

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

Department of the Treasury Internal Revenue Service

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Form 7004 to request an extension of time to file inco	ome tax returr	18.				
Part I - Id	entification			1			
Type or	Name of exempt organization, employer, or other f	iler, see instru	ictions.	Taxpayer	Taxpayer identification number (TIN		
Print							
File by the	GOOD SAMARITAN MEDICAL CENTER FOUNDAT	ION			84-16491	62	
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box 200 EXEMPLA CIRCLE	ions.					
instructions.	City, town or post office, state, and ZIP code. For a LAFAYETTE, CO 80026	a foreign addr	ess, see instructions.				
Enter the	Return Code for the return that this application is for	(file a separat	e application for each return)			0 1	
Applicatio	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990-		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	T (trust other than above)	06	Form 5330 (individual)			13	
	T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08				17	
	u enter your Return Code, complete either Part II or F		including signature is applicable of	anly for on	ovtonoion of		
Plar Plar	n Name		•				
	n Year Ending (MM/DD/YYYY)						
	Itomatic Extension of Time To File for Exempt Org	anizations (s	ee instructions)				
The bo	ooks are in the care of COLIN QUINCY			11			
	,	SULLE 100	0 - SALT LAKE CITY, UT 841				
	one No. 801-442-3491		Fax No.				
	rganization does not have an office or place of busine						
. г	s for a Group Return, enter the organization's four-dig						
box [If it is for part of the group, check this box						
	quest an automatic 6-month extension of time until			e the exem	npt organization	return for	
	organization named above. The extension is for the o	organization's	return for:				
X	calendar year 20 23 or						
	tax year beginning	, 20	, and ending			, 20	
2 If th	e tax year entered in line 1 is for less than 12 months Change in accounting period	, check reaso	n: Initial return	Final retur	n		
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 60	69, enter the	tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 4720, or 60	69, enter any	refundable credits and				
<u>es</u> ti	mated tax payments made. Include any prior year over	erpayment all	owed as a credit	3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your						
usir	ng EFTPS (Electronic Federal Tax Payment System). S	See instruction	ns.	3c	\$	0.	

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990
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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2023 Open to Public Inspection

B Credit C Name of organization D Employer identification number OOD SAMARITAN MEDICAL CENTER FOUNDATION 84-1649162 Origo bisiness as Bondsite E Telephone number Origo bisiness as Bondsite E Telephone number Outpoint 200 FXMMILA CERCIA Bondsite E Telephone number Outpoint 200 FXMMILA CERCIA Bondsite E Telephone number Outpoint 200 FXMMILA CERCIA BONdsite E Telephone number Outpoint F Name and address of principal officer: LESLIB MCRAY H(a) is this a group return For all addressite methods? Yes E No Method SES SCHEDURD 0 Intert set as SCHEDURD 0 H(b) Avail atchingtain method? Yes E No Yes BE SCHEDURD 0 Tures exempt status; E Solicito 0 Tures of formation; 2004 M State of legal denicit; CO Yes BE SCHEDURD 0 I Briefly describe the organization's mission or most significant activities: HELPING PROFLE LIVE THE Yes BE SCHEDURD 0 I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 Yes Contributions and grants (Part VIII, line 1h)	A	For th	e 2023 calendar year, or tax year beginning and	l ending		
Doing business as 84-1649162 Doing business as Rom/Suite Partial Rom/Suite F Name and address of phropal officer: LESLIB MCKAY H(e) Is this a group return for subordinates? J Website: SEE SCHENDULS 0 J Website: SEE SCHENDULS 0 J Website: SEE SCHENDULS 0 Part II Summary I Briefly describe the organization's mission or most significant activities: HELPTING PEOPLE LIVE THE I Bautristress LIVES POSTIBLE. I Bauto inganization discontinued its operations or disposed of more than 25% of its net assets. Number of individuals employed in calendary ear 2023 (Part V, line 1a) 3 10 A Number of individuals employed in calendary ear 2023 (Part V, line 2a) 5 0		Check if applicab	C Name of organization		D Employer identifi	cation number
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Instruction and street (or 7,0, box if mails in or delivered to street address) Rodmostite 801-642-7851 20 EXEMPLA CITECLE 20 EXEMPLA CITECLE 801-642-7851 20 EXEMPLA CITECLE 20 EXEMPLA CITECLE 801-642-7851 20 EXEMPLA CITECLE 20 B0226 H(a) Is this a group return for subordinates? Yes X No 20 EXEMPLA CITECLE 501(c)(3) 501(c)(1) (Insert no.) 4947(a)(1) or 521 21 Details State S 20EBDUB 0 Website: SEE SOLEDUB 0 H(b) xe all abordinate inclusion Website: 200 (Coup exemption number 21 Direly describe the organization's mission or most significant activities: HELPING PEOPLE LIVE THE 22 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of individuals employed in calendar year 2023 (Part V, line 1a) 3 1 3 Number of individuals employed in calendar year 2023 (Part V, line 2a) 6 0 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 0 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 0 6 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 6 0 0	Ē	Name			84-1649162	
average 200 Example Classifier		Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
average City or town, state or province, country, and ZiP or foreign postal code I, 083, 013. Approx F Name and address of principal officer: LESLIB MCKAY H(a) Is this a group return for subordinates includer? Yes X No MbD Are all address of principal officer: LESLIB MCKAY H(b) Are all address of principal officer: LESLIB MCKAY H(b) Are all address of principal officer: LESLIB MCKAY H(b) Are all address of principal officer: LESLIB MCKAY J Website: SEE SCHEDULE 0 Yes X No J Website: SEE SCHEDULE 0 Trust Association Other L Year of formation: No J Website: SEE SCHEDULE 0 Trust Association Other L Year of formation: No J Website: SEE SCHEDULE 0 If the organization discontinued its operations or disposed of more than 25% of its net assets. Nomber of independent voting members of the governing body (Part VI, line 1a) 3 18 A Number of independent voting members of the governing body (Part VI, line 2a) 5 0		return			801-842-7851	
Data Hails, Counce Data Hails, Counce Hails fitts a group return for the address of principal officer; LESLIE MCKAY (b) Are at subordinates included? Yes No I marked address of principal officer; LESLIE MCKAY (statch a list. See instructions (H) Are at subordinates included? Yes No I marked address of principal officer; LESLIE MCKAY (statch a list. See instructions (H) Are at subordinates included? Yes No I Briefy describe the organization's mission or most significant activities: ELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE. M State of legal domicile; CO I Briefy describe the organization's mission or most significant activities: HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE. I a list of legal domicile; CO I Number of independent voting members of the governing body (Part V, line 1a) 3 18 Number of independent voting members of the governing body (Part V, line 1a) 5 0 I total unrelated business revenue from Part VIII, column (C), line 12 7a 0. I breatment income (Part VIII, column (A), lines 3, 4, and 7d) 61, 228, 110, 653, 464, 423, 110, 653, 462, 252, 70, -3, 73, 740, -3, 740, -3, 747, 740, -3, 747, 741, 132, 088, 982, 682, 682, 13 I Onther evenue (Part VIII, column (A), lines 3, 4, and 7d) 61, 228, 110, 653, -248, 4642, 144, 444, 444, 444, 444, 444, 444, 4		ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,063,075.
Image of product and address of principal office; BDD11 REAL Interval of principal office; BDD11 REAL Image of the status of the status of principal office; BDD11 REAL Interval of the status of the sta		return	LAFAIBIIE, CO 80026		H(a) Is this a group re	eturn
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J Website: SEE SCHEDULE 0 H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 2004 M State of legal domicile; CO Part II Summary I Briefly describe the organization's mission or most significant activities: HELPING PEOPLE LIVE THE I Briefly describe the organization is mission or most significant activities: HELPING PEOPLE LIVE THE I Briefly describe the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voing members of the governing body (Part VI, line 1a) 4 14 4 Number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 22 7a Total number of voinunteers (estimate if necessary) 6 22 7 a Total number of voinunteers (estimate if necessary) 0. 0. 0. 0. 7 a Total number of voinunteers (Part VIII, column (C), line 12 7a 7b 0. 0. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 1, 080, 557. 8933, 769. 97, 943 684, 423. 11 Other revenue (Part VIII, column (A), lines 1-3 687, 943 684, 423. 10, 653.			SAME AS C ABOVE			ncluded? Yes No
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Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 1,080,557. 893,769. 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9,697. -21,740. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), lines 1.3) 687,949. 684,423. 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 687,949. 684,423. 14 Benefits paid to or for members (Part IX, column (A), lines 5-10) 329,016. 238,582. 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0. 0. 17 Other expenses (Part IX, column (A), line 25) 97,009. 17 17 Other expenses (Part IX, column (A), line 25) 97,009. 1.334,756. 1,231,087. 18 Total expenses. Add lines 13-17 (must equal Part X, column (A), line 25) 97,009. 1.334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part	Ă	b				0.
9 Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61, 228. 110, 653. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9, 697. -21, 740. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1, 132, 088. 982, 682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 687, 949. 684, 423. 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) 329, 016. 238, 582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. 17 Other expenses (Part IX, column (D), line 25) 97, 009. 17. 791. 308, 082. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 334, 756. 1, 231, 087. 19 Revenue less expenses. Subtract line 18 from line 12 -202, 668. -248, 405. 20 Total assets (Part X, line 16) 2, 326, 869. 2, 195, 615. 21 Total liabilities (Pa	-	1				Current Year
9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 61, 228. 110,653. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -9,697. -21,740. 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,132,088. 982,682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 687,949. 684,423. 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) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,009. 0. 0. 17 Other expenses (Part IX, column (A), line 12 -202,668. -248,405. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615.	4	8	Contributions and grants (Part VIII, line 1h)		1,080,557.	893,769.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,132,088. 982,682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 687,949. 684,423. 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) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (D), line 25) 97,009. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 18 Total expenses. (Part IX, column (D), line 25) 97,009. 1.,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	nu	9			0.	0.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,132,088. 982,682. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 687,949. 684,423. 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) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (D), line 25) 97,009. 0. 0. 17 Other expenses (Part IX, column (A), line 11e) 0. 0. 0. 18 Total expenses. (Part IX, column (D), line 25) 97,009. 1.,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		61,228.	110,653.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 687,949. 684,423. 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) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,009. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317,791. 308,082. 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,697.	-21,740.
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) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,009. 0. 0. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317,791. 308,082. 317,791. 308,082. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,132,088.	982,682.
14 Defentions plant to of non-intensity (Part IX, column (A), line 4) 329,016. 238,582. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 329,016. 238,582. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,009. 317,791. 308,082. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317,791. 308,082. 1,334,756. 1,231,087. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		687,949.	684,423.
16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 97,009. 0. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 317,791. 308,082. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.		14	Benefits paid to or for members (Part IX, column (A), line 4)			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	5					
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,334,756. 1,231,087. 19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	xpe	b				
19 Revenue less expenses. Subtract line 18 from line 12 -202,668. -248,405. 56 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	Ξ.	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.						· · · · · · · · · · · · · · · · · · ·
20 Total assets (Part X, line 16) 2,326,869. 2,195,615. 21 Total liabilities (Part X, line 26) 465,386. 563,336. 22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	_		Revenue less expenses. Subtract line 18 from line 12			· · ·
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22 Net assets or fund balances. Subtract line 21 from line 20 1,861,483. 1,632,279.	Seet					the second se
					1,861,483.	1,632,279.

