserved, at risk women Introduced in September 2005, the Mobile Mammography unit serves some 2,000 Colorado women annually * The William V Gervasini Memorial Library is a health information resource for patients, their families, and the community The library collection focuses on understandable, objective information about medical issues and conditions Mailing services are available for those who are unable to visit the library * Workforce Development offers a variety of job and career enhancement opportunities onsite in both basic education and entry-level health care training Support and referral services for employees with additional needs are also provided * The School at Work program, which is part of ESJH's Workforce Development initiative, offers professional development opportunities to high performing employees who wish to enhance their computer skills and health care knowledge for entry into health care careers The students take classes at the hospital for several hours a week for eight months They are provided with text books and materials and are expected to complete several hours of homework on-line * The Women's Pavilion offers community health education focused on prenatal care, parenting and women's health In 2009, the Women's Pavilion provided health education to over 6,000 women and their spouses and support persons DELEGATION OF CONTROL OVER MANAGEMENT DUTIES FORM 990, PART VI, QUESTION 3 In June 2008, Exempla, Inc , as manager of Exempla Saint Joseph Hospital, entered into a Management Agreement with Insight Oncology for the management of the hospital's comprehensive cancer center services Exempla, Inc manages and governs Saint Joseph Hospital, Inc under a Joint Operating Agreement In July 2009, ESJH contracted with Insight Oncology to manage a breast center, surgical services, radiation oncology, outpatient infusion services, a pharmacy, inpatient services, and other specialized care to patients with oncology diseases and disorders In October 2009, ESJH contracted with Rocky Mountain Cardiovascular Institute, LLC (RMCI) to purchase management and other services for its cardiac catheterization labs RMCI subcontracted with Cardiac Partners, LLC to provide the Management Services CHANGES TO ORGANIZATIONAL DOCUMENTS FORM 990, PART VI, QUESTION 4 EFFECTIVE DECEMBER 2, 2009, EXEMPLA'S BYLAWS WERE AMENDED AND RESTATED THE AMENDMENTS SEPARATED THE MEMBERS OF EXEMPLA INTO CLASS A MEMBERS AND CLASS B MEMBERS CFF IS THE SOLE CLASS A MEMBER AND SCLHS IS THE SOLE CLASS B MEMBER EACH MEMBER APPOINTS FIVE DIRECTORS TO THE BOARD THE CLASS B MEMBER, HOWEVER, HAS RESERVE POWERS THAT INCLUDE THE ABILITY TO IMPLEMENT OPERATIONAL GOALS, POLICIES AND PROCEDURES MEMBERS OR STOCKHOLDERS FORM 990, PART VI, QUESTION 6 SAINT JOSEPH HOSPITAL HAS ONE MEMBER, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM SAINT JOSEPH HOSPITAL IS MANAGED AND GOVERNED BY EXEMPLA, INC EXEMPLA, INC HAS TWO MEMBERS COMMUNITY FIRST FOUNDATION (CFF) AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM (SCLHS) ELECTION OF MEMBERS OF GOVERNING BODY FORM 990, PART VI, QUESTION 7A SISTERS OF CHARITY LEVENWORTH HEALTH SYSTEMS, THE SOLE MEMBER OF SAINT JOSEPH HOSPITAL APPOINTS MEMBERS OF THE SAINT JOSEPH HOSPITAL BOARD OF DIRECTORS SAINT JOSEPH HOSPITAL IS MANAGED AND GOVERNED BY EXEMPLA, INC EXEMPLA, INC HAS TWO MEMBERS, SISTERS OF CHARITY LEVENWORTH HEALTH SYSTEMS AND COMMUNITY FIRST FOUNDATION CFF APPOINTS 5 OF THE DIRECTORS AND SCLHS APPOINTS 5 OF THE DIRECTORS DECISIONS OF GOVERNING BODY SUBJECT TO APPROVAL FORM 990, PART VI, QUESTION 7B Yes Both members have certain reserve powers to approve changes to the Bylaws regarding appointment of Board members SCL also has extensive reserve powers over any change in mission, changes to the Articles of Incorporation or Bylaws, acquisition of assets, incurrence of debt, merger or dissolution, approval of strategic plans and budgets, and appointment of auditors 990 REVIEW PROCESS FORM 990, PART VI, QUESTION 11 ALL 990 REPORTING WAS REVIEWED INTERNALLY WITH SENIOR MANAGEMENT ALL QUESTIONS AND CHANGES PROPOSED WERE ADDRESSED PRIOR TO FILING A COMPLETE COPY OF THE FINAL FORM 990 WAS PROVIDED ELECTRONICALLY TO EACH VOTING MEMBER OF THE BOARD OF DIRECTORS PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	The organization regularly and consistently monitors and enforces its conflict of interest policy by providing education and training for each of its employees, staff, officers and directors, as well as having each of these individuals complete a conflict of interest statement on an annual basis to disclose any potential conflict issues These statements are carefully reviewed by the Legal Department When a conflict is identified, the Legal Department compiles all reported conflicts, and evaluates the disclosures for actual conflicts A report is provided to Organization's President/CEO regarding employees and officers, and to the Chair of the Board and Chair of the Governance Committee regarding board members

