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Form 990

## Return of Organization Exempt From Income Tax

OMB No 1545-0047

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

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

A For the 2011 calendar year, or tax year beginning		, 2011, and ending		, 20	
<input type="checkbox"/> 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			D Employer identification number 84-0735096	
	Doing Business As			E Telephone number (303) 837-7043	
	Number and street (or P O box if mail is not delivered to street address) 1835 FRANKLIN STREET			Room/suite	
	City or town, state or country, and ZIP + 4 DENVER, CO 80218			G Gross receipts \$ 8,099,946.	
	F Name and address of principal officer COLLEEN SANDRIN 1835 FRANKLIN STREET DENVER, CO 80218			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> X <input type="checkbox"/> No	
				H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status <input checked="" type="checkbox"/> X 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list (see instructions)			
J Website ► WWW.SJHFDENVER.ORG		H(c) Group exemption number ► 0928			
K Form of organization <input checked="" type="checkbox"/> X 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 MISSION OF SAINT JOSEPH HOSPITAL FOUNDATION IS TO SOLICIT CONTRIBUTIONS FOR EXEMPLA SAINT JOSEPH HOSPITAL TO ASSIST IN EFFECTIVELY CARRYING OUT THEIR MISSION - TO FOSTER HEALING AND HEALTH.
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) . . . . . 3 24.
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . . 4 21.	
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . . 5 0	
6 Total number of volunteers (estimate if necessary) . . . . . 6 138.	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . 7a 0	
b Net unrelated business taxable income from Form 990-T, line 34 . . . . . 7b 0	
Expenses	8 Contributions and grants (Part VIII, line 1h) . . . . . 2,071,460. 2,638,695.
9 Program service revenue (Part VIII, line 2g) . . . . . 0 0	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 638,697. 782,923.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . -34,197. -91,758.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . 2,675,960. 3,329,860.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1,559,485. 1,775,671.	
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) . . . . . 593,096. 611,820.	
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . 0 0	
b Total fundraising expenses (Part IX, column (D), line 25) ► 0	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . . 336,368. 340,371.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . . 2,488,949. 2,727,862.	
19 Revenue less expenses Subtract line 18 from line 12 . . . . . 187,011. 601,998.	
Net Assets or Fund Balances	Beginning of Current Year 13,935,513. End of Year 13,179,291.
20 Total assets (Part X, line 16) . . . . . 1,973,849. 1,241,540.	
21 Total liabilities (Part X, line 26) . . . . . 11,961,664. 11,937,751.	
22 Net assets or fund balances Subtract line 21 from line 20. . . . .	

## Part II Signature Block

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

Sign Here	Signature of officer COLLEEN SANDRIN	Date 10/16/12
	► COLLEEN SANDRIN President & CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name STEVEN T. RUTTI	Preparer's signature Steven Rutti	Date 09/24/2012	Check <input type="checkbox"/> if self-employed	PTIN P00775456
	Firm's name ► ERNST & YOUNG U.S. LLP		Firm's EIN ► 34-6565596		
	Firm's address ► 2 NORTH CENTRAL AVENUE, SUITE 2300 PHOENIX, AZ 85004		Phone no 602-322-3000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

JSA  
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4ZD0P5 9235

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III . . . . . **1** Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 520,522 including grants of \$ 520,522) (Revenue \$ \_\_\_\_\_)

SEE SCHEDULE O

**4b** (Code \_\_\_\_\_) (Expenses \$ 444,288 including grants of \$ 444,288) (Revenue \$ \_\_\_\_\_)

SEE SCHEDULE O

**4c** (Code. \_\_\_\_\_) (Expenses \$ 360,166 including grants of \$ 360,166) (Revenue \$ \_\_\_\_\_)

SEE SCHEDULE O

**4d** Other program services (Describe in Schedule O)(Expenses \$ 1,166,246 including grants of \$ 450,695) (Revenue \$ \_\_\_\_\_)**4e** Total program service expenses ► 2,491,222.

**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 (see instructions)? . . . . .	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	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 temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	11a X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	11b X	
c	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 . . . . .	11c X	
d	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 . . . . .	11d X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	11f X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .	12a X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .	12b 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	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	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, Parts II and IV . . . . .	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, Parts III and IV . . . . .	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 (see instructions) . . . . .	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	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	20b	

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

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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 line 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? 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)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV . . . . .	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	32	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. . . . .	33	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. . . . .	34	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 . . . . .	35a	X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	35b	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36	X
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	37	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 . . . . .	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V. 