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 LESLIE MCKAY, EXECUTIVE DIREC Type or print name and title	TOFTERUMUR	aut	D SIGN HERE	^{ate} / (.	. 24	<u>-</u>
Paid	Print/Type preparer's name	Preparer's signature	W.	Date	Check if self-employed	PTIN	
Preparer	Firm's name			Fi	rm's EIN		
Use Only	Firm's address						
				P	hone no.		
May the I	RS discuss this return with the preparer	shown above? See instructions			*******	Yes [No
LHA For	Paperwork Reduction Act Notice, se	the separate instructions.	332001 12-21-23			Form 99	0 (2023)

	Form 990 (202
4e	Total program service expenses 721,816.
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM. ON APRIL 1, 2022,
	GOOD SAMARITAN MEDICAL CENTER AND THE FOUNDATION WERE PART OF THE
	CENTER PROVIDES TO PATIENTS AND THEIR FAMILIES.
	PARTNERING WITH DONORS, WE ARE ABLE TO ENHANCE THE CARE THE MEDICAL
	THE FOUNDATION WORKS WITH DONORS TO ENSURE THAT MEDICAL EXCELLENCE AND COMPASSIONATE CARE ARE ALWAYS AVAILABLE IN THE COMMUNITY WE SERVE.
	THE FOUNDATION WORKS WITH DONORS TO ENSURE THAT MEDICAL EVOLUTIONOR AND
	THE HOSPITAL.
	ESTABLISHED THE SAME YEAR TO PROVIDE A WAY FOR THE COMMUNITY TO SUPPORT
	GOOD SAMARITAN MEDICAL CENTER FIRST OPENED ITS DOORS TO THE COMMUNITY
4a	(Code:) (Expenses \$ 721,816. including grants of \$ 684,423.) (Revenue \$
	revenue, if any, for each program service reported.
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 are required to report the amount of grants and allocations to others, the total expenses, and
	If "Yes," describe these changes on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	prior Form 990 or 990-EZ? Yes," describe these new services on Schedule O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE.
1	Briefly describe the organization's mission:
	Check if Schedule O contains a response or note to any line in this Part III

Part IV	Chec	klist d	of Require	ed Schedu	es
Form 990 (2023)		GOOD	SAMARITAN	MEI

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Page 3

1 the organization described in section ST(kg)// (s)/ter than a private foundation? 1 X 2 is the organization require in tochnology (kg)// (s)/ter than a private foundation? 1 X 2 is the organization require in tochnology (kg)// (s)/ter than a private foundation? 2 X 3 X X X X 4 Section ST(kg)// (s) organization. But the organization engage in lobbying activities on have a section 501(kg)// (s)/ter than a private foundation? 4 X 5 Section ST(kg)/(s) organization. But the organization that receives membership dues, assessments, or similar ancience on the distribution investment of anonism is nucl hundle. C, Part II 5 X 6 Did the organization requering investment and any doner advised tundls or any similar hundle or accountifi IV Prives, "complete Schedule D, Part II 7 X 7 Did the organization requering in advised tundls or any similar hundle account for Wrise, "complete Schedule D, Part II 7 X 8 Did the organization requering in advised tundls or any similar hundle acceleration account for Wrise, "complete Schedule D, Part II 7 X 9 X 10 Did the organization requering in advised tundle and panoin anoin this cont hundle acceleration account for Wrise, "comp				Yes	No
1 In the organization required to complete Schedule 8, Schedule of Contributors? See Instructions 2 X 3 Did the organization required to complete Schedule 2, Part 1 3 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the taxy ward 11 / %c; complete Schedule 2, Part 1 3 X 5 Is the organization action 501(k)(4) 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar mutation and y door advised funds or any similar funds or accounts? If Ves; complete Schedule 0, Part 1 6 X 6 Did the organization required to investment of anomunts in each funds or advised funds or any similar funds or accounts? If Ves; complete Schedule 0, Part 1 6 X 7 Did the organization required to funds or any other funds or accounts? If Ves; complete Schedule 0, Part 1 8 X 9 Did the organization required to funds or any other funds or accounts? If Ves; complete Schedule 0, Part 1 8 X 9 Did the organization required to funds or any other funds or advised funds o	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
Bit He organization engage in direct or indirect political campaign activities on behalt in or reposition to candidates for public official "If "Yes," complete Schedule C, Part II Image: Complete Schedule C, Part II B Section 501(c) organization. Dist the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax yea? If "Yes," complete Schedule C, Part II Image: Complete Schedule C, Part II B Is the organization associan 501(c)(k) 501(c)(If "Yes," complete Schedule A	1	х	
a Section 50(16)(3) organization. B, Dth engraphication engage in lobbying activities, or have a section 50(16)) election in effect during the taxy year? If Yea; * complete Schedule C, Part II 4 X 5 In the organization a section 50(16)(4), 50(16)(6), of 50(16)(6) organization that receives membership dues, assessments, or aimilar amounts as defined in Px-Porc. 98-187 If Yea; * complete Schedule C, Part II 5 X 4 X 6 Did the organization maintain any done advised funds or any similar funds or accounts for which donons have the right to provide advised on the distribution or investment of amounts in such that do ar accounts IP Yea; * complete Schedule D, Part II 8 X 8 7 Did the organization metake or thoid a conservation essement, including easements to preserve open space, the environment, historic lateras, or historic structures IF Yee, * complete Schedule D, Part II 7 X 7 Did the organization, metake to through a related organization, hield seasts in donorrestricted endowments or in quasiandowments? (If Yee, * complete Schedule D, Part IV 7 X 9 Did the organization directly or through a related organization, hield seasts in donorrestricted endowments or in quasiandowments? (If Yee, * complete Schedule D, Part V 10 X 11 If the organization directly of IF Yee, * complete Schedule D, Part X 11 X 11 X 12 Obt the organization engot an amount for land, building, and equipment in Part X, line 120, Hi Yee, * complete Schedule D, Par	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
Section 501(c)(3) organizations. Do the organization engage in lobbying activities, or have a section 501(h) election in effect during that tay year? If "Yes," complete Schedule C, Part II 4 X Is the organization ascience 100(c)(k), 501(c)(k) or 501(c)(k) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 80:197 If "Yes," complete Schedule C, Part II 4 X B Did the organization markins and durinds or any similar funds or accounts? If "Yes," complete Schedule D, Part II 6 X B Did the organization account of bid a conservation funding easements in colding easements for which donors have the right to provide advice on the distribution or investment of amounts in such funds or account? If "Yes," complete Schedule D, Part II 7 X B Did the organization market or bid a conservation funding easements in colding easements in colding easements are as acutation in for amounts not listed in Part X, ine 21, for account causatial account liability steres as a custodian for amounts not listed in Part X, ine 12, the stere or anization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 10 X 10 D Did the organization ensort to manount for investments - other securities in Part X, line 12, line 12, with a complete Schedule D, Part VI, VI, VII, VII, VI, VI, VI, VI, VI, V	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b) election in effect during the taxy year // Yrs, 'complete Schedule C, Part // Is the organization assection 501(c)(k), 501(c)(b), or 501(c)(b) organization that recoives membership dues, assessments, or similar amounts as defined in the Proc. 98.197 // Yrs, 'complete Schedule D, Part // 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 for which donors have the right to provide advice on the distribution or investment of a mounts in such funds or accounts? // Yrs, 'complete Schedule D, Part // Did the organization maintain any donor advised funds or any similar sectors? // Yrs, 'complete Schedule D, Part // Did the organization functive or rout counseling, debt management, credit repair, or debt negotiation services? Yrs, 'complete Schedule D, Part // Did the organization functive or through a related organization. hold assets in donor restricted endowments or in quasi endowments? // Yrs, 'complete Schedule D, Part V Did the organization surver to any of the failowing questions in Yra, 'then complete Schedule D, Part V, VI, VII, VI, V, V,		public office? If "Yes," complete Schedule C, Part I	3		x
during the tax year? if Yes, "complete Schedule C, Part II 4 X 6 Is the organization a section S(i)(6), 001(6),	4				
5 Is the organization accident 501(c)(0, 001(c)(0), or 501(c)(0) organization that receives membership dues, assessments, or similar amounts as defined in the Proc. 96:1919 // *Yes, 'complete Schedule D, Part III. X 6 Did the organization maintain any done advised funds or any similar funds or accounts for which donos have the right to provide advised or the distribution or investment of amounts in such times III *Yes, 'complete Schedule D, Part III. X X 7 Did the organization maintain any done advised funds or any similar funds or accounts for which donos have the right to provide advised or the distribution or investment of amounts in such times III *Yes, 'complete Schedule D, Part III. X X 8 Did the organization maintain any done advised funds or account flability: serve as a custodian for amounts not listed in Part X, or provide credit conselling, debt management, credit repair, or debt negotilation service? Y X 10 Did the organization, floctly or through a reliated organization, hold assets in donor-restricted endowments II'', res, 'complete Schedule D, Part V 10 X 11 If 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 'res,' complete Schedule D, Part X 11 X 12 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 'res,' complete Schedule D, Part X <td></td> <td></td> <td>4</td> <td></td> <td>x</td>			4		x
similar amounts as defined in Rev. Proc. 98-192 // Yes," complete Schedule C, Part II 5 X 6 Did the organization maintain any doore advised funds or any similar funds or accounts? // Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation assement, including essements to preserve open space, the environment, historical transes, or historical treasures, or other similar assets? // Yes," complete Schedule D, Part II 6 X 8 Did the organization maintain collections of vorks of art. historical treasures, or other similar assets? // Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 7 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? // Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total asset reported in Part X, line 167 // Yes," complete Schedule D, Part V 110 X 111 If the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its to	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 for which donors have the inplict to provide advice on the distribution or investment of amounts in such funds or accounts for Wins, "complete Schedule D, Part II. 8 X 7 Did the organization reactive or hold a conservation essement, including essements 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 report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-indownents? If "Yes," complete Schedule D, Part V. 10 X 10 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V. 11a X 11 Did the organization report an amount for investments - organ related framaidia statements for the tax year? 11b X 11 Did the organization report an amount for investments - organ related framaidia statements for the tax year? 11d X 11 Did the organization report an amount for			5		x
7 Did the organization receive or hold a conservation easement, including easements to preserve oper space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 X 8 Did the organization maintain collection of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II 8 X 9 Did the organization report an amount in Part X, ine 21, for secrow or custodial account liability: serve as a custodian for an onunt in Part X, ine 21, for secrow or custodial account liability: serve as a custodian for an onunt in Part X, ine 21, for secrow or custodial account liability: serve as a custodian for an anount for through a related organization, hold assets in donor restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V 9 X 10 Did the organization report an amount for land, buildings, and equipment 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 VI 10 X 11 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 VI 11 X 11 Did the organization report an amount for investments - organization shale by the organization shale by Price Schedule D, Part VI 11 X 11 Did the organization schedule P1. Part V 11 X 11 X <t< th=""><td>6</td><td></td><td></td><td></td><td></td></t<>	6				
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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 12a X 12b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b X 12a X 13 Is the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 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 II and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for any foreign individuals? If "Yes," complete Schedule F, Parts II and IV 16 X 17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II and IV					
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II					
			21	х	
	33200				(2023)

2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

	Checklist of	Require	ed Schedu	les _{(contir}	nued)
Form 990 (2023)	GOOD	SAMARITAN	MEDICAL	CEN'

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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
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	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	Х	
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
~	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	x	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	a		
5	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•••	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		X
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
332004	12-21-23	Form	990	(2023)

⁵ 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

Form	990 (2023) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-164916	2	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	counts (FBAR).			
			<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
			<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	<u>7a</u>	X	
			7b	х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e 7f		X
f					X
g					
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	-			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
			9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	- 01			
	Initiation fees and capital contributions included on Part VIII, line 12	10a	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:	44.			
	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against	11a	-		
b		446			
100	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10412	120		
			12a		
р 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.		154		
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
D	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
332005	12-21-23		Form	990	(2023)

08121112 146781 84-1649162

⁶ 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sac	Check if Schedule O contains a response or note to any line in this Part VI tion A. Governing Body and Management			_ <u>^</u>
Sec	tion A. Governing Body and Management		V.	
4.0	Enter the number of voting members of the governing body at the end of the tax year 1	8	Yes	No
Id		-		
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent	4		
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, 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	Х	
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	х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	х	1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	J		
	tion 211 on order (This Section & requests information about policies not required by the internal Revenue Code.)		Yes	No
10-	Did the executation have lead charters by anchor as officiates?	100	Tes	No X
	Did the organization have local chapters, branches, or affiliates?	10a		- ⁻
a	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 on 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	Х	–
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
2	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	10.0		
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
īvd		16a		x
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	loa		
D				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
0	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedNONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	id finan	cial	
	statements available to the public during the tax year.			
	State the name, address, and telephone number of the person who possesses the organization's books and records			
20				
20	COLIN QUINCY - 801-442-3491			
20	36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111			
		Form	1 990	(202

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Form 990 (2023)

16491 GOOD SAMARITAN MEDICAL 4 2023 • 0 0 000 L

Page **6**

84-1649162

Form 990 (2023)	GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162	Page 1
Part VII Compen	sation of Officers, Directors, Trustees, Key Employees, Highes	st Compensated	
Employe	es, and Independent Contractors		
Check if Sc	hedule O contains a response or note to any line in this Part VII		X
Section A. Officers, I	Directors, Trustees, Key Employees, and Highest Compensated Employees		
 List all of the orga 	for all persons required to be listed. Report compensation for the calendar year en nization's current officers, directors, trustees (whether individuals or organizations (E), and (F) if no compensation was paid.	5	,
•	nization's current key employees, if any. See the instructions for definition of "key on's five current highest compensated employees (other than an officer, director, t		

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(do	not c		ition		one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week		, unle: cer an					compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) DAWN ANUSZKIEWICZ	1.00									
DIRECTOR	50.00	Х						0.	557,039.	248,605.
(2) EDWARD PYUN, MD	1.00									
DIRECTOR	50.00	Х						0.	567,394.	46,044.
(3) STEVEN HANKINS	1.00									
DIRECTOR	50.00	Х						0.	374,616.	167,424.
(4) JANET BONNER	50.00									
EXECUTIVE DIRECTOR FOUNDATION	0.00			Х				0.	192,109.	41,117.
(5) CATHERINE LAZER, MD	1.00									
DIRECTOR	0.00	Х						0.	9,225.	0.
(6) TOM ALFORD	1.00									
PAST CHAIR 1/1-7/31/23	0.00	Х		х				0.	0.	0.
(7) SCOTT BUSCH	1.00									
CHAIR	0.00	Х		х				0.	0.	0.
(8) LOUIS CICIO	1.00									0
DIRECTOR	0.00	X						0.	0.	0.
(9) DALE CLINGNER SECRETARY	1.00	x		x				0	0.	0
(10) BEVERLEY DAHAN	0.00	~		~				0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(11) BOB DAVIS	1.00	^						0.	0.	0.
DIRECTOR	0.00	x						0.	0.	0.
(12) CORY DUVALL	1.00							· · ·		
DIRECTOR	50.00	x						0.	0.	0.
(13) JEFF LEFTWICH, MD	1.00							·	- •	
DIRECTOR 4/19-12/31/23	0.00	x						0.	0.	0.
(14) MIKE MEINTS	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(15) KYLE MENDENHALL	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(16) JASON PAPPAS	1.00									
DIRECTOR 9/1-12/31/23	0.00	х						0.	0.	0.
(17) MARY BETH QUIRAM	1.00									
DIRECTOR 1/1-10/31/23	0.00	х						0.	0.	0.
										Earm 990 (2022)

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Form 990 (2023)

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2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

Form 990 (2023) GOOD SAMARITA	AN MEDICAL	CEN	TER	FO	UND	ATI	ON		84-16	4916	2	F	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable	.	F	stimat	
Name and the	hours per					than o s both		compensation	compensatio			nount	
	week					or/trus		from	from related		a	othe	
	(list any	tor						the	organization		com		ation
	hours for	direct				_		organization	(W-2/1099-MIS			rom tl	
	related	e or c	tee			sated		(W-2/1099-MISC/	1099-NEC)			janiza	
	organizations	ruste	I trus		ee	npen		1099-NEC)	1000 NEO		•	d rela	
	below	lual t	tiona		ploy	st cor	_					anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orgi	11120	
(18) WYMAN ROBB	1.00	-	=	0	×	<u> </u>	ш						
VICE CHAIR	0.00	x		x				0.		٥.			0.
		Λ		~		-		U.					<u> </u>
(19) JANET ROSS	1.00												
DIRECTOR	0.00	Х						0.		٥.			0.
(20) ANNIE SIMMONS	1.00												
DIRECTOR	0.00	Х						0.		٥.			Ο.
(21) MAX STITCH, ESQ.	1.00												
DIRECTOR	0.00	х						0.		٥.			Ο.
										$ \longrightarrow $			
										-+			
		-											
1b Subtotal								0.	1,700,	383.		503	,190.
c Total from continuation sheets to Part VI								٥.		٥.			0.
d Total (add lines 1b and 1c)								0.	1,700,	383.		503	,190.
2 Total number of individuals (including but n								eceived more than \$100.	000 of reportable	 e			
compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·					0
compensation nom the organization												Yes	No
• Did the eventimetian list and former officer		1					la : a			ſ			
3 Did the organization list any former officer,	,			•		,	0				-		v
line 1a? If "Yes," complete Schedule J for s											3	<u> </u>	X
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	J f	or such individual			4	Х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com											5		x
Section B. Independent Contractors	<u> 21010 00110441.</u>	001	01 00		0010	<u>on</u> .							
1 Complete this table for your five highest con	mpensated inc	lono	ndo	nt co	ontra	actor	re th	nat received more than \$	100 000 of com	ooneat	ion fr		
	•	•							•	Jensai		2111	
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	ith C	or wi	<u>tnin</u>		ear.				
(A)	addraaa							(B)	ornicaca	0		C)	~ ~
Name and business	address	NO	NE				_	Description of s	ervices		ompe	nsatio	on
							-						
							_						
2 Total number of independent contractors (ir	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	ation				(0							

Form **990** (2023)

332008 12-21-23

					N MEDI	CAL CENTER FO	DUNDATION		84-164916	2 Page 9
Pa	rt V	<u>/ </u>	Statement of Revo	enue						
			Check if Schedule O co	ontains a re	sponse	or note to any lin	(
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s s	1	а	Federated campaigns	1	a					
ant	•	b	•• • • • •		b					
٦, G			Fundraising events		c	80,096.				
ifts ar A			Related organizations		d	562,081.				
s, G milå			Government grants (contrib		e					
rsi		f	All other contributions, gifts, gr	rants, and						
ibut			similar amounts not included a		f	251,592.				
Contributions, Gifts, Grants and Other Similar Amounts		-	Noncash contributions included in lin		g \$	23,296.				
a C		h	Total. Add lines 1a-1f		<u></u>		893,769.			
						Business Code				
Program Service Revenue	2									
erv ue		b								
Jram Ser Revenue		c d								
gra Re		u e								
Pro		-	All other program service re	evenue						
			Total. Add lines 2a-2f							
	3		Investment income (includir							
			other similar amounts)				28,594.			28,594.
	4		Income from investment of	tax-exempt	bond p	roceeds				
	5		Royalties	<u> </u>	<u></u>					
				(i) F	Real	(ii) Personal				
	6	a		6a						
		b	· · · · ·	6b						
		с С		6c						
		d	Net rental income or (loss). Gross amount from sales of	(i) Sec	urities	(ii) Other				
	'	a			2,059.	.,				
		b	Less: cost or other basis		, .					
e				7b	0.					
venue		с	Gain or (loss)	7c 8:	2,059.					
c)			Net gain or (loss)		<u></u>		82,059.			82,059.
Other R	8	а	Gross income from fundraising							
đ			including \$ 8							
			contributions reported on lin	,		50 (52				
			Part IV, line 18							
			Less: direct expenses				-21,740.			-21,740
			Net income or (loss) from fu Gross income from gaming				21,720.			21,710
	3	ŭ	Part IV, line 19							
		b	Less: direct expenses							
			Net income or (loss) from ga							
			Gross sales of inventory, les							
			and allowances			a				
			Less: cost of goods sold							
-+		С	Net income or (loss) from sa	ales of inver	ntory					
s						Business Code				
leor	11									
scellaneo <u>Revenue</u>		b								
Miscellaneous Revenue		с С	All other revenue							
Ē			Total. Add lines 11a-11d							
	12	-	Total revenue. See instruction				982,682.	0.	0.	88,913.
332009		21-:					· · ·	·		Form 990 (2023

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Section 50	11(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			nplete column (A).	
	clude amounts reported on lines 6b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	ts and other assistance to domestic organizations		·		
and c	domestic governments. See Part IV, line 21 🛛	483,698.	483,698.		
2 Gran	nts and other assistance to domestic				
indiv	viduals. See Part IV, line 22	200,725.	200,725.		
3 Gran	nts and other assistance to foreign				
orga	inizations, foreign governments, and foreign				
indiv	viduals. See Part IV, lines 15 and 16				
4 Bene	efits paid to or for members				
5 Com	pensation of current officers, directors,				
trust	tees, and key employees	225,128.	18,010.	137,328.	69,790
6 Com	pensation not included above to disqualified				
perso	ons (as defined under section 4958(f)(1)) and				
perso	ons described in section 4958(c)(3)(B)				
7 Othe	er salaries and wages				
8 Pens	ion plan accruals and contributions (include				
sectio	on 401(k) and 403(b) employer contributions)				
9 Othe	er employee benefits				
	roll taxes	13,454.	1,076.	8,207.	4,171
	s for services (nonemployees):				
a Man	agement				
	al				
	ounting				
	bying				
	essional fundraising services. See Part IV, line 17				
	stment management fees				
	er. (If line 11g amount exceeds 10% of line 25,				
-	nn (A), amount, list line 11g expenses on Sch O.)				
	ertising and promotion	17,573.			17,573
	ce expenses	4,440.		2,975.	1,465
	mation technology	,		,	
	alties				
	upancy				
17 Trav		9,957.		6,671.	3,286
	ments of travel or entertainment expenses	, -		, -	,
	iny federal, state, or local public officials				
	ferences, conventions, and meetings				
20 Inter					
	rest ments to affiliates				
	reciation, depletion, and amortization				
	[
	r expenses. Itemize expenses not covered				
abov line 2	e. (List miscellaneous expenses on line 24e. If 24e amount exceeds 10% of line 25, column (A),				
CIT A	unt, list line 24e expenses on Schedule 0.)	202 225		202.025	
	RED SERVICES - ADMIN	202,886.		202,886.	
~ <u> </u>	PLIES	42,444.		42,444.	
	RED SERVICES - OTHER	11,026.	E 004	11,026.	
u	K FEES	7,253.	5,804.	725.	724
	ther expenses	12,503.	12,503.		
	I functional expenses. Add lines 1 through 24e	1,231,087.	721,816.	412,262.	97,009
	t costs. Complete this line only if the organization				
•	rted in column (B) joint costs from a combined				
	ational campaign and fundraising solicitation.				
Chec	k here if following SOP 98-2 (ASC 958-720)				E 000 (2000

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11 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

Form 990 (2023)

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Cash - non-interest-bearing 1 1 165,997. 533,839. Savings and temporary cash investments 2 2 160,184. 143,996. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5

GOOD SAMARITAN MEDICAL CENTER FOUNDATION Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

d persons described in net red charges ent: cost or other chedule D tion I securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 rough 15 (must equal red expenses	ed persons (as defined n section 4958(c)(3)(B) 10a 10b	2,000,688. 2,326,869. 182,224.	5 6 7 8 9 10c 11 12 13 14 15 16	1,517,780.				
d persons described in net red charges ent: cost or other chedule D tion I securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 rough 15 (must equal red expenses	n section 4958(c)(3)(B)	2,326,869.	7 8 9 10c 11 12 13 14 15	1,517,780.				
red charges ent: cost or other chedule D tion I securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 rough 15 (must equal ed expenses	10a 10b 10b	2,326,869.	7 8 9 10c 11 12 13 14 15	1,517,780.				
red charges ent: cost or other chedule D l securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 rough 15 (must equal ed expenses	10a 10b 10b	2,326,869.	8 9 10c 11 12 13 14 15	1,517,780.				
red charges ent: cost or other chedule D tion I securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 e 11 rough 15 (must equal ed expenses	10a 10b	2,326,869.	9 10c 11 12 13 14 15	1,517,780.				
ent: cost or other chedule D lion I securities s. See Part IV, line 11 d. See Part IV, line 11 d. See Part IV, line 11 e 11 <u>rough 15 (must equal</u> ed expenses	10a 10b	2,326,869.	10c 11 12 13 14 15	1,517,780.				
chedule D tion I securities s. See Part IV, line 11 d. See Part IV, line 11 e 11 rough 15 (must equal ed expenses	10b	2,326,869.	11 12 13 14 15	1,517,780.				
tion	10b	2,326,869.	11 12 13 14 15	1,517,780.				
I securities s. See Part IV, line 11 d. See Part IV, line 11 e 11 rough 15 (must equal ed expenses	line 33)	2,326,869.	11 12 13 14 15	1,517,780.				
s. See Part IV, line 11 d. See Part IV, line 11 e 11 <u>rough 15 (must equal</u> ed expenses	line 33)	2,326,869.	12 13 14 15	1,517,780.				
d. See Part IV, line 11 e 11 rough 15 (must equal ed expenses	l line 33)	, ,	13 14 15					
e 11 rough 15 (must equal ed expenses	line 33)	, ,	14 15					
e 11 rough 15 (must equal ed expenses	line 33)	, ,	15					
e 11 rough 15 (must equal ed expenses	line 33)	, ,						
rough 15 (must equal ed expenses	line 33)	, ,	16					
	Г	182,224.		2,195,615.				
		/ ·	17					
	8 Grants payable							
			19					
			20					
	art IV of Schedule D		21					
any current or former	r officer, director,							
or or founder, substar	ntial contributor, or 35%							
ember of any of these		22						
es payable to unrelate	ed third parties		23					
payable to unrelated t	third parties		24					
leral income tax, paya	ables to related third							
ot included on lines 1	17-24). Complete Part X							
		283,162.	25	563,336.				
7 through 25		465,386.	26	563,336.				
ASB ASC 958, check	k here X							
32, and 33.								
strictions		388,934.	27	195,378.				
tions		1,472,549.	28	1,436,901.				
ugh 33.								
al, or current funds			29					
			30					
			31					
nces		1,861,483.	32	1,632,279.				
		2,326,869.	33	2,195,615.				
	7 through 25 ASB ASC 958, check 32, and 33. strictions ollow FASB ASC 956 ugh 33. al, or current funds land, building, or equi- ent, accumulated inco- nces	ASB ASC 958, check here X 32, and 33. strictions tions ollow FASB ASC 958, check here ugh 33. al, or current funds land, building, or equipment fund	7 through 25 465,386. ASB ASC 958, check here X 32, and 33. 388,934. strictions 1,472,549. ollow FASB ASC 958, check here ugh 33. al, or current funds aland, building, or equipment fund ent, accumulated income, or other funds 1,861,483.	7 through 25 465,386. 26 ASB ASC 958, check here X 388,934. 27 32, and 33. 388,934. 27 1,472,549. 28 ollow FASB ASC 958, check here 1,472,549. 28 29 land, building, or equipment fund 30 30 31 nces 1,861,483. 32 32				

(B) End of year

(A) Beginning of year

Form 990 (2023)

Form	1990 (2023) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-164916	2	Pa	_{ge} 12		
	rt XI Reconciliation of Net Assets				2		
	Check if Schedule O contains a response or note to any line in this Part XI				X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		982,	682.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,231,	087.		
3	Revenue less expenses. Subtract line 2 from line 1	3		-248,	405.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,861,483				
5							
6	Donated services and use of facilities	6			760.		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-17,	326.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1	,632,	279.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000			

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(Form 990)

Total

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

	2023
	Open to Public Inspection
Employer	identification numb

OMB No. 1545-0047

Name		de le transiger,			, atoot ini	ormation	Emmland	identification much a			
Name	of the organization	NANDIMAN MEDICA	L CENTER FOUNDATIC	NT				identification number 84-1649162			
Part					his part \ S	oo ipotructior		04-1049102			
	anization is not a private found						15.				
1	A church, convention of ch	•	•		,	()(A)(i)					
2	A school described in sect					,(~,(י)•					
					<u>)</u>	::)					
3	A hospital or a cooperative					•	VIII) Entor	the bespital's name			
4 🗋	A medical research organiz	ation operated in col	njunction with a nospital	uescribec	in sectio		J(III). Enter	the hospital s hame,			
5	city, and state:	or the benefit of a co	llege or university owned	or operat	ed by a go	vernmentalu	nit describe	ad in			
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											
7 X	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
1 [section 170(b)(1)(A)(vi). (C	-	Intial part of its support if	onna govo	ennentai		le general p				
8	A community trust describe			• 11.)							
9	An agricultural research org				ed in coniu	inction with a	land-grant	college			
5 _	or university or a non-land-c	-			-		-	-			
	university:	grant conege of agric			name, eny	, and state of	the conege				
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns membersh	in fees and	d aross 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). (Col				sooo aoqui		Janization a				
11	An organization organized a	• •	ively to test for public sat	etv. See	section 50)9(a)(4).					
12	An organization organized a			•			rrv out the	purposes of one or			
	more publicly supported or	-	-				•				
	lines 12a through 12d that	-									
a	Type I. A supporting orga	• •			-		-	aivina			
	the supported organization	-	-	•	-						
	organization. You must o										
b	Type II. A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hav	ving			
	control or management o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported			
	organization(s). You mus	t complete Part IV,	Sections A and C.	-							
c	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with, a	and functiona	lly integrate	d with,			
	its supported organization	n(s) (see instructions). You must complete F	Part IV, Se	ections A,	D, and E.					
d	Type III non-functionally	v integrated. A supp	orting organization oper	ated in co	nnection w	vith its suppo	rted organiz	zation(s)			
	that is not functionally int	egrated. The organiz	ation generally must sati	isfy a distr	ibution rec	quirement and	an attentiv	/eness			
	requirement (see instruct	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	v .					
е	Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III				
	functionally integrated, or	r Type III non-functio	nally integrated supportir	ng organiz	ation.						
f E	inter the number of supported of	organizations									
g F	Provide the following information										
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10		anization listed ing document?	(v) Amount o	-	(vi) Amount of other			
	organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)			
		1	1		1						

84-1649162 Page **2**

	(Form 990) 2023	GOOD	SAMARITAN	MEDICAL	CENTER	FOUNDATION		84-1649162	Pa
Part II	Support Schedule for	or Orga	anizations	Describ	ed in S	ections 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 organ								
	fails to qualify under the te	ests liste	d below, plea	ase comple [.]	te Part III)			

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,275,198.	1,198,380.	1,004,809.	1,080,557.	893,769.	5,452,713.
2	Tax revenues levied for the organ-						
	ization'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	1 075 100	1 100 200	1 004 000	1 000 555	000 500	5 450 540
	Total. Add lines 1 through 3	1,275,198.	1,198,380.	1,004,809.	1,080,557.	893,769.	5,452,713.
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)						5,452,713.
	Public support. Subtract line 5 from line 4.						5,452,715.
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	1,275,198.	1,198,380.	1,004,809.	1,080,557.	893,769.	5,452,713.
	Gross income from interest,	_,	_,,	_,,	-,,		-,,
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	39,638.	30,655.	25,997.	30,195.	28,594.	155,079.
٩	Net income from unrelated business						200,077.
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	74,191.	34,516.	48,293.	62,461.	58,653.	278,114.
11	Total support. Add lines 7 through 10	,	,	,	,	,	5,885,906.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	
	First 5 years. If the Form 990 is for th	•	,	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	92.64 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	92.71 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and I	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not cl	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	r more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop here	e. Explain in Part	VI how the organiza	ation
	meets the facts-and-circumstances te	est. The organization	n qualifies as a put	plicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets the						
	organization meets the facts-and-circu		-				
18	Private foundation. If the organization	on did not check a b	box on line 13, 16a	, 16b, 17a, or 17b,	, check this box ar		
						Schedule A (Form 990) 2023

		MEDICAL CENTER	
Part III Support Schedule for	r Organizations	Described in Se	ection 509(a)(2)

Ser	qualify under the tests listed be ction A. Public Support	elow, please comp	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	(4) 2013	(6) 2020	(0) 2021	(0) 2022	(0) 2020	(i) iotai
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1		1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on 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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	•					·
800	check this box and stop here						
	•		¥	(f)		45	
	Public support percentage for 2023 (li Public support percentage from 2022		•			15	<u> </u>
<u>16</u> Sec	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (f))		17	%
18	Investment income percentage from 2					18	%
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2022. If the						
		alithia hav and a	an have The even	nization avalifian		orted organization	1 7
	line 18 is not more than 33 1/3%, che						

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2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

Schedule A (Form 990) 2023

1

2

3a

3b

3c

4a

4b

4c

5a

<u>5b</u> 5<u>c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
ec	tion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
ec	tion D. All Type III Supporting Organizations		1	
			Yes	N
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		2		
ec	supported organizations played in this regard.	3		
	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	_		
1	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations <u>Check</u> the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	_		
1 a	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction Deck The organization satisfied the Activities Test. Complete line 2 below.	_		
1 a b	supported organizations played in this regard. Extion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.	ıs).	25)	
1 a b c	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	ıs).		
1 b c 2	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below.	ıs).	ns). Yes	N
1 a b c	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ıs).		N
1 b c 2	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ıs).		N
1 b c 2	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes,	ıs).		N
1 b c 2	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ıs).		N
1 b c 2 a	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined	instruction		N
1 b c 2 a	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	instruction		N
1 b c 2 a	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	instruction		N
1 b c 2 a	 supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 	instruction		N
1 b c 2 a b	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	instruction		N
1 b c 2 a b	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	instruction		
1 b c 2 a b	supported organizations played in this regard. etion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities. Did the activities constituted substantially all of its activities. Did the activities during the organization's position that its supported organization(s) would have engaged in these activities but for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	instruction		N
1 b c a b 3 a	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see Activities Test. Answer lines 2a and 2b below. Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	instruction		

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> Section B. Type I Supporting Organizations

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b 11c
- Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported

Schedule A (Form 990) 2023

Part IV Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?

Yes No

Yes No

2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

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chedu	ILE A (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUN	DATION		84-1649162	Page
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orgar	nizations		0
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust on	Nov. 20, 1970 (explain ii	n Part VI). See inst	ructions.
	All other Type III non-functionally integrated supporting organizations must	-		. ,	
ectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1 N	let short-term capital gain	1			
2 F	Recoveries of prior-year distributions	2			
3 (Other gross income (see instructions)	3			
4 A	dd lines 1 through 3.	4			
5 D	Depreciation and depletion	5			
6 F	Portion of operating expenses paid or incurred for production or				
с	ollection of gross income or for management, conservation, or				
n	naintenance of property held for production of income (see instructions)	6			
7 (Other expenses (see instructions)	7			
8 A	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
ectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1 A	ggregate fair market value of all non-exempt-use assets (see				
ir	nstructions for short tax year or assets held for part of year):				
<u>a</u> /	verage monthly value of securities	1a			
b /	verage monthly cash balances	1b			
<u>c</u> F	air market value of other non-exempt-use assets	1c			
d T	otal (add lines 1a, 1b, and 1c)	1d			
еĽ	Discount claimed for blockage or other factors				
(,	explain in detail in Part VI):				
2 A	cquisition indebtedness applicable to non-exempt-use assets	2			
3 S	Subtract line 2 from line 1d.	3			
4 0	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
s	ee instructions).	4			
5 N	let value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 N	/lultiply line 5 by 0.035.	6			
7 F	Recoveries of prior-year distributions	7			
8 N	finimum Asset Amount (add line 7 to line 6)	8			
ectio	n C - Distributable Amount			Current Y	'ear
1 A	djusted net income for prior year (from Section A, line 8, column A)	1			
2 E	inter 0.85 of line 1.	2			
3 N	linimum asset amount for prior year (from Section B, line 8, column A)	3			
4 E	inter greater of line 2 or line 3.	4			
5 lı	ncome tax imposed in prior year	5			
		- T			
	Distributable Amount. Subtract line 5 from line 4, unless subject to				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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GOOD	SAMARITAN	MEDICAL	CENTER	FOUNDATION

Sche		CAL CENTER FOUNDATION			84-1649162	Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations _{(continu}	ed)		
Sect	on D - Distributions				Current Y	'ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2023 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributa Amount for	
_1	Distributable amount for 2023 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2023 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2023					
a	From 2018					
b	From 2019					
C	From 2020					
d	From 2021					
e	From 2022					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2023 distributable amount					
i	Carryover from 2018 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2023 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2023 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2023, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2023. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2024. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
a	Excess from 2019					
b	Excess from 2020					
C	Excess from 2021					
d	Excess from 2022					
۹	Excess from 2023					

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023	GOOD SAMA	RITAN MED	ICAL CENTER	FOUNDATION	I	84-1649162	Page 8
Part VI	Supplemental Infor Part IV, Section A, lines 1 line 1; Part IV, Section D, Section D, lines 5, 6, and	, 2, 3b, 3c, 4b, lines 2 and 3;	4c, 5a, 6, 9 Part IV, Sect	a, 9b, 9c, 11a, ion E, lines 1c,	11b, and 11c; 2a, 2b, 3a, and	Part IV, Section B, line d 3b; Part V, line 1; Pa	es 1 and 2; Part IV, Section Irt V, Section B, line 1e; Pa	n C,
	(See instructions.)							
332028 12-21-2	3						Schedule A (Form	990) 2023
				21				

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Schedule of Contributors

Attach to Form 000, 000 EZ or 000 DE

OMB No. 1545-0047

ification number

Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	2023
Name of the organization		Employer identification n
	GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali iny one contributor. Complete Parts I and II. See instructions for determining a contributo	• • • •
Special Rules		
	tion described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a	•

or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering

"N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______\$__

contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h;

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B

(Form 990)

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$562,081.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$25,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions	Type of contribution Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization

Page 2 Employer identification number

. ,

84-1649162

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

323452 12-26-23

08121112 146781 84-1649162

23 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

	; (Form 990) (2023) ganization		Pag Employer identification numbe	
מאגם הסכ	ARITAN MEDICAL CENTER FOUNDATION		84-1649162	
Part II	Noncash Property (see instructions). Use duplicate copies of Property	art II if additional space is needed.	04-1049102	
(a) No.	(b)	(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
(a)		\$		
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	

Schedule B (Form 990) (2023)

24 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

Schedule E	3 (Form 990) (2023)		Page 4							
Name of or	rganization		Employer identification number							
GOOD SAM	ARITAN MEDICAL CENTER FOUNDATION		84-1649162							
Part III		through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	ion 501(c)(7), (8), or (10) that total more than \$1,000 for the year For organizations s for the year. (Enter this info. once.) \$							
(a) No.										
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of gift								
	Transferee's name, address, a		Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
	(e) Transfer of gift									
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
			—							
		(e) Transfer of gift								
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4	Relationship of transferor to transferee							

Schedule B (Form 990) (2023)

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25 2023.05000 GOOD SAMARITAN MEDICAL CE 84-16491

	HEDULE D n 990)	Supplementa Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered	"Yes	" on Form 990,		OMB No. 1545-0047
	ment of the Treasury	A	ttach to Form 990.				Open to Public
	Revenue Service	Go to www.irs.gov/Form99	0 for instructions a	nd th	ne latest information.		
Nam	e of the organizati	ON GOOD SAMARITAN MEDICAL CENT	FR FOUNDATION			Em	ployer identification number 84-1649162
Pa	t I Organiza	ations Maintaining Donor Advise		er S	imilar Funds or A	cour	
		on answered "Yes" on Form 990, Part IV, lin					
			(a) Donor a	dvise	d funds	(b) Fur	ids and other accounts
1	Total number at e	nd of year					
2		of contributions to (during year)					
3		of grants from (during year)					
4		t end of year					
5	Did the organization	on inform all donors and donor advisors in	writing that the asse	ts he	ld in donor advised fun	ds	
	are the organization	on's property, subject to the organization's	exclusive legal cont	rol?			Yes No
6	Did the organization	on inform all grantees, donors, and donor a	dvisors in writing the	at gra	ant funds can be used o	only	
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or f	or an	y other purpose confer	ring	
De	impermissible priv						
Pa		ration Easements. Complete if the or			s" on Form 990, Part IV	, line 7.	
1		servation easements held by the organization	· ·	ply).			to a stand local succ
		n of land for public use (for example, recrea	tion or education)		Preservation of a hist	-	
	=	of natural habitat n of open space			Preservation of a cert	ined his	storic structure
2		through 2d if the organization held a qualit	fied conservation co	ntrihı	ution in the form of a co	nserva	tion easement on the last
-	day of the tax yea						Held at the End of the Tax Year
а						2a	
b						2b	
с	c Number of conservation easements on a certified historic structure included on line 2a					2c	
d		vation easements included on line 2c acqu					
	on a historic struc	ture listed in the National Register				2d	
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished	, or t	erminated by the organ	ization	during the tax
	year						
4		where property subject to conservation eas					
5	0	tion have a written policy regarding the per	0	spect	ion, handling of		
•	,	forcement of the conservation easements if					
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	nandling of violation	is, an	id enforcing conservation	on ease	ements during the year
7	Amount of oxpons	 ses incurred in monitoring, inspecting, hanc	lling of violations or	d on	forcing conservation or	comon	te during the year
'	Amount of expense	ses incurred in monitoring, inspecting, nanc	ang of violations, ar		loreing conservation ea	Semen	is during the year
8	Does each conser	 vation easement reported on line 2d above	satisfy the requirem	nents	of section 170(h)(4)(B)(i)	
	and section 170(h					-	Yes No
9	In Part XIII, descri	be how the organization reports conservation					
	balance sheet, and	d include, if applicable, the text of the footr	note to the organizat	ion's	financial statements th	at desc	cribes the
		counting for conservation easements.					-
Pa	-	ations Maintaining Collections of	-	Trea	asures, or Other S	Simila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	-	elected, as permitted under FASB ASC 95					
		easures, or other similar assets held for put				nce of I	public
_		Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95					
		sures, or other similar assets held for public	exnibition, education	on, or	research in furtherance	e ot pul	DIIC SERVICE,
	-	ing amounts relating to these items.					¢
		ided on Form 990, Part VIII, line 1					թ \$
2	.,	received or held works of art, historical tre			ssets for financial gain.		
-	-	unts required to be reported under FASB A				p. 5 v lut	-
а		on Form 990, Part VIII, line 1	•				\$

h	Accete	included	in Form	aan	Part X
D D	ASSELS	included		330	, ומונה

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-28-23

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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche	dule D (Form 990) 2023 GOOD SAMAR	TAN MEDICAL CEN	NTER FOUN	DATION				84-164	9162	Р	Page 2
collection time (check all that apply). Check all that apply). Control the construction of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a decription of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part III Escrow and CutsOdial Arrangements Complete if the organization's collection? Yes No Part IIII Construction answered "Yes" on Form 990, Part X, line 21. In the organization's collections and explain how they further the organization's collection? Yes No III "Yes," explain the arrangement in Dart XIII and complete the following table: Amount 1 1 In the organization include an amount on Form 990, Part X, line 21, for escrow or cutsdial account tablity? Yes No Did the organization include an amount on Form 990, Part X, line 21, for escrow or cutsdial account tablity? Yes 10 1 Part V Endowment Funds Complete the organization include an amount on Form 990, Part X, line 20. 10, for any and table (a) four years back (b) four years back (c)	Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or Oth	er Si	mila	r Assets	(conti	nued)	
a Public exhibition d Can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other record	s, check an	y of the f	ollowing that make	signif	icant ı	use of its			
b Scholarly research e Other c Preservation for future generations e Other d Provide a description of the organization scalections and explain how they further the organization's exempt purpose in Part XIII. Struing the year, did the organization scalection? Yee No Part U Escrow and Custodial Arrangements Complete if the organization's collection? Yee No Part U Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part V, line 9, or resported an amount on Form 990, Part X, line 21,		collection items (check all that apply).										
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 XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets	а	Public exhibition	d	I 🗌 Loa	an or exc	hange program						
Provide a description of the organization's collections and explain how they further the organization's exempt purgose in Part XIII. During the year, did the organization solicit or receive donations of at, historical treasures, or other similar assets to be sold to raise funds infer than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an anount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X2 If 'Yes, 'explain the arrangement In Part XIII and complete the tollowing table: Amount te d Additions during the year te d Additions during the year te d Distributions during the year te organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Begrining of year balance 14 14 14	b	Scholarly research	е	Oth	ier							
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a Board designated or quasi-endowment	g	End of year balance	1,436,901.	1,47	2,549.	1,592,925	•	1,7	57,514.	1	,952,	292.
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b Buildings	10	Land	· · · · ·		24010	(= = = = =)						
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Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 15, col. (B)) Part X Other Liabilities	
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	INTERCOMPANY PAYABLE	563,336.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	563,336.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUNDATI	ON	84-1649162	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	nue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	. 2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	. 2a		
b	Prior year adjustments	_ 2 b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	. 4b		
с	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	t XIII Supplemental Information			

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM THE PERMANENT

ENDOWMENT FUNDS SUPPORT THE GOOD SAMARITAN MEDICAL CENTER IN AREAS

INCLUDING ASSOCIATE EDUCATION.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctivi	ities	OMB No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$15				[.] 19,	or if the	2023	
Department of the Treasury			Open to Public						
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest information	.	_	Inspection	
Name of the organization		ITAN MEDICAL CENTER FOUNDAT	TON				Employer ide 84-164916	entification number	
Part I Fundrais		Complete if the organization answe		es" or	n Form 990. Part IV. lii	ne 17			
	complete this part				·····, ···, ···, ···, ···				
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events								
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to	agreei	ments under which th	e fur	ndraiser is to b	e	
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-				
Total				I					
	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration	

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Part II Fundraising Events. Complete if the organization answered "Yes" on 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	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		GOLF JAM	SIP & STROLL		col. (c))
e		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	77,487.	61,262.		138,749.
	2 Less: Contributions	45,610.	34,486.		80,096.
	3 Gross income (line 1 minus line 2)	31,877.	26,776.		58,653.
	4 Cash prizes	500.			500.
	5 Noncash prizes		8,237.		8,237.
oenses	6 Rent/facility costs	21,600.	6,000.		27,600.
Direct Expenses	7 Food and beverages	8,687.	11,166.		19,853.
ē	8 Entertainment		800.		800.
	9 Other direct expenses		20,958.		23,403.
	10 Direct expense summary. Add lines 4 thro				80,393.
	11 Net income summary. Subtract line 10 fro	m line 3, column (d)		······	-21,740.
Pa	art III Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.		990, Part IV, line 19, or r	eported more than	
e		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses	2 Cash prizes				
xpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Enter the state(s) in which the organization conduc				
	Is the organization licensed to conduct gaming ac If "No," explain:				Yes No
	Were any of the organization's gaming licenses really If "Yes," explain:				Yes No
33208	32 09-13-23			Sche	dule G (Form 990) 2023

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-16	549162	Page 3
		aming activities with nonmembers?		Yes	No No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?			Yes	└── No
	Indicate the percentage of gamin				
				13a	<u>%</u>
		e person who prepares the organization's gaming/special events books and record		13b	%
14		e person who prepares the organization's gaming/special events books and record			
	Name				
	Address				
					<u> </u>
15a	Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue?		Yes	└── No
ŀ	If "Voc " optor the amount of gam	ning revenue received by the organization \$ and the arr	ount		
L	of gaming revenue retained by th		IOUIII		
c	If "Yes," enter name and address				
-					
	Name				
	Address				
16	Gaming manager information:				
	Nama				
	Name				
	Gaming manager compensation	\$			
		*			
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
		r state law to make charitable distributions from the gaming proceeds to			
-	retain the state gaming license?	· · · · · · · · · · · · · · · · · · ·		Yes	🗌 No
k		required under state law to be distributed to other exempt organizations or spent			
_	organization's own exempt activi	ties during the tax year \$			
Pa		mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part	III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as	s applicable. Also provide any additional information. See instructions.			
3320	83 09-13-23		Schedu	le G (Form	990) 2023
		32			

Part IV	Supplemental Information (continued)	
		ıle G (Form 990)
332084 04-01-	-23	

08121112 146781 84-1649162

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	d Individua	ls in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury				Attach to Forn	n 990.			Open to Public
Internal Revenue Service			Go to www.irs	.gov/Form990 for	the latest inform	ation.		Inspection
Name of the organization		N MEDICAL CENT	ER FOUNDATION					Employer identification number 84-1649162
Part I General In	formation on Grants a	nd Assistance						
criteria used to a	ation maintain records t ward the grants or assis V the organization's pro	stance?						on X Yes No
	d Other Assistance to					opization anoward "M	an Form 000 Dart	IV line 21 for any
	at received more than \$	-					es on Fonn 990, Fan	
1 (a) Name and ad	dress of organization ernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCL HEALTH - FRON 500 ELDORADO BLVD BROOMFIELD, CO 80	., SUITE 4300	84-1103606	501(C)(3)	481,237.	0.			SUPPORT GOOD SAMARITAN MEDICAL CENTER
2 Entor total numb	r of contion 501(a)(2) a	I	I	l lino 1 tablo	1			1.
	er of section 501(c)(3) a er of other organization		•					
	er of other organizations		I Laut⊂					······································

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

84-1649162

Page 2

Part III Grants and Other Assistance to Domestic Individuals. 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 noncash assistance		
SCHOLARSHIPS	35	119,515.	0.				
		,					
PATIENT ASSISTANCE	90	25,158.	0.				
HUMANITARIAN GRANTS	20	35,893.	0.				
DRIVERS EDUCATION GRANTS	45	20,159.	0.				
Part IV Supplemental Information. Provide the information re-	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.			
PART I, LINE 2:							
FOR FUNDING RELATED TO PATIENT CARE, EQUIPMENT AND	SERVICE LINE	/PROGRAM					
SUPPORT AT GOOD SAMARITAN MEDICAL CENTER, LLC., (G	SMC) THE GOOD	SAMARITAN					
MEDICAL CENTER FOUNDATION'S (GSMCF) EXECUTIVE DIRECTOR FIRST SCREENS							
REQUESTS AND ENSURES THAT THE FUNDING MATCHES DONOR INTENT AND IS AVAILABLE							
FOR THAT SPECIFIC PURPOSE. THE REQUEST IS THEN FORWARDED TO GSMC'S SENIOR							
LEADERSHIP TEAM FOR VERIFICATION THAT MEET GSMC'S NEEDS AND PROVIDES FINAL							
APPROVAL. IN CASES WHERE APPROPRIATE, GSMC'S DEPAR	TMENT REQUEST	ING SUPPORT					

AFROVAL: IN CASES WHERE AFROFRIATE, GSMC 5 DEFARIMENT REQUESTING SUFFORT

PAYS THE COST, PROVIDES DOCUMENTATION OF THE EXPENSE AND GSMCF REIMBURSES

Part IV Supplemental Information

THE DEPARTMENT THROUGH INTERNAL TRANSFER.

FOR FUNDING RELATED TO PATIENT AND ASSOCIATE ASSISTANCE (HUMANITARIAN

FUND), GSMCF'S EXECUTIVE DIRECTOR, ALONG WITH OTHER COMMITTEE MEMBERS AS

APPROPRIATE, APPROVE FUNDING REQUESTS AFTER THOROUGH REVIEW TO ENSURE THE

REQUESTOR MEETS FUND REQUIREMENTS. IN THESE CASES, GSMCF STAFF WILL ISSUE A

CHECK DIRECTLY TO THE PROVIDER, NOT DIRECTLY TO THE PATIENT OR ASSOCIATE.

Schedule I (Form 990)

SCI	HEDULE J	Compensation Information	I	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		20	23	}
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		Open to		
	tment of the Treasury al Revenue Service	Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
-	e of the organization		Employer i	dentificatio	on nui	mber
	C C	GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1	649162		
Pa	rt I Question	s Regarding Compensation	l			
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	s			
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	rovision of all of the expenses described above? If "No," complete Part III to explain		1b		
2	Did the organization	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ctor. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	committee Written employment contract				
	Independent c	ompensation consultant Compensation survey or study				
	Form 990 of o	ther organizations Approval by the board or compensation of	ommittee			
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	-				
		e payment or change-of-control payment?				X
	-	eive payment from a supplemental nonqualified retirement plan?				X
с	•	eive payment from an equity-based compensation arrangement?		<u>4c</u>		X
	If "Yes" to any of lin	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	0 · · · · · · · · · · · · · · · · · · ·					
-)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	DT I			
-	contingent on the re			5-		x
		ation?				X
D	Any related organiz			<u>5b</u>		
e		r 5b, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization new or accrue any componentic	n			
6	contingent on the n	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of compare of)()			
•	•			60		x
		ation?				X
b	Any related organiz	ation? r 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
'		es 5 and 6? If "Yes," describe in Part III		7		x
Q		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		-/		
8	-			8		x
9		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III				<u> </u>
3	Regulations section			9		
For				ule J (Forn	000	0000
FOF	raper work Reducti	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	1 990	2023

LHA 332111 11-06-23

Schedule J (Form 990) 2023

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 on 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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) DAWN ANUSZKIEWICZ	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	449,752.	102,393.	4,894.	221,067.	27,538.	805,644.	100,893.
(2) EDWARD PYUN, MD	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	493,714.	46,761.	26,919.	14,508.	31,536.	613,438.	0.
(3) STEVEN HANKINS	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR	(ii)	334,255.	24,054.	16,307.	165,641.	1,783.	542,040.	24,054.
(4) JANET BONNER	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR FOUNDATION	(ii)	169,780.	15,519.	6,810.	26,118.	14,999.	233,226.	13,208.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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.

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED

ORGANIZATION, SCL HEALTH - FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS

AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC.

BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF

LEAVENWORTH HEALTH SYSTEM, INC. AND ALL OF ITS AFFILIATES. THE COMMITTEE

REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR

MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S

BOARD FOR APPROVAL OF ANY CHANGES. THE COMMITTEE'S REVIEW IS CONDUCTED IN A

MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF

REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE

CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF

AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP

NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND

LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET

DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS.

INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS

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.

BY AN INDEPENDENT FIRM. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO

THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY

SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THE

AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY

RECURIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY

MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS FOLLOW IRS GUIDELINES

AND ARE SUBJECT TO IRS OVERSIGHT.

Part III Supplemental Information

AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE

FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR

MANAGEMENT.

4) COMPENSATION SURVEYS AND STUDIES

5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

84-1649162

Page 3

Schedule J (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Part III Supplemental Information

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.

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THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO

ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS

(NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

CONSISTENT WITH OTHER NOT- FOR- PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE

THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COSTS AND HAVE GREATER CONTROL

OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO

A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

84-1649162

332113 11-06-23

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Schedule J (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Part III Supplemental Information

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.

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE

DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER

TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS.

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE

EXECUTIVE UPON VESTING.

NQDC SERP PLANS STARTING IN 2014

STARTING IN 2014. THE RELATED ORGANIZATION'S NODC SERP PLAN PROVIDED A

BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE

COMPENSATION. THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT

IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY

1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2023.

VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT UPON THE END OF EMPLOYMENT.

THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE

Schedule J (Form 990) 2023

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Page 3

Part III Supplemental Information

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.

TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NODC SERP PLANS IN 2023 WERE: NONE.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

INTERMOUNTAIN HEALTH CARE, INC. AND RELATED TAX-EXEMPT ORGANIZATIONS

ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN

KEEPING WITH INTERMOUNTAIN HEALTH CARE, INC.'S CORE VALUE OF

STEWARDSHIP, INTERMOUNTAIN HEALTH CARE, INC.'S BOARD COMPENSATION

COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT

COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR

ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE

COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE

THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT

IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET

BY THE BOARD.

THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF

THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE

Schedule J (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Part III Supplemental Information

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.

SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE

ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES

TO THE HEALTH CARE SYSTEM. HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE

SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM

PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.

SCHEDULE	L
(Form 990)	

Department of the Treasury

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Employer	identification	number
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84-1649162

	GOOD SAMARITAN MEDICAL CENTER FOUNDATION
Part I	Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) of

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ. Part V. line 40b.

(a) Name of discussified person	(b) Relationship between disqualified	(a) Description of transaction	(d) Cor	rected?
(a) Name of disqualified person	person and organization	(c) Description of transaction	Yes	No
Enter the amount of tax incurred by	the organization managers or disqualifie	d persons during the year under		
section 4958	-	\$		
Enter the amount of tax, if any, on li	ne 2, above, reimbursed by the organization	tion \$		
	(a) Name of disqualified person Enter the amount of tax incurred by section 4958	(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Person and organ	(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (a) Name of disqualified person (c) Description of transaction (c) Description of transaction (b) Relationship between disqualified person and organization (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description of transaction (c) Description (c) Description (c) Description (c) Description (c) Description (c) De	(a) Name of disqualified person (b) Relationship between disqualified person and organization (c) Description of transaction (d) Cor Yes

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(d) Lo fron	an to or n the zation?	(e) Original principