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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)

OMB No 1545-0047

2009Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning		, 2009, and ending		, 20		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT JOSEPH HOSPITAL FOUNDATION Doing Business As Number and street (or P O box if mail is not delivered to street address) 1835 FRANKLIN STREET		D Employer identification number			
			84-0735096			
	Room/suite (303) 837-7043		E Telephone number			
	City or town, state or country, and ZIP + 4 DENVER, CO 80218		G Gross receipts \$	9,700,436.		
	F Name and address of principal officer CARL V. UNREIN 1835 FRANKLIN STREET DENVER, CO 80218		H(a) Is this a group return for affiliates?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			H(b) Are all affiliates included?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
			If "No," attach a list (see instructions)			
I Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3) ► (insert no.)	4947(a)(1) or	527	H(c) Group exemption number ► 0928		
J Website	► WWW.SJHFDENVER.ORG					
K Form of organization	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association	<input type="checkbox"/> Other ►	L Year of formation 1977	M State of legal domicile CO

Part I Summary

Activities & Governance 1 Briefly describe the organization's mission or most significant activities THE SAINT JOSEPH HOSPITAL FOUNDATION SOLICITS CONTRIBUTIONS AND MANAGES FUNDS FOR SAINT JOSEPH HOSPITAL TO ASSIST THE HOSPITAL IN MORE EFFECTIVELY CARRYING OUT ITS MISSION. ALSO SEE SCHEDULE O. 2 Check this box ► <input type="checkbox"/> 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 25		
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23		
	5 Total number of employees (Part V, line 2a)	5 0		
	6 Total number of volunteers (estimate if necessary)	6 115		
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.		
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue 8 Contributions and grants (Part VIII, line 1h)	4 NOV 16 2010	Prior Year	Current Year	
			2,308,711.	2,346,191.
	9 Program service revenue (Part VIII, line 2g)		0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		148,076.	290,689.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-48,921.	-75,425.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,407,866.	2,561,455.
	13 Grants and similar amounts paid (Part IX, column (A) lines 1-3)		2,069,762.	1,487,466.
	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)		573,285.	623,658.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
	b Total fundraising expenses, Part IX, column (D), line 25) ►			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		483,517.	303,852.
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,126,564.	2,414,976.	
19 Revenue less expenses Subtract line 18 from line 12		-718,698.	146,479.	
Expenses 20 Total assets (Part X, line 16)	Beginning of Year	End of Year		
	10,669,347.	12,791,158.		
	1,321,969.	1,751,010.		
	9,347,378.	11,040,148.		
Net Assets or Fund Balances 21 Total liabilities (Part X, line 26)				

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*Carl Unrein**11/2/2010*

Signature of officer

Carl Unrein, President & CEO

Date

Type or print name and title

Paid	Preparer's signature ► <i>Prenda Sheaseney</i>	Date 10/30/2010	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 ► ERNST & YOUNG U.S. LLP 2 NORTH CENTRAL AVENUE, SUITE 2300 PHENIX, AZ 85004		EIN ► 34-6565596	
			Phone no ► 602-322-3000	

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

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

Form 990 (2009)

JSA

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4ZDOP5 9235

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SCANNED DEC 06 2010

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE SAINT JOSEPH HOSPITAL FOUNDATION SOLICITS CONTRIBUTIONS AND
MANAGES FUNDS FOR SAINT JOSEPH HOSPITAL TO ASSIST THE HOSPITAL IN
MORE EFFECTIVELY CARRYING OUT ITS MISSION. ALSO SEE SCHEDULE O.

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

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

4 Describe the 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 \$ 316,177 Including grants of \$ 316,177) (Revenue \$ 0)
SEE SCHEDULE O

4b (Code _____) (Expenses \$ 307,294 including grants of \$ 307,294) (Revenue \$ 0)
SEE SCHEDULE O

4c (Code _____) (Expenses \$ 300,000 including grants of \$ 300,000) (Revenue \$ 0)
SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,295,314 including grants of \$ 563,995) (Revenue \$ 0)

4e Total program service expenses ► 2,218,785.