PROCESS FOR DETERMINING COMPENSATION OF CEO, OFFICERS, OR KEY EMPLOYEES FORM 990, PART VI, QUESTION 15A & 15B When reviewing and setting compensation for 'disqualified persons', Exempla's process includes The Compensation Committee of the Board is charged with the responsibility for setting the overall compensation philosophy and for evaluating the total compensation programs for disqualified persons The Board members are independent members and in these discussions the CEO recuses himself from the discussions around his own compensation The Committee obtains valid, comparable market data (from independently published sources) for comparable positions and from 990 filings This Committee engages the services of an independent expert in executive compensation to review the market data and provide an opinion as to the reasonableness of the total compensation program For the past several years, the independent firm has been Watson Wyatt Watson Wyatt validates the process used by management for identifying 'disqualified persons' and then conducts a comparability study/analysis of pay at similar types and sizes of organizations and reviews base salary, incentive (or over-base programs), benefits, retirement plans and perquisites Watson Wyatt reviews the findings with the Board Committee and minutes are prepared and shared with all the voting Board members each year that documents the discussion and any actions that may have been taken A copy of a formal opinion letter prepared by Watson Wyatt following the discussion with the Compensation Committee is provided to the Board Chair and shared with the full Board This process is undertaken each year AVAILABILITY OF GOVERNING DOCS, CONFLICT OF INTEREST POLICY, FINANCIALS FORM 990, PART VI, QUESTION 19 GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND RELATED DOCUMENTATION ARE PROVIDED UPON REQUEST AS DEEMED APPROPRIATE METHOD TO DETERMINE VALUE OF SCHEDULE R TRANSACTIONS SCHEDULE R, PART V, LINE 2 COLUMN C THE ORGANIZATION USED THE AMOUNT RECOGNIZED ON THE BOOKS AND RECORDS OF THE ORGANIZATION OF CASH RECEIVED OR PROVIDED, ADJUSTED TO THE ACCRUAL BASIS, TO DETERMINE THE VALUE OF SCHEDULE R TRANSACTIONS, WHICH APPROXIMATES FAIR MARKET VALUE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
ST JOSEPH HOSPITAL

Employer identification number
84-0417134

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

(a) Name, address, and EIN 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

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

See Additional Data Table

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No
See Additional Data Table											

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
CARITAS INC AND SUBSIDIARIES 9801 RENNER BOULEVARD SUITE 100 LENEXA, KS66219 48-0941069	OTHER MEDICAL	KS	NA	C CORP	0	0	0 %
LEAVEN INSURANCE COMPANY LTD 23 LIME TREE BAY AVE PO BOX 1051 GEORGETOWN, GRAND CAYMAN KY1-1102 CJ 98-0370522	INSURANCE	CJ	NA				