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. 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	X
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 (see instructions). . . . .	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	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	a 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
	b If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
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 line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c	
6a	a 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
	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	X
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	X
	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? . . . . .	7b	X
	b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7c	X
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7d	
	d If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7e	X
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7f	X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7g	
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7h	
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	8	X
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	9a	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
	a Did the organization make any taxable distributions under section 4966? . . . . .		
	b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
10	<b>Section 501(c)(7) organizations.</b> Enter		
	a Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b	
11	<b>Section 501(c)(12) organizations.</b> Enter		
	a Gross income from members or shareholders . . . . .	11a	
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b	
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a	
	b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b	
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
	a Is the organization licensed to issue qualified health plans in more than one state? . . . . .	13a	
	Note. See the instructions for additional information the organization must report on Schedule O		
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	13b	
	c Enter the amount of reserves on hand . . . . .	13c	
14a	<b>Did the organization receive any payments for indoor tanning services during the tax year?</b> . . . . .	14a	X
	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	14b	

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

Check if Schedule O contains a response to any question in this Part VI. . . . .

### Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	1a 24	
1b	Enter the number of voting members included in line 1a, above, who are independent	1b 21	
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 governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a X	
b	Each committee with authority to act on behalf of the governing body?	8b X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X
13	Did the organization have a written whistleblower policy?	13 X
14	Did the organization have a written document retention and destruction policy?	14 X
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b X

### Section C. Disclosure

- List the states with which a copy of this Form 990 is required to be filed ►
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
 

Own website  Another's website  Upon request
- Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 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**

 Check if Schedule O contains a response to any question in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee"
- List the organization's **five current highest compensated employees** (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

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

 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated				
ATTACHMENT 1										
(1) ANNE TRUJILLO BOARD MEMBER	1.00	X					0	0	0	0
(2) DOUGLAS L. JONES BOARD CHAIR	2.50	X	X				0	0	0	0
(3) ROBERT S. BOSWELL BOARD VICE CHAIR	2.50	X	X				0	0	0	0
(4) NATHAN E. CHRISTIAN BOARD TREASURER	2.50	X	X				0	0	0	0
(5) MARCEL PITTON BOARD SECRETARY	2.50	X	X				0	0	0	0
(6) TERRY BIDDINGER BOARD MEMBER	1.00	X					0	0	0	0
(7) TOM DELINE BOARD MEMBER	1.00	X					0	0	0	0
(8) MARGARET FACISZEWSKI BOARD MEMBER	1.00	X					0	0	0	0
(9) UTE GERVASINI BOARD MEMBER	1.00	X					0	0	0	0
(10) KIRK MACDONALD BOARD MEMBER	1.00	X					0	0	0	0
(11) JACK MALO BOARD MEMBER	1.00	X					0	0	0	0
(12) KEVIN B. MILLER, MD BOARD MEMBER	1.00	X					0	693,308.	26,161.	
(13) JOHN T. MOORE, MD BOARD MEMBER	1.00	X					0	280,365.	41,468.	
(14) JERRY NATIVIDAD BOARD MEMBER	1.00	X					0	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 (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
( 15) FRANCES OWENS BOARD MEMBER	1.00	X					0	0	0
( 16) ROBERT POLK BOARD MEMBER	1.00	X					0	0	0
( 17) DAVID TRYBA BOARD MEMBER	1.00	X					0	0	0
( 18) BARTH WHITHAM BOARD MEMBER	1.00	X					0	0	0
( 19) WILLIAM WRIGHT, MD BOARD MEMBER	1.00	X					0	0	0
( 20) CARL V. UNREIN PRESIDENT/CEO	40.00	X	X				0	171,150.	28,204.
( 21) MICHAEL DINO BOARD MEMBER	1.00	X					0	0	0
( 22) D. DALE SHAFFER BOARD MEMBER	1.00	X					0	0	0
( 23) RON TILTON BOARD MEMBER	1.00	X					0	0	0
( 24) SISTER ELIZABETH YOUNGS, SCL BOARD MEMBER	1.00	X					0	0	0
( 25) ELIZABETH A. MCILREE CHIEF FINANCIAL OFFICER	40.00		X				0	101,717.	14,316.
<b>1b Sub-total</b>							0	973,673.	67,629.
<b>c Total from continuation sheets to Part VII, Section A</b>							0	272,867.	42,520.
<b>d Total (add lines 1b and 1c)</b>							0	1,246,540.	110,149.