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 X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
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 X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5	Sections 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 X	
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 X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
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 X	
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 X	
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 X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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 X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
14b	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 X	
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 United States? If "Yes," complete Schedule F, Part II	15 X	
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 United States? If "Yes," complete Schedule F, Part III	16 X	
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 X	
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 X	
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 X	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20 X	

Part IV Checklist of Required Schedules (continued)

		Yes	No
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	X
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	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to question 25	24a	X
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	
25 a	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	X
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	X
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	X
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	X
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	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.	28b	X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
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	X
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	X
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	X
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	X
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	X
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	X
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	X

Form 990 (2009)

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
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
1c	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
2b	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	X
3b	b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
4b	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	4b	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
5b	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
5c	c If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c	
6a	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	X
6b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	7 Organizations that may receive deductible contributions under section 170(c).	7	
7a	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	X
7b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
7c	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
7d	d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
7e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
7f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
7g	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	
7h	h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
8	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	X
9	9 Sponsoring organizations maintaining donor advised funds.	9	
9a	a Did the organization make any taxable distributions under section 4966?	9a	X
9b	b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	10 Section 501(c)(7) organizations. Enter	10	
10a	a Initiation fees and capital contributions included on Part VIII, line 12	10a	
10b	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	11 Section 501(c)(12) organizations. Enter	11	
11a	a Gross income from members or shareholders	11a	
11b	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	12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
12b	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 line 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	25	
1b	Enter the number of voting members that are independent	23	
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	X
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	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	8a	X
a	The governing body?	8b	X
b	Each committee with authority to act on behalf of the governing body?		
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	9a	X

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	X
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	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a	X
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12b	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12c	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	13	X
13	Does the organization have a written whistleblower policy?	14	X
14	Does the organization have a written document retention and destruction policy?		
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	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, 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	X
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	

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ►
- 18 Section 6104 requires an organization to make its Forms 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

<input type="checkbox"/> Own website	<input type="checkbox"/> Another's website	<input checked="" type="checkbox"/> 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
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **ELIZABETH A. MCILREE, 1835 FRANKLIN STREET DENVER, CO 80218**
303-837-7041

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. 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(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			
WILLIAM J. FORTUNE									
PAST BOARD CHAIR	1.00	X		X			0.	0	0.
DOUG JONES									
BOARD CHAIR	2.50	X		X			0.	0	0.
ROBERT S. BOSWELL									
BOARD VICE CHAIR	2.50	X		X			0.	0	0.
NATHAN E. CHRISTIAN									
BOARD TREASURER	2.50	X		X			0.	0	0.
MARCEL PITTON									
BOARD SECRETARY	2.50	X		X			0.	0	0.
THEODORE B. ATLASS									
BOARD MEMBER	1.00	X					0.	0	0.
TERRY BIDDINGER									
BOARD MEMBER	1.00	X					0.	0	0.
POLLY COLEMAN									
BOARD MEMBER	1.00	X					0.	0	0.
TOM DELINE									
BOARD MEMBER	1.00	X					0.	0	0.
GARY A. FRIEDLAND, MD									
BOARD MEMBER	1.00	X					0.	0	0.
UTE GERVASINI									
BOARD MEMBER	1.00	X					0.	0	0.
DONNA LYNNE									
BOARD MEMBER	1.00	X					0.	0	0.
KIRK MACDONALD									
BOARD MEMBER	1.00	X					0.	0	0.
JACK MALO									
BOARD MEMBER	1.00	X					0.	0	0.
ROBERT J. MATTUCCI									
BOARD MEMBER	1.00	X					0.	0	0.
BRIAN MCCONATY									
BOARD MEMBER	1.00	X					0.	0	0.

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

(A) Name and title	(B) Average hours per week	(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			
KEVIN B. MILLER, MD BOARD MEMBER	1.00	X					0.	0.	0.
JOHN T. MOORE, MD BOARD MEMBER	1.00	X					0.	285,135.	37,592.
JERRY NATIVIDAD BOARD MEMBER	1.00	X					0.	0.	0.
LESLIE MITCHELL BOARD MEMBER	1.00	X					0.	0.	0.
SISTER JEAN PANISKO, SCL BOARD MEMBER	1.00	X					0.	0.	0.
DAVID TRYBA BOARD MEMBER	1.00	X					0.	0.	0.
SISTER ELIZABETH YOUNGS, SCL BOARD MEMBER	1.00	X					0.	0.	0.
WILLIAM WRIGHT, MD BOARD MEMBER	1.00	X					0.	0.	0.
CARL V. UNREIN PRESIDENT/CEO	40.00	X	X				0.	184,382.	28,548.
1b Total							0.	469,517.	66,140.

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		X
4	X	
5		X

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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
NONE		0.

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

84-0735096

		(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 238,827				
	d Related organizations	1d 140,000				
	e Government grants (contributions)	1e 114,360				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,853,004				
	g Noncash contributions included in lines 1a-1f	\$				
	h Total. Add lines 1a-1f	► 2,346,191				
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue	► 0				
	g Total. Add lines 2a-2f	► 0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	► 211,912			211,912	
	4 Income from investment of tax-exempt bond proceeds	► 0				
	5 Royalties	► 0				
	6a Gross Rents.	(i) Real	(ii) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	► 0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses	7,103,117					
c Gain or (loss)	7,024,340					
d Net gain or (loss)	► 78,777	78,777			78,777	
8a Gross income from fundraising events (not including \$ 238,827 of contributions reported on line 1c) See Part IV, line 18	a 39,216					
b Less direct expenses	b 114,641					
c Net income or (loss) from fundraising events	► -75,425				-75,425	
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	► 0					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	► 0					
Miscellaneous Revenue	Business Code					
11a						
b						
c						
d All other revenue	► 0					
e Total. Add lines 11a-11d	► 0					
12 Total Revenue. See instructions	► 2,561,455			0	215,264	

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	1,454,466.	1,454,466.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	33,000.	33,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	186,013.	186,013.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	360,855.	264,001.	96,854.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	42,482.	37,440.	5,042.	
10 Payroll taxes	34,308.	26,861.	7,447.	
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	20,000.		20,000.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	66,848.		66,848.	
g Other	0.			
12 Advertising and promotion	0.			
13 Office expenses	50,049.	50,049.		
14 Information technology	15,819.	15,819.		
15 Royalties.	0.			
16 Occupancy	42,000.	42,000.		
17 Travel	4,979.	4,979.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	13,341.	13,341.		
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	23,564.	23,564.		
23 Insurance	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 <u>DONOR RECOGNITION</u>	20,930.	20,930.		
b <u>SPECIAL EVENT SPONSORSHIP</u>	19,974.	19,974.		
c <u>PURCHASED SERVICES</u>	4,590.	4,590.		
d <u>ALL OTHER EXPENSES</u>	21,758.	21,758.		
e				
f All other expenses				
25 Total functional expenses Add lines 1 through 24f	2,414,976.	2,218,785.	196,191.	
26 Joint Costs. Check here ► <input type="checkbox"/> 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	150,210.	1 504,807.	
	2 Savings and temporary cash investments	1,516,670.	2 1,527,242.	
	3 Pledges and grants receivable, net	453,694.	3 530,525.	
	4 Accounts receivable, net		4	
	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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	8,426.	9 24,505.	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	241,096.		
	b Less accumulated depreciation	171,944.	71,776. 10c 69,152.	
	11 Investments - publicly traded securities		7,908,350. 11 9,679,046.	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	560,221.	15 455,881.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	10,669,347.	16 12,791,158.		
Liabilities	17 Accounts payable and accrued expenses	225,675.	17 323,041.	
	18 Grants payable	1,096,294.	18 1,427,969.	
	19 Deferred revenue		19	
	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		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,321,969.	26 1,751,010.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	85,318.	27 1,203,682.	
	28 Temporarily restricted net assets	7,218,829.	28 7,718,235.	
	29 Permanently restricted net assets	2,043,231.	29 2,118,231.	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	9,347,378.	33 11,040,148.	
	34 Total liabilities and net assets/fund balances	10,669,347.	34 12,791,158.	

Form 990 (2009)

Part XI Financial Statements and Reporting

	Yes	No			
1 Accounting method used to prepare the Form 990	<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	<input type="checkbox"/> 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	X			
b Were the organization's financial statements audited by an independent accountant?	2b	X			
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O					
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	<input checked="" type="checkbox"/> Separate basis	<input type="checkbox"/> Consolidated basis	<input type="checkbox"/> Both consolidated and separate 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	X			
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				

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ ► See separate instructions.

► Attach to Form 990 or Form 990-EZ

► See separate instructions.

Name of the organization

Employer identification number

84-0735096

SAINT JOSEPH HOSPITAL FOUNDATION

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

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

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

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

Schedule A (Form 990 or 990-EZ) 2009

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

ATTACHMENT 1SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)			(V)	(VI)	(VII) AMOUNT OF SUPPORT	
			YES	NO	YES				NO
SAINT JOSEPH HOSPITAL-DENVER CO	84-0417134	03	X	X	X			1,374,466	
TOTAL AMOUNT OF SUPPORT									<u>1,374,466</u>

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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)	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year	
a Total number of conservation easements	Held at the End of the Year
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 tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

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

Schedule D (Form 990) 2009

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 XI V and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XI V

Part V Endowment Funds. Complete if 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	2,351,952	2,285,008			
b Contributions	75,000	40,000			
c Net investment earnings, gains, and losses	32,361	42,439			
d Grants or scholarships	11,515				
e Other expenditures for facilities and programs		15,495			
f Administrative expenses	16,164				
g End of year balance	2,431,634	2,351,952			

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.0000 %

c Term endowment ► %

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

(i) unrelated organizations

Yes No

3a(ii) X

(ii) related organizations

Yes No

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

3b X

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				
b Buildings				
c Leasehold improvements		78,647	65,229	13,418
d Equipment		94,694	82,211	12,483
e Other		67,755	24,504	43,251
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				69,152

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) must equal Form 990, Part X, col (B) line 12)

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

Total (Column (b) must equal Form 990, Part X, col (B) line 13) ►

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

Total (Column (b) must equal Form 990, Part X, col (B) line 15)

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

3. FIN 125. Explain how Part XIM accounts the test of the

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,561,455.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,414,976.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	146,479.
4	Net unrealized gains (losses) on investments	4	1,546,290.
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 through 8	9	1,546,290.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,692,769.

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	4,222,386.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,546,290.
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	1,546,290.
3	Subtract line 2e from line 1	3	2,676,096.
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	-114,641.
c	Add lines 4a and 4b	4c	-114,641.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,561,455.

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

1	Total expenses and losses per audited financial statements	1	2,529,617.
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	114,641.
e	Add lines 2a through 2d	2e	114,641.
3	Subtract line 2e from line 1	3	2,414,976.
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 must equal Form 990, Part I, line 18)	5	2,414,976.

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, line 2, 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

SEE PAGE 5

Part XIV Supplemental Information (continued)

RECONCILIATION OF AUDITED REVENUES TO IRS FORM 990 REVENUES

SCHEDULE D PART XII

DIRECT EXPENSES OF FUNDRAISING EVENTS ARE INCLUDED AS A REDUCTION OF REVENUE IN THE IRS 990. IN THE AUDITED FINANCIAL STATEMENTS THOSE AMOUNTS ARE CLASSIFIED AS EXPENSES.

RECONCILIATION OF AUDITED EXPENSES TO IRS FORM 990 EXPENSES

SCHEDULE D PART XIII

DIRECT EXPENSES OF FUNDRAISING EVENTS ARE INCLUDED AS A REDUCTION OF REVENUE IN THE IRS 990. IN THE AUDITED FINANCIAL STATEMENTS THOSE AMOUNTS ARE CLASSIFIED AS EXPENSES.

INTENDED USE OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE SAINT JOSEPH HOSPITAL FOUNDATION HAS FIVE ENDOWED FUNDS WHOSE INVESTMENT EARNINGS ARE TO SERVE THE FOLLOWING PURPOSES:

SUPPORT OF CHARITY CARE AT SAINT JOSEPH HOSPITAL, INCLUDED IS A SPECIAL PROVISION TO CARE FOR UNINSURED PATIENTS WITH RHEUMATOID ARTHRITIS AND RELATED ILLNESSES. PROVIDE EDUCATION OPPORTUNITIES FOR THE STAFF OF SAINT JOSEPH HOSPITAL TO ENHANCE ITS ABILITY TO FULFILL ITS MISSION. PROVIDE SAINT JOSEPH HOSPITAL WITH FUNDING FOR MEDICAL EQUIPMENT AND PROGRAMS. PROVIDE RESOURCES TO SAINT JOSEPH HOSPITAL'S PHYSICIAN RESIDENCY PROGRAM TO SEND RESIDENTS ON MEDICAL ROTATIONS TO THIRD WORLD COUNTRIES.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

84-0735096

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
SUB-SAHARAN AFRICA			GRANTMAKING		33,000

5. Price, Art and Research Re-

33,000

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

Schedule F (Form 990) 2009

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000. . . . ► Use Schedule F-1 (Form 990) if additional space is needed

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed

Schedule F (Form 990) 2009

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Part IV Supplemental Information

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

PART I LINE 2

PROCESS FOR MONITORING GRANT FUNDS

FUNDING FOR ENTITIES OUTSIDE OF THE UNITED STATES IS RESTRICTED TO SELIAN

LUTHERAN HOSPITAL IN TANZANIA, WHICH IS A SISTER HOSPITAL TO EXEMPLA

SAINT JOSEPH HOSPITAL. EXEMPLA SAINT JOSEPH HOSPITAL EMPLOYEES VOLUNTEER

TIME AT SELIAN LUTHERAN HOSPITAL AND DONATE TO HELP PROVIDE MEDICAL

SUPPLIES AND SERVICES TO THE POPULATION. SISTERS OF CHARITY OF

LEAVENWORTH ALSO SUPPORTS THIS HOSPITAL.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

► Attach to Form 990 or Form 990-EZ ► See separate instructions

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000

	(a) Event #1 RACE (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 0 (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts	158,053.	119,990.		278,043.
2 Less Charitable contributions	133,657.	105,170.		238,827.
3 Gross income (line 1 minus line 2)	24,396.	14,820.		39,216.
4 Cash prizes	2,400.			2,400.
5 Noncash prizes	4,257.	4,608.		8,865.
6 Rent/facility costs	1,050.	24,100.		25,150.
7 Food and beverages	9,000.			9,000.
8 Entertainment	2,825.			2,825.
9 Other direct expenses	52,067.	14,334.		66,401.
10 Direct expense summary Add lines 4 through 9 in column (d)				► (114,641.)
11 Net income summary Combine line 3, column (d), and line 10				► -75,425.

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

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

9 Enter the state(s) in which the organization operates gaming activities	Yes	No
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," explain		

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," explain		

11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address of the third party		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
<input type="checkbox"/> Director/officer		<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

SCHEDULE I
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

**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

2009Open to Public
Inspection**Part I General Information on Grants and Assistance**

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

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

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

1 (a) Name and address of organization or government	1(b) EIN	1(c) IRC section if applicable	1(d) Amount of cash grant	1(e) Amount of non-cash assistance	1(f) Method of valuation (book, FMV, appraisal, other)	1(g) Description of non-cash assistance	1(h) Purpose of grant or assistance
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C) (3)	905,086				CHARITY CARE
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C) (3)	213,603				PATIENT EDUCATION & OUTREACH PROGRAMS
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C) (3)	188,874				HOSPITAL STAFF CONTINUING EDUCATION
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C) (3)	66,903				CAPITAL ASSET GRANTS
KAISEN PERMANENTE 2500 SOUTH HAVANA ST AURORA, CO 80014	84-0591617	501(C) (3)	20,000				NURSING SCHOLARSHIPS
UPLIFT INTERNATIONAL P O BOX 181658 DENVER, CO 80218	84-1129849	501(C) (3)	10,000				REPAIR FACIAL DEFORMITIES
REGIS UNIVERSITY 3333 REGIS BOULEVARD DENVER, CO 80221	84-0402707	501(C) (3)	50,000				PHARMACY TEACHER LAB
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----
-----	-----	-----	-----	-----	-----	-----	-----

2 Enter total number of section 501(c)(3) and government organizations ► 4

3 Enter total number of other organizations ► 0

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

Schedule I (Form 990) 2009

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

FORM 990, SCHEDULE I, PART I, LINE 2

DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITORING THE USE OF GRANTS

SAIN T JOSEPH HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT CHARITY MEDICAL

SERVICES FOR THE UNINSURED AND UNDERINSURED, STAFF AND PATIENT EDUCATION,

AND THE CAPITAL NEEDS OF SAINT JOSEPH HOSPITAL (THE HOSPITAL). THE SAINT

JOSEPH HOSPITAL FOUNDATION WORKS CLOSELY WITH THE HOSPITAL TO ENSURE THAT

GRANTS ARE USED FOR THE INTENDED PURPOSE AND HONOR THE DONOR'S INTENT

CHARITY CARE PROGRAM EXPENSES ARE VERIFIED THROUGH INVOICES EDUCATION

PROGRAMS ARE MONITORED THROUGH THE RECEIPTS OF THE PARTICIPANTS SITE

VISITS ARE CONDUCTED FOR LARGE CAPITAL PROJECTS. IN ADDITION, PROJECT

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

ACCOUNTING REPORTS MAY BE REQUIRED

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, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed

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

Note The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

Schedule J (Form 990) 2009

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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

SUPPLEMENTAL COMPENSATION INFORMATION

NOTE THAT DR. MOORE SERVES ON THE FOUNDATION BOARD AS A VOLUNTEER. THE
COMPENSATION REPORTED IN PART VII AND SCHEDULE J IS PAID BY A RELATED
ORGANIZATION FOR DR. MOORE'S SERVICES RENDERED AS AN EMPLOYED PHYSICIAN
OF THE RELATED ORGANIZATION, NOT FOR SERVICES RENDERED AS A BOARD MEMBER.

**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

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

ATTACHMENT 2

DESCRIPTION OF THE ORGANIZATION'S MISSION

FORM 990, PART I, LINE 1 AND PART III, LINE 1

SAINT JOSEPH HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT HIGH-PRIORITY
PROGRAMS AND NEEDS OF SAINT JOSEPH HOSPITAL. THIS INCLUDES PROVIDING
CHARITY MEDICAL SERVICES TO THE UNINSURED AND UNDERINSURED, STAFF
CONTINUING EDUCATION OPPORTUNITIES, AND CAPITAL NEEDS OF THE HOSPITAL.

EXPLANATION FOR THE TYPE OF SERVICES PERFORMED BY THE VOLUNTEERS

FORM 990, PART I, LINE 6

THE FOUNDATION UTILIZES 115 VOLUNTEERS TO SUPPORT THE FUNDRAISING EVENTS:
90 VOLUNTEERS FOR THE RACE, STADIUM STAMPEDE, THIS INCLUDES THE STEERING
COMMITTEE AND RACE DAY VOLUNTEERS. 25 VOLUNTEERS SERVE IN VARIOUS
CAPACITIES FOR THE GOLF TOURNAMENT.

DESCRIPTION OF PROGRAM SERVICE ACTIVITIES

FORM 990, PART III, LINE 4A TO 4D

PROGRAM SERVICE ACTIVITY #1

SAINT JOSEPH HOSPITAL PROVIDES CARE FOR 9,900 PATIENTS WITH 45,000
PATIENT VISITS IN FOUR CHARITY CARE CLINICS. BRUNER FAMILY MEDICINE
CENTER PROVIDES PRIMARY HEALTHCARE, 42% OF THE PATIENTS ARE UNINSURED.
SETON WOMEN'S CENTER IS A SPECIALTY OBSTETRICAL AND GYNECOLOGICAL
PRACTICE, 38% OF THE PATIENTS ARE UNINSURED. CARITAS CLINIC IS A DUAL
SPECIALTY OF INTERNAL MEDICINE AND GENERAL SURGERY PRACTICE, 65% OF
INTERNAL MEDICINE AND 82% OF GENERAL SURGERY PATIENTS ARE UNINSURED. THE

Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
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ATTACHMENT 2 (CONT'D)

CERTIFIED NURSE MIDWIFERY PRACTICE PROVIDES OBSTETRICAL SERVICES, 40% OF THE PATIENTS ARE UNINSURED. THE SAINT JOSEPH HOSPITAL FOUNDATION PAYS FOR THE SUBSPECIALTY SERVICES REQUIRED BY THE UNINSURED PATIENTS OF THESE CLINICS THAT ARE NOT AVAILABLE AT SAINT JOSEPH HOSPITAL.

PROGRAM SERVICE ACTIVITY #2

SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES FUNDING TO TREAT UNINSURED BREAST CANCER PATIENTS THAT HAVE NO OTHER RESOURCES WITH WHICH TO SEEK CARE. A TOTAL OF 53 PATIENTS WERE ENROLLED IN THE SUSAN G. KOMEN BREAST CANCER TREATMENT PROGRAM AT CARITAS CLINIC. THE PATIENTS WERE REFERRED TO THE CLINIC FROM 11 SOURCES, INCLUDING SELF-REFERRALS, COMMUNITY CLINICS, COUNTY HEALTH PROGRAMS, PRIVATE PHYSICIANS, AND OTHER HOSPITALS. 38 PATIENTS RECEIVED TREATMENT SERVICES FOR BREAST CANCER THAT INCLUDES SURGERY, CHEMOTHERAPY, RADIATION THERAPY, FOLLOW-UP AND PALLIATIVE CARE.

PROGRAM SERVICE ACTIVITY #3

SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE SAINT JOSEPH HOSPITAL MOBILE MAMMOGRAPHY UNIT THROUGH A GRANT FROM SUSAN G. KOMEN FOR THE CURE FOUNDATION. THIS VAN TRAVELS TO 12 COUNTIES IN COLORADO PERFORMING MAMMOGRAPHY TESTS FOR 1,845 WOMEN WHO WERE UNINSURED AND NOT ELIGIBLE FOR OTHER PUBLIC FUNDING. AS A RESULT OF THIS TESTING 426 PATIENTS WERE IDENTIFIED FOR FOLLOW-UP CARE AND 3 OF THESE PATIENTS WERE IDENTIFIED AS NEEDING AND CONSEQUENTLY RECEIVED BREAST CANCER TREATMENT.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

ATTACHMENT 2 (CONT'D)

OTHER PROGRAM SERVICE ACTIVITY

OTHER PROGRAM SERVICES INCLUDE: 1) PATIENT EDUCATION PROGRAMS INCLUDING FATHERHOOD CLASSES, PRE-NATAL INCENTIVE PROGRAMS AND EDUCATION CLASSES, AND TEEN MOTHER EDUCATION PROGRAMS FOR ECONOMICALLY DISADVANTAGED POPULATIONS. 2) CONTINUING EDUCATION AND GRADUATE MEDICAL EDUCATION OPPORTUNITIES FOR HOSPITAL STAFF AND PHYSICIANS IN ORDER TO MAINTAIN A HIGH STANDARD OF TRAINING AND COMPETENCIES IN HEALTHCARE. 3) GENERAL OPERATIONAL EXPENSES NECESSARY TO RAISE MONEY TO PROVIDED MEDICAL CARE AND PATIENT EDUCATION TO THE COMMUNITY.

INFORMATION REGARDING ORGANIZATION'S MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6, LINE 7A AND 7B

FORM 990, PART VI, LINE 6

SISTERS OF CHARITY OF LEAVENWORTH IS THE SOLE MEMBER;

FORM 990, PART VI, LINE 7A

THE BOARD OF ST. JOSEPH HOSPITAL FOUNDATION IS APPROVED BY THE BOARD OF SISTERS OF CHARITY OF LEAVENWORTH;

FORM 990, PART VI, LINE 7B

SISTERS OF CHARITY OF LEAVENWORTH, AS SOLE MEMBER, HOLDS CERTAIN RESERVE POWERS AS INDICATED IN THE BYLAWS.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990

FORM 990, PART VI, QUESTION 11A

THE ANNUAL FORM 990 IS REVIEWED AND DISCUSSED BY THE FINANCE COMMITTEE.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

ATTACHMENT 2 (CONT'D)

AFTER THAT REVIEW, A COPY OF THE 990 IS PROVIDED TO MEMBERS OF THE BOARD OF DIRECTORS. DISCUSSION AND FORMAL APPROVAL IS OBTAINED AT A SCHEDULED MEETING OF THE BOARD. BASED ON THAT APPROVAL THE 990 IS FILED WITH THE IRS.

DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS OF INTEREST FORM 990, PART VI, QUESTION 12C

THE SAINT JOSEPH HOSPITAL FOUNDATION CONFLICT OF INTEREST POLICY HAS THE FOLLOWING REPORTING AND CONFLICT REVIEW PROCESS: 1) BOARD MEMBERS, COMMITTEE MEMBERS AND EMPLOYEES SUBMIT WRITTEN DISCLOSURE DESCRIBING POTENTIAL CONFLICTS TO THE CHAIR OF THE AUDIT AND COMPLIANCE COMMITTEE, IDENTIFYING THE CONFLICT AND ALL PARTIES INVOLVED. 2) THE COMMITTEE REVIEWS WRITTEN REPORTS OF ALLEGED CONFLICT(S). 3) AFTER HEARING AND REVIEWING ALL MATERIAL FACTS AVAILABLE TO IT AT SUCH TIME, INCLUDING MEETING WITH INDIVIDUAL INVOLVED, THE COMMITTEE DETERMINES, BY A MAJORITY VOTE OF ITS DISINTERESTED MEMBERS, WHETHER A CONFLICT DOES OR DOES NOT EXIST. 4) THE COMMITTEE TAKES APPROPRIATE ACTION, WHICH COULD INCLUDE CORRECTIVE OR DISCIPLINARY ACTION; REMOVAL OR TERMINATION OF THE INDIVIDUAL INVOLVED. 5) MEETING MINUTES SHALL REFLECT THE CONFLICT DISCLOSURE AND THOSE PRESENT FOR THE DISCUSSION, INCLUDING THOSE ABSTAINING FROM ANY VOTES. 6) THE COMMITTEE PROVIDES A WRITTEN SUMMARY REPORT TO THE EXECUTIVE COMMITTEE OF THE CONFLICT INVESTIGATION AND DETERMINATION. 7) THE EXECUTIVE COMMITTEE'S REVIEWED AND APPROVED SUMMARY REPORT IS ISSUED TO ALL DIRECTORS. APPEAL PROCESS: UPON REQUEST, THE EXECUTIVE COMMITTEE MAY REVIEW THE ENTIRE MATTER, AND MAKE A FINAL DETERMINATION.

Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
<u>ATTACHMENT 2 (CONT'D)</u>	

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN

FORM 990, PART VI, QUESTION 15A

THE COMPENSATION OF THE PRESIDENT/CEO OF THE SAINT JOSEPH HOSPITAL FOUNDATION IS BASED ON AN ANNUAL EVALUATION CONDUCTED BY AT LEAST ONE BOARD OFFICER. THIS EVALUATION COMPARES JOB PERFORMANCE TO A WRITTEN JOB DESCRIPTION. COMPENSATION AND MERIT INCREASES ARE DETERMINED BY THE EXECUTIVE COMMITTEE, WHICH USES SALARY SURVEYS CONDUCTED BY AN INDEPENDENT AGENCY, MOUNTAIN STATES EMPLOYER COUNCIL AS A REFERENCE FOR CURRENT MARKET SALARY LEVELS.

AVAIL OF GOV DOCS, CONFLICT OF INTEREST POLICY, & FIN STMTS TO GEN PUBLIC
FORM 990, PART VI, QUESTION 19

THE SAINT JOSEPH HOSPITAL FOUNDATION MAKES GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE GENERAL PUBLIC BY REQUEST TO THE PRESIDENT AND CEO OF THE FOUNDATION.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NAME OF THE ORGANIZATION

Employer identification number
84-0735096

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

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
SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET	84-0417134 DENVER, CO 80218	HEALTHCARE	CO	501(C) (3)	3
SAINT JOSEPH HOSPITAL AUXILIARY 1835 FRANKLIN STREET	84-6030903 DENVER, CO 80218	SUPPORT	CO	501(C) (3)	11 -TYPE II N/A
SISTERS OF CHARITY OF LEAVENWORTH HEALTH 9801 RENNER BOULEVARD	23-7379161 LENEXA, KS 66219	SUPPORT	KS	501(C) (3)	11 -TYPE II N/A
EXEMPLA, INC 2420 WEST 26TH AVENUE, SUITE 1	84-1103606 DENVER, CO 80211	HEALTHCARE	CO	501(C) (3)	3
CARITAS CLINICS INC 818 NORTH 7TH STREET	48-1009910 LEAVENWORTH, KS 66048	CLINIC	KS	501(C) (3)	3
MARIAN CLINIC INC 1001 SW GARFIELD	48-1046905 TOPEKA, KS 66604	CLINIC	KS	501(C) (3)	3
MARILLAC CLINIC INC 2333 N 6TH STREET	84-1085822 GRAND JUNCTION, CO 81501	CLINIC	CO	501(C) (3)	3
					SCLHS

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

Schedule R (Form 990) 2009

JSA

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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)

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.)

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

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

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

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	X	

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)			
(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.

SCHEDULE R-1
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of filing organization

Name of filing organization

Continuation Sheet for Schedule R (Form 990)

► Attach to Form 990 to list additional information for Schedule R (Form 990), Part I, Part II, Part III, Part IV, Part V, line 2, or Part VI.

► See instructions for Schedule R (Form 990)

OMB No 1545-0047

2009

Open to Public
Inspection

Employer Identification number
84-0735096

SAINT JOSEPH HOSPITAL FOUNDATION

SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096

Part I Continuation of Identification of Disregarded Entities

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

Schedule R-1 (Form 990) 2009

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Part II Continuation of Identification of Related Tax-Exempt Organizations

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

Schedule R-1 (Form 990) 2009

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(A) Name of other organization	(B) Transaction type (8-1)	(C) Amount involved
(7)		
(8)		
(9)		
(10)		
(11)		
(12)		
(13)		
(14)		
(15)		
(16)		
(17)		
(18)		
(19)		
(20)		
(21)		
(22)		
(23)		
(24)		

Part VI Continuation of Unrelated Organizations Taxable as a Partnership