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

			Yes	No
	Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**Yes**	
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**		**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(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) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data Return to Form

Software ID:
Software Version:
EIN: 84-0417134
Name: ST JOSEPH HOSPITAL

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(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 501(c)(3))	(f) Direct Controlling Entity
LUTH MED CNTR PRO&GEN LIAB SELF-INS TRST 2480 W 26TH AVE SUITE 360B DENVER, CO 80211 74-2571584	INSURANCE	CO	501(c)(3)	11A-Type I	NA
SAINT JOSEPH HOSPITAL FOUNDATION 1835 FRANKLIN ST DENVER, CO 80218 84-0735096	SUPPORT 501C3	CO	501(C)(3)	11A-TYPE I	NA
SISTERS OF CHARITY LEAVENWORTH HLTH SYST 9801 RENNER BLVD SUITE 100 LENEXA, KS66219 23-7379161	SUPPORT MMBRS	KS	501(C)(3)	11B-TYPE II	NA
EXEMPLA INC FKA LUTHERAN HOSPITAL 2420 W 26TH AVE SUITE 100D DENVER, CO 80211 84-1103606	HEALTHCARE	CO	501(C)(3)	3-HOSPITAL	NA
EXEMPLA LUTHERAN MEDICAL CENTER FNDTN 24809 W 26TH AVENUE SUITE 360B DENVER, CO 80211 20-8846152	SUPPORT 501C3	CO	501(C)(3)	7	NA
EXEMPLA GOOD SAMARITAN MED CENTER FND 200 EXEMPLA CIRCLE LAFAYETTE, CO 80026 84-1649162	SUPPORT 501C3	CO	501(C)(3)	7	NA
MEDPARK INC 2480 W 26TH AVESUITE 360B DENVER, CO 80211 84-1490379	PARKING	CO	501C3	11A-TYPE I	NA
CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS66048 48-1009910	CLINIC SVCS	KS	501(C)(3)	3-HOSPITAL	NA
MARIAN CLINIC INC 1001 SW GARFIELD TOPEKA, KS66604 48-1046905	CLINIC SVCS	KS	501(C)(3)	3-hospital	NA
MARILLAC CLINIC INC 2333 N 6TH STREET GRAND JUNCTION, CO 81501 84-1085822	CLINIC SVCS	CO	501(C)(3)	3-hospital	NA
PROVIDENCE MEDICAL CENTER 8929 PARALLEL PARKWAY KANSAS CITY, KS66112 48-0784446	HEALTHCARE	KS	501(C)(3)	3-hospital	NA
ST JOHN HOSPITAL INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS66048 48-0543768	HEALTHCARE	KS	501(C)(3)	3-hospital	NA
BETHANY COMMUNITY PLAZA INC 15 NORTH 12TH STREET KANSAS CITY, KS66102 48-1207407	HEALTHCARE	KS	501(C)(3)	3-hospital	NA
PROVIDENCEST JOHN FOUNDATION INC 8929 PARALLEL PARKWAY KANSAS CITY, KS661121689 48-0925688	SUPPORT 501C3	KS	501(C)(3)	7	NA
ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET TOPEKA, KS66606 48-0547719	HEALTHCARE	KS	501(C)(3)	3-hospital	NA
ST FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS66606 48-1092520	SUPPORT 501C3	KS	501(C)(3)	11a-Type I	NA
ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502 84-0425720	HEALTHCARE	CO	501(C)(3)	3-hospital	NA
ST MARYS HOSPITAL FOUNDATION 2635 N 7TH STREET GRAND JUNCTION, CO 81502 23-7001007	SUPPORT 501C3	CO	501(C)(3)	11a-Type I	NA
HOLY ROSARY HEALTHCARE 2600 WILSON MILES CITY, MT59301 81-0231792	HEALTHCARE	MT	501(C)(3)	3-hospital	NA
HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON MILES CITY, MT59301 20-2270238	SUPPORT 501C3	MT	501(C)(3)	11a-Type I	NA
ST VINCENT HEALTHCARE 1233 NORTH 30TH BILLINGS, MT59101 81-0232124	HEALTHCARE	MT	501(C)(3)	3-hospital	N/A
ST VINCENT HEALTHCARE FOUNDATION PO BOX 35200 BILLINGS, MT591075200 81-0468034	SUPPORT 501C3	MT	501(C)(3)	7	NA
NORTHWEST RESEARCH & EDUCATION INSTITUTE 315 NORTH 25TH STREET BILLINGS, MT59101 20-1343024	COMM HLTH RES	MT	501(C)(3)	9	NA
ST JAMES HEALTHCARE 400 SOUTH CLARK STREET BUTTE, MT597012328 81-0231785	HEALTHCARE	MT	501(C)(3)	3-hospital	N/A
ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT59701 65-1202190	SUPPORT 501C3	MT	501(C)(3)	11a-Type I	NA
SAINT JOHNS HOSPITAL AND HEALTH CENTER 1328 22ND STREET SANTA MONICA, CA90404 95-1684082	HEALTHCARE	CA	501(C)(3)	3-hospital	NA
JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA90404 95-4291515	CANCER R&D	CA	501(C)(3)	4	NA
SAINT JOHNS HOSPITAL & HLTH CENTER FNDTN 1328 22ND STREET SANTA MONICA, CA904042091 95-6100079	SUPPORT 501C3	CA	501(C)(3)	11a-Type I	NA

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount on Box 20 of K-1 ($)	(j) General or Managing Partner? Yes	(j) No
COLORADO SURGICAL VENTURES LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL60606 20-8038915	OP SURGERY	IL	NA	RELATED	-4,534,173	3,627,426		No	0		No
PAVILION IMAGING LLC 750 WELLINGTON GRAND JUNCTION, CO81501 03-0516198	RADIOLOGY	CO	NA	N/A							
GRAND VALLEY SURGICAL CENTER LLC 710 WELLINGTON GRAND JUNCTION, CO81501 84-1505075	OP SURGERY	CO	NA	N/A							
SAN JUAN CANCER CENTER LLC 600 SOUTH 5TH STREET MONTROSE, CO81401 20-2856331	OP CANCER	CO	NA	N/A							
BILLINGS MRI CENTER LLC 1041 NORTH 29TH STREET BILLINGS, MT59101 81-0450943	MRI-PET SCAN	CO	NA	N/A							
LUTHERAN CAMPUS ASC LLC 3455 LUTHRN PKW SUITE 150 WHEATRIDGE, CO800336028 02-0749532	OP SURGERY	CO	NA	N/A							
COLORADO SURGICAL HOSPITAL LLC 30 S WACKER DR SUITE 2302 CHICAGO, IL60606 20-8038977	OP SURGERY	IL	CO SURGICAL VEN	RELATED	-4,674,726	4,748,171		No	0		No
SOUTHWEST MONTANA RADIOLOGY LLC 820 W PLATINUM BUTTE, MT59701 20-3042235	IMAGING CNTR	MT	NA	N/A							

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	EXEMPLA INC FKA LUTHERAN HOSPITAL	N	197,784,486
(2)	EXEMPLA INC FKA LUTHERAN HOSPITAL	M	1,355,945
(3)	EXEMPLA INC FKA LUTHERAN HOSPITAL		35,136,729
(4)	EXEMPLA INC FKA LUTHERAN HOSPITAL	R	5,528,538
(5)	EXEMPLA INC FKA LUTHERAN HOSPITAL	D	60,000,000
(6)	EXEMPLA INC FKA LUTHERAN HOSPITAL	Q	123,240,717
(7)	SAINT JOSEPH HOSPITAL FOUNDATION	C	760,000
(8)	COLORADO SURGICAL VENTURES LLC	B	600,000
(9)	COLORADO SURGICAL HOSPITAL LLC	L	2,181,061

Additional Data

Software ID:
Software Version:
EIN: 84-0417134
Name: ST JOSEPH HOSPITAL

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
DOUGLAS W ADAMS DIRECTOR	2 0	X						0	0	0
DENNIS P CLIFFORD DIRECTOR	2 0	X						0	0	0
HOWARD P DOERR DIRECTOR	2 0	X						0	0	0
PATRICIA K FAHY MD DIRECTOR	2 0	X						0	0	0
LILLEE SMITH GELINAS RN MSN DIRECTOR	2 0	X						0	0	0
THOMAS T GRIMSHAW ESQ DIRECTOR	2 0	X						0	0	0
RICHARD B HESKY MD DIRECTOR	2 0	X						0	0	0
DOROTHY A HORRELL PHD DIRECTOR	2 0	X						0	0	0
WILLIAM F JESSEE CHAIRMAN, FORMER	2 0	X						0	0	0
CLEYON CLEM MULDER DIRECTOR	2 0	X						0	0	0
ARNOLD F ROANE DIRECTOR	2 0	X						0	0	0
JOANN SOKER DIRECTOR	2 0	X						0	0	0
JAMES D THOMPSON DIRECTOR	2 0	X						0	0	0
DAVID A WESTERLUND DIRECTOR	2 0	X						0	0	0
JEFFREY D SELBERG PRESIDENT & CEO-EXEMPLA	50 0	X		X				0	1,402,626	500,698
WILLIAM M MURRAY CHAIRMAN	2 0	X						0	1,674,750	305,947
KOGER PROPST DIRECTOR	2 0	X						0	0	0
FELIX W COOK SR DIRECTOR	2 0	X						0	0	0
MICHAEL CHASE MD DIRECTOR	2 0	X						0	0	0
KENNETH W EGGEMAN PHD DIRECTOR	2 0	X						0	0	0
JOHN V MCDERMOTT DIRECTOR	2 0	X						0	0	0
KATHRYN A PAUL DIRECTOR	2 0	X						0	0	0
DAVID ROLL DIRECTOR	2 0	X						0	0	0
BRUCE WARING MD DIRECTOR	2 0	X						0	0	0
SISTER AMY WILLCOTT DIRECTOR	2 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
ROBERT ALAN MINKIN PRESIDENT & CEO-ESJH	50 0			X				0	1,134,268	211,368
HARALD E BORGSTROM SVP & CFO	50 0			X				0	1,265,218	22,441
TODD A CONKLIN SVP & CFO (CURRENT)	50 0			X				0	415,688	24,558
ROBERT H MALTE PRESIDENT & CEO-ELMC	50 0			X				0	976,239	206,988
DAVID HAMM PRESIDENT & CEO-EGSMC	50 0			X				0	567,137	183,651
JUDY A MITCHELL SVP-STRATEGY & ORG EFFECT	50 0			X				0	668,277	135,081
MARTIN CARROLL HELLDORFER SVP-MISSION	50 0			X				0	287,032	25,563
DAVID C PECORARO VP & CIO	50 0			X				0	395,217	27,368
KATHRYN LOUISE BALLINGER VP & GENERAL COUNSEL	50 0			X				0	408,193	30,470

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
BAD DEBT EXPENSE	13,166,488	13,166,488	0	0
EQUIPMENT RENTAL & MAINTENANCE	7,604,470	7,216,169	388,301	0
MEDICAL SUPPLIES	54,858,697	53,987,836	870,861	0
CONTRACT FEES	1,248,996	1,248,486	510	0
OTHER EXPENSES	107,060	0	107,060	0