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

	Yes	No
3		X
4	X	
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

Contributions, Gifts, Grants and Other Similar Amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns . . . . .	1a			
1b	Membership dues . . . . .	1b			
1c	Fundraising events . . . . .	1c	293,819		
1d	Related organizations . . . . .	1d	200,000		
1e	Government grants (contributions) . . . . .	1e	229,436		
1f	All other contributions, gifts, grants, and similar amounts not included above . . . . .	1f	1,915,440		
1g	Noncash contributions included in lines 1a-1f	1g	\$ 140,299		
1h	Total. Add lines 1a-1f . . . . .	1h	► 2,638,695		
Program Service Revenue		Business Code			
2a					
b					
c					
d					
e					
f	All other program service revenue . . . . .				
g	Total. Add lines 2a-2f . . . . .	g	► 0		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	► 248,259		248,259
4	Income from investment of tax-exempt bond proceeds . . . . .	4	► 0		
5	Royalties . . . . .	5	► 0		
6a	Gross rents . . . . .	(i) Real			
b	Less rental expenses . . . . .	(ii) Personal			
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 . . . . .	5,161,093			
c	Gain or (loss) . . . . .	4,626,429			
d	Net gain or (loss) . . . . .	534,664	► 534,664		534,664
8a	Gross income from fundraising events (not including \$ 293,819 of contributions reported on line 1c)				
See Part IV, line 18 . . . . .	a	51,899			
b	Less direct expenses . . . . .	b	143,657		
c	Net income or (loss) from fundraising events . . . . .	c	► -91,758		-91,758
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 . . . . .	c	► 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 . . . . .	c	► 0		
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d	All other revenue . . . . .				
e	Total. Add lines 11a-11d . . . . .	e	► 0		
12	Total revenue. See instructions . . . . .	12	► 3,329,860		691,165

**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)

Check if Schedule O contains a response to any question in this Part IX . . . . .

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 .	1,775,671.	1,775,671.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16, . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	272,867.	171,150.	101,717.	
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 . . . . .	238,459.	238,459.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0			
9 Other employee benefits . . . . .	61,709.	49,433.	12,276.	
10 Payroll taxes . . . . .	38,785.	31,070.	7,715.	
11 Fees for services (non-employees)				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	22,700.		22,700.	
d Lobbying . . . . .	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees . . . . .	92,232.		92,232.	
g Other . . . . .	0			
12 Advertising and promotion . . . . .	0			
13 Office expenses . . . . .	57,060.	57,060.		
14 Information technology . . . . .	35,328.	35,328.		
15 Royalties . . . . .	0			
16 Occupancy . . . . .	42,000.	42,000.		
17 Travel . . . . .	2,927.	2,927.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	13,054.	13,054.		
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	20,523.	20,523.		
23 Insurance . . . . .	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a DONOR RECOGNITION . . . . .	17,320.	17,320.		
b SPECIAL EVENT SPONSORSHIP . . . . .	14,130.	14,130.		
c PURCHASED SERVICES . . . . .	8,410.	8,410.		
d . . . . .				
e All other expenses . . . . .	14,687.	14,687.		
25 Total functional expenses Add lines 1 through 24e	2,727,862.	2,491,222.	236,640.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing . . . . .	532,842.	1	500,687.
	2 Savings and temporary cash investments . . . . .	1,530,001.	2	821,379.
	3 Pledges and grants receivable, net . . . . .	309,211.	3	308,811.
	4 Accounts receivable, net . . . . .	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		0	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		5	0
	7 Notes and loans receivable, net . . . . .		6	0
	8 Inventories for sale or use . . . . .		7	0
	9 Prepaid expenses and deferred charges . . . . .		8	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	247,996.		
	b Less accumulated depreciation . . . . .	10b 217,165.	44,454.	10c 30,831.
	11 Investments - publicly traded securities . . . . .	10,953,102.	11	11,032,004.
	12 Investments - other securities See Part IV, line 11 . . . . .	0	12	0
	13 Investments - program-related See Part IV, line 11 . . . . .	0	13	0
	14 Intangible assets . . . . .	0	14	0
	15 Other assets See Part IV, line 11 . . . . .	537,303.	15	458,451.
	16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . .	13,935,513.	16	13,179,291.
Liabilities	17 Accounts payable and accrued expenses . . . . .	735,133.	17	155,638.
	18 Grants payable . . . . .	1,238,716.	18	1,085,902.
	19 Deferred revenue . . . . .	0	19	0
	20 Tax-exempt bond liabilities . . . . .	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .	0	25	0
	26 Total liabilities. Add lines 17 through 25 . . . . .	1,973,849.	26	1,241,540.
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 . . . . .	2,039,981.	27	1,699,354.
	28 Temporarily restricted net assets . . . . .	7,798,452.	28	8,065,166.
	29 Permanently restricted net assets . . . . .	2,123,231.	29	2,173,231.
	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 . . . . .	11,961,664.	33	11,937,751.
	34 Total liabilities and net assets/fund balances . . . . .	13,935,513.	34	13,179,291.

Form 990 (2011)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	3,329,860.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	2,727,862.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	601,998.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	11,961,664.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	-625,911.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	11,937,751.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. 

		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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X
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 separate basis, consolidated 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	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

Open to Public  
Inspection

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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

**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?  
     (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?   
     (ii) A family member of a person described in (i) above?   
     (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support	
			Yes	No	Yes	No	Yes	No	Yes	No
(A) ATTACHMENT 1										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										1,775,671.

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

Schedule A (Form 990 or 990-EZ) 2011

**Part I! Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
16a 33 1/3% support test - 2011. 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 - 2010. 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 - 2011. 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 - 2010. 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 or if the organization failed to qualify under Part II  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2011. 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 - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here The organization qualifies as a publicly supported organization	► <input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	► <input type="checkbox"/>	

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions)

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

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV) YES NO	(V) YES NO	(VI) YES NO	(VII) AMOUNT OF SUPPORT	
						1,775,671	
SAINT JOSEPH HOSPITAL	84-0417134	03	X	X	X	1,775,671	
<b>TOTAL AMOUNT OF SUPPORT</b>						<b>1,775,671</b>	

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

OMB No 1545-0047

**2011**Open 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? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .	<input type="checkbox"/>	Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

## 1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . . . .  
b Total acreage restricted by conservation easements . . . . .  
c Number of conservation easements on a certified historic structure included in (a) . . . . .  
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .  
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? . . . . .  Yes  No  
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year  
► -----  
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year  
► \$ -----  
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No  
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items  
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items  
(i) Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----  
(ii) Assets included in Form 990, Part X . . . . . ► \$ -----  
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items  
a Revenues included in Form 990, Part VIII, line 1 . . . . . ► \$ -----  
b Assets included in Form 990, Part X . . . . . ► \$ -----

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Schedule D (Form 990) 2011

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**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)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . .  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
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 XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	2,469,887.	2,447,798.	2,351,952.	2,285,008.	
b Contributions . . . . .	50,000.	5,000.	75,000.	40,000.	
c Net investment earnings, gains, and losses . . . . .	33,884.	33,168.	32,361.	42,439.	
d Grants or scholarships . . . . .	9,241.	16,079.	11,515.	15,495.	
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	2,544,530.	2,469,887.	2,447,798.	2,351,952.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ► %

b Permanent endowment ► 100.0000 %

c Temporarily restricted endowment ► %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

Yes	No
3a(i)	X
3a(ii)	X

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		78,646.	78,646.	
d Equipment . . . . .		94,694.	94,437.	257.
e Other . . . . .		74,656.	44,082.	30,574.
<b>Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). . . . .</b>				30,831.

**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
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

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.**

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ►

2. FIN 48 (ASC 740) 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 (ASC 740)

Schedule D (Form 990) 2011

**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	3,329,860.
2	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	2	2,727,862.
3	Excess or (deficit) for the year Subtract line 2 from line 1 . . . . .	3	601,998.
4	Net unrealized gains (losses) on investments . . . . .	4	-625,912.
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	-625,912.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9 . . . . .	10	-23,914.

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	2,847,605.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	-625,912.
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	-625,912.
3	Subtract line 2e from line 1 . . . . .	3	3,473,517.
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	-143,657.
c	Add lines 4a and 4b . . . . .	4c	-143,657.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) . . . . .	5	3,329,860.

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

1	Total expenses and losses per audited financial statements . . . . .	1	2,871,519.
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	143,657.
e	Add lines 2a through 2d . . . . .	2e	143,657.
3	Subtract line 2e from line 1 . . . . .	3	2,727,862.
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	2,727,862.

**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 G**  
**(Form 990 or 990-EZ)**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

2011

Open to Public  
Inspection

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**Name of the organization**

SAIN T 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.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.

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

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(I) Name and address of individual or entity (fundraiser)	(II) Activity	(III) Did fundraiser have custody or control of contributions?		(IV) Gross receipts from activity	(V) Amount paid to (or retained by) fundraiser listed in col (I)	(VI) Amount paid to (or retained by) organization
1		Yes	No			
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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

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

	(a) Event #1 RACE (event type)	(b) Event #2 GOLF TOURNAMENT (event type)	(c) Other Events 1. (total number)	(d) Total events (add col (a) through col (c))
1 Gross receipts . . . . .	169,171.	115,756.	60,791.	345,718.
2 Less Charitable contributions . . . . .	144,422.	100,656.	48,741.	293,819.
3 Gross income (line 1 minus line 2) . . . . .	24,749.	15,100.	12,050.	51,899.
4 Cash prizes . . . . .	2,500.			2,500.
5 Noncash prizes . . . . .	15,232.	12,272.		27,504.
6 Rent/facility costs . . . . .	10,428.	26,049.		36,477.
7 Food and beverages . . . . .	8,624.	224.	19,600.	28,448.
8 Entertainment . . . . .	3,540.		5,233.	8,773.
9 Other direct expenses . . . . .	24,933.	5,867.	9,155.	39,955.
10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				► ( 143,657.)
11 Net income summary Combine line 3, column (d), and line 10 . . . . .				► -91,758.

**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

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No  
b If "No," explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain \_\_\_\_\_

Schedule G (Form 990 or 990-EZ) 2011

11 Does the organization operate gaming activities with nonmembers?  Yes  No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	%
b An outside facility	%

13a  %

13b  %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

## 16 Gaming manager information

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

Director/officer  Employee  Independent contractor

## 17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

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

Department of the Treasury  
Internal Revenue Service

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

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

► Attach to Form 990.

OMB No 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

SAIN T JOSEPH HOSPITAL FOUNDATION

**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.  Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C)(3)		1,393,457				CHARITY CARE
(2) SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C)(3)		186,224				PATIENT EDUCATION & OUTREACH PROGRAMS
(3) SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	84-0417134	501(C)(3)		175,990				HOSPITAL STAFF CONTI CONTINUING EDUCATION
(4) KAISER-PERMANENTE 2500 SOUTH HAVANA ST AURORA, CO 80014	84-0591617	501(C)(3)		20,000				NURSING SCHOLARSHIPS
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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

► 2  
► 3

Schedule I (Form 990) (2011)

**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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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

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

SAINT JOSEPH HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT CHARITY MEDIC 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.

**Part III** can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**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

**2011**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)

	Yes	No

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

**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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

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

**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 Regulations 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)? . . . . .

<b>4a</b>	X
<b>4b</b>	X
<b>4c</b>	X
<b>5a</b>	X
<b>5b</b>	X
<b>6a</b>	X
<b>6b</b>	X
<b>7</b>	X
<b>8</b>	X
<b>9</b>	

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

Schedule J (Form 990) 2011

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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation			
1 KEVIN B. MILLER, MD	\$582,608.	108,975.	0	4,900.	21,261.	719,469.
2 JOHN T. MOORE, MD	\$277,643.	0	0	2,722.	16,396.	321,833.
3 CARL V. UNREIN	\$168,136.	0	0	3,014.	12,928.	199,354.
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SUPPLEMENTAL COMPENSATION INFORMATION

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

**SCHEDULE M  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

**2011****Open To Public  
Inspection**

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1 .	140,299 .	MARKET QUOTATION
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ►( _____ )				
26 Other ►( _____ )				
27 Other ►( _____ )				
28 Other ►( _____ )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .				29

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

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

Schedule M (Form 990) (2011)

**Part II Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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

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

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Employer identification number

84-0735096

### **EXPLANATION OF THE TYPE OF SERVICES PERFORMED BY THE VOLUNTEERS**

#### **FORM 990, PART I, LINE 6**

THE FOUNDATION UTILIZES VOLUNTEERS TO SUPPORT THE FUNDRAISING EVENTS: 90 VOLUNTEERS FOR THE RACE "STADIUM STAMPEDE," INCLUDING THE STEERING COMMITTEE AND RACE DAY VOLUNTEERS. 25 VOLUNTEERS SERVE IN VARIOUS CAPACITIES FOR THE GOLF TOURNAMENT. IN ADDITION, 23 OF THE FOUNDATION BOARD OF DIRECTORS VOLUNTEER THEIR TIME AS THEY FULFILL THEIR RESPONSIBILITIES AS BOARD MEMBERS.

### **DESCRIPTION OF THE ORGANIZATION'S MISSION**

#### **FORM 990, PART III, LINE 1**

THE FOUNDATION UTILIZES VOLUNTEERS TO SUPPORT THE FUNDRAISING EVENTS: 90 VOLUNTEERS FOR THE RACE "STADIUM STAMPEDE," INCLUDING THE STEERING COMMITTEE AND RACE DAY VOLUNTEERS. 25 VOLUNTEERS SERVE IN VARIOUS CAPACITIES FOR THE GOLF TOURNAMENT. IN ADDITION, 23 OF THE FOUNDATION BOARD OF DIRECTORS VOLUNTEER THEIR TIME AS THEY FULFILL THEIR RESPONSIBILITIES AS BOARD MEMBERS.

### **DESCRIPTION OF PROGRAM SERVICE ACTIVITIES**

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

##### **PROGRAM SERVICE ACTIVITY #1**

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 55 PATIENTS WERE ENROLLED IN THE SUSAN G. KOMEN BREAST

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

CANCER TREATMENT PROGRAM AT CARITAS CLINIC. THE PATIENTS WERE REFERRED TO THE CLINIC FROM 17 SOURCES, INCLUDING SELF-REFERRALS, COMMUNITY CLINICS, COUNTY HEALTH PROGRAMS, PRIVATE PHYSICIANS AND OTHER HOSPITALS. PATIENTS RECEIVED TREATMENT SERVICES FOR BREAST CANCER THAT INCLUDES SURGERY, CHEMOTHERAPY, RADIATION THERAPY, FOLLOW-UP AND PALLIATIVE CARE.

## PROGRAM SERVICE ACTIVITY #2

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 19 COUNTIES IN COLORADO PERFORMING MAMMOGRAPHY TESTS FOR 2,242 WOMEN WHO WERE UNINSURED AND NOT ELIGIBLE FOR OTHER PUBLIC FUNDING, 372 PATIENTS WERE IDENTIFIED FOR FOLLOW-UP TESTING. AS A RESULT OF THIS TESTING 6 OF THESE PATIENTS WERE DIAGNOSED WITH BREAST CANCER AND RECEIVED TREATMENT SERVICES AT THE CARITAS CLINIC BREAST CANCER TREATMENT PROGRAM AT SAINT JOSEPH HOSPITAL.

## PROGRAM SERVICE ACTIVITY #3

SAINT JOSEPH HOSPITAL SPONSORS FOUR OUTPATIENT CLINICS FOR THE MEDICALLY UNDERSERVED: CARTIAS CLINIC (INTERNAL MEDICINE AND GENERAL SURGERY), BRUNER FAMILY MEDICINE CENTER, SETON WOMEN'S CENTER (OB/GYN) AND CERTIFIED NURSE MIDWIVES. THESE CLINICS PROVIDE OVER 40,000 PHYSICIAN OFFICE VISITS AND OVER 16,000 HOSPITAL-BASED VISITS ANNUALLY. BETWEEN 40-77% OF EACH CLINIC'S PATIENTS REQUIRE CHARITY SUPPORT WITH THE REST PRIMARILY COVERED BY MEDICAID OR MEDICARE. EVERY PATIENT MEETS WITH A FINANCIAL COUNSELOR AND IS ASSIGNED A CO-PAY RATE FROM A SLIDING SCALE

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

BASED INCOME AND FAMILY SIZE. 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; AND 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, LINES 6, 7A, &amp; 7B

## LINE 6

SISTERS OF CHARITY OF LEAVENWORTH IS THE SOLE MEMBER.

## LINE 7A

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

## LINE 7B

SISTERS OF CHARITY OF LEAVENWORTH ("SISTERS"), AS SOLE MEMBER, HOLDS CERTAIN RESERVE POWERS AS INDICATED IN THE BYLAWS. PURSUANT TO THE BYLAWS THE AFFIRMATIVE VOTE OF NOT LESS THAN TWO-THIRDS OF THE TOTAL MEMBERS OF THE CORPORATION ARE REQUIRED FOR THE FOLLOWING ACTIONS: CHANGE IN THE PURPOSE OR PHILOSOPHY OF THE FOUNDATION; BORROWING MONEY FOR CAPITAL NEEDS OR ISSUANCE OF NOTES, BONDS OR OTHER INDEBTEDNESS;

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

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APPOINTMENT OF THE FOUNDATION'S ACCOUNTING AND AUDIT FIRMS AND APPROVAL OF THE ANNUAL CAPITAL BUDGET; APPOINTMENT OF DIRECTORS OR INCREASE OR DECREASE IN THE NUMBER OF DIRECTORS; APPOINTMENT OR REMOVAL OF THE EXECUTIVE DIRECTOR OR CEO; THE AMENDMENT OF THE BYLAWS; OR THE AMENDMENT OF THE ARTICLES OF INCORPORATION.

DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990 FORM 990, PART VI, LINE 11

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

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, LINE 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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

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.

OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN FORM 990, PART VI, LINE 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, LINE 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.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

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84-0735096

## OTHER CHANGES IN NET ASSETS OR FUND BALANCES

## PART XI, LINE 5

UNREALIZED GAIN/LOSS \$ (625,912)

ROUNDING \$ \_\_\_\_\_1\_\_\_\_

TOTAL \$ (625,911)

ATTACHMENT 1FORM 990, PART VII, COLUMN B - ESTIMATED AVERAGE PER WEEK

NAME AND TITLE HOURS DEVOTED FOR RELATED ORGANIZATION

KEVIN B. MILLER, MD	
BOARD MEMBER	40.00
JOHN T. MOORE, MD	
BOARD MEMBER	40.00

**SCHEDULE R**  
**(Form 990)**
Department of the Treasury  
Internal Revenue Service
**Related Organizations and Unrelated Partnerships**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

See separate instructions.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

**2011**  
 OMB No 1545-0047
Open to Public  
Inspection

Employer identification number

84-0735096

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____					
(2) _____					
(3) _____					
(4) _____					
(5) _____					
(6) _____					

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) SAINT JOSEPH HOSPITAL 1835 FRANKLIN STREET DENVER, CO 80218	HEALTHCARE	CO	501 (C) 3	3	SCLHS	X
(2) ST MARYS HOSPITAL & MEDICAL CENTER INC 2635 N 7TH STREET GRAND JUNCTION, CO 81502	HEALTHCARE	CO	501 (C) 3	3	SCLHS	X
(3) HOLY ROSARY HEALTHCARE 2600 WILSON	HEALTHCARE	MT	501 (C) 3	3	SCLHS	X
(4) ST VINCENT HEALTHCARE 1233 NORTH 30TH	HEALTHCARE	MT	501 (C) 3	3	SCLHS	X
(5) ST. JAMES HEALTHCARE 400 SOUTH CLARK STREET	HEALTHCARE	MT	501 (C) 3	3	SCLHS	X
(6) ST. JOHNS HOSPITAL AND HEALTH CENTER 1328 22ND STREET	HEALTHCARE	CA	501 (C) 3	3	SCLHS	X
(7) SAINT JOSEPH HOSPITAL AUXILIARY 1835 FRANKLIN STREET	SUPPORT	CO	501 (C) 3	11 - TYPE II N/A		X

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Schedule R (Form 990) 2011

**SCHEDULE R**  
**(Form 990)**
**2011**

OMB No 1545-0047

Department of the Treasury  
Internal Revenue ServiceName of the organization  
SAINT JOSEPH HOSPITAL FOUNDATION

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

**Related Organizations and Unrelated Partnerships**
Open to Public  
InspectionName of the organization  
SAINT JOSEPH HOSPITAL FOUNDATIONEmployer identification number  
84-0735096
**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	SISTERS OF CHARITY LEAVENWORTH HLTH SYST 9801 RENNER BOULEVARD LENEKA, KS 66219	23-7379161 SUPPORT	KS	501 (C) 3	11 -TYPE III N/A		Yes      No
(2)	EXEMPLIA, INC FKA LUTHERAN HOSPITAL 2420 W 26TH AVENUE, STE 100D DENVER, CO 80211	84-1103606 HEALTHCARE	CO	501 (C) 3	3	SCLHS	X
(3)	CARITAS CLINICS INC 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	48-1009910 CLINIC	KS	501 (C) 3	3	SCLHS	X
(4)	MARIAN CLINIC INC 1001 SW GARFIELD	48-1046905 CLINIC	KS	501 (C) 3	3	SCLHS	X
(5)	MARILLAC CLINIC, INC 2333 N 6TH STREET	84-1085822 GRAND JUNCTION, CO 81501	CO	501 (C) 3	3	SCLHS	X
(6)	PROVIDENCE MEDICAL CENTER 8229 PARALLEL PARKWAY	48-0784446 KANSAS CITY, KS 66112	HEALTHCARE	KS	501 (C) 3	SCLHS	X
(7)	ST FRANCIS HEALTH CENTER INC 1700 SW 7TH STREET	48-0547719 TOPEKA, KS 66006	HEALTHCARE	KS	501 (C) 3	SCLHS	X

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

Schedule R (Form 990) 2011

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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

**Related Organizations and Unrelated Partnerships**

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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Employer identification number

84-0735096

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

(1)	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(2)						
(3)						
(4)						
(5)						
(6)						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1)	ST. JOHN HOSPITAL, INC 3500 SOUTH FOURTH STREET LEAVENWORTH, KS 66048	48-0543768	HEALTHCARE	501 (C) 3	3	PMC	Yes X
(2)	BETHANY COMMUNITY PLAZA, INC 15 NORTH 12TH STREET KANSAS CITY, KS 66102	48-1207407	HEALTHCARE	501 (C) 3	3	PMC	X
(3)	PROVIDENCE/ST. JOHN FOUNDATION, INC 8929 PARALLEL PARKWAY KANSAS CITY, KS 66112	48-0925688	SUPPORT	501C3	7	PMC	X
(4)	ST. FRANCIS HEALTH CENTER FOUNDATION 1700 SW 7TH STREET TOPEKA, KS 66606	48-1092520	SUPPORT	501C3	501 (C) 3	11A-TYPE I SFHHC	X
(5)	ST. MARY'S HOSPITAL FOUNDATION 2635 N 7TH STREET GRAND JUNCTION, CO 81502	23-7001007	SUPPORT	501C3	501 (C) 3	11A-TYPE I SMHMC	X
(6)	HOLY ROSARY HEALTHCARE FOUNDATION INC 2600 WILSON	20-2270238					
(7)	MILES CITY, MT 89301						
	SUPPORT	501C3	MT	501 (C) 3	11A-TYPE I HRHCC	X	
	BILLINGS, MT 59107						
	SUPPORT	501C3	MT	501 (C) 3	7	SVHCC	X

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

JSA

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Schedule R (Form 990) 2011

 OMB No 1545-0047  
**2011**  
 Open to Public  
 Inspection

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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

**Related Organizations and Unrelated Partnerships**► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  
► Attach to Form 990. ► See separate instructions.**2011**Open to Public  
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) NORTHWEST RESEARCH & EDUCATION INSTITUTE 315 NORTH 25TH STREET BILLINGS, MT 59101	20-1343024 COMM HLTH RES	MT	501 (C) 3	9	N/A	Yes X
(2) ST JAMES HEALTHCARE FOUNDATION 400 SOUTH CLARK STREET BUTTE, MT 59701	65-1202190 SUPPORT 501C3	MT	501 (C) 3	11A-TYPE I	SJHJC	X
(3) JOHN WAYNE CANCER INSTITUTE 2000 SANTA MONICA BLVD SANTA MONICA, CA 90204	95-4291515 CANCER R&D	CA	501 (C) 3	4	SJHHC	X
(4) SAINT JOHNS HOSPITAL & HLTH CENTER FNDTN 1328 22ND STREET SANTA MONICA, CA 90204	95-6100079 SUPPORT 501C3	CA	501 (C) 3	11A-TYPE I	SJHHC	X
(5) EXEMPLIA LUTHERAN MEDICAL CENTER FNDTN 2480 W 26TH AVE, SUITE 360B DENVER, CO 80211	20-8846152 SUPPORT 501C3	CO	501 (C) 3	7	EXEMPLIA INC.	X
(6) EXEMPLIA GOOD SAMARITAN MEDICAL CTR FNDTN 200 EXEMPLIA CIRCLE LAFAYETTE, CO 80026	84-1649162 SUPPORT 501C3	CO	501 (C) 3	7	EXEMPLIA INC.	X
(7) LUTHERAN MEDICAL CENTER PROGENIA SELF-INS TRST 2480 W 26TH AVE, SUITE 360B DENVER, CO 80211	74-2571584 INSURANCE	CO	501 (C) 3	11A-TYPE I	EXEMPLIA INC.	X

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

JSA

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Schedule R (Form 990) 2011

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

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

**Related Organizations and Unrelated Partnerships**

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

Open to Public  
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

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

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -						
(2) -						
(3) -						
(4) -						
(5) -						
(6) -						

**Part II Identification of Related Tax-Exempt Organizations** (Complete if the organization answered "Yes" to 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 (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) MOUNT ST VINCENT HOME, INC 4159 LOWELL BOULEVARD DENVER, CO 80211	84-0405260	HEALTH	CO	501 (C) 3	11A	SCLHS	Yes X No
(2) -							
(3) -							
(4) -							
(5) -							
(6) -							
(7) -							

Schedule R (Form 990) 2011

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

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate absentee?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
										Yes
(1) <u>PAVILION IMAGING LLC</u> 03-051619 750 WELLINGTON	RADIOLOGY	CO	N/A	N/A						X
(2) <u>GRAND VALLEY SURGICAL CENTER</u> 710 WELLINGTON	OP SURGERY	CO	N/A	N/A						X
(3) <u>SAN JUAN CANCER CENTER LLC</u> 20- 600 SOUTH 5TH STREET	OP CANCER	CO	N/A	N/A						X
(4) <u>BILLINGS MRI CENTER</u> LLC 81-04- 1041 NORTH 29TH STREET	MRI-PET SCAN	MT	N/A	N/A						X
(5) <u>LUTHERAN CAMPUS ASC</u> LLC 02-07- 3455 LUTHERN PKW, SUITE 150	OP SURGERY	CO	N/A	N/A						X
(6) <u>COLORADO SURGICAL VENTURES, LL</u> 30 S WACKER DR., SUITE 2302	OP SURGERY	CO	N/A	N/A						X
(7) <u>COLORADO SURGICAL HOSPITAL</u> LL 30 S WACKER DR., SUITE 2302	OP SURGERY	CO	N/A	N/A						X

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp., S corp., or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) <u>CARITAS INC AND SUBSIDIARIES</u> 48-0941069 9801 RENNER BOULEVARD, SUITE 100 LENEXA, KS 66219	OTHER MEDICAL	KS	N/A	C CORP			
(2) <u>LEVEN INSURANCE COMPANY LTD</u> 98-0370522 23 LIME TREE BAY AVE, PO BOX 1051 KY1-11 GEORGETOWN, GRAN	INSURANCE	CJ	N/A				
(3) _____	_____	_____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____	_____	_____
(5) _____	_____	_____	_____	_____	_____	_____	_____
(6) _____	_____	_____	_____	_____	_____	_____	_____
(7) _____	_____	_____	_____	_____	_____	_____	_____

## Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, 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?

- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .
- b Gift, grant, or capital contribution to related organization(s) . . . . .
- c Gift, grant, or capital contribution from related organization(s) . . . . .
- d Loans or loan guarantees to or for related organization(s) . . . . .
- e Loans or loan guarantees by related organization(s) . . . . .
- f Sale of assets to related organization(s) . . . . .
- g Purchase of assets from related organization(s) . . . . .
- h Exchange of assets with related organization(s) . . . . .
- i Lease of facilities, equipment, or other assets to related organization(s) . . . . .
- j Lease of facilities, equipment, or other assets from related organization(s) . . . . .
- k Performance of services or membership or fundraising solicitations for related organization(s) . . . . .
- l Performance of services or membership or fundraising solicitations by related organization(s) . . . . .
- m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .
- n Sharing of paid employees with related organization(s) . . . . .
- o Reimbursement paid to related organization(s) for expenses . . . . .
- p Reimbursement paid by related organization(s) for expenses . . . . .
- q Other transfer of cash or property to related organization(s) . . . . .
- r Other transfer of cash or property from related organization(s) . . . . .

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	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-JBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											
(8) _____											
(9) _____											
(10) _____											
(11) _____											
(12) _____											
(13) _____											
(14) _____											
(15) _____											
(16) _____											

**Part VII Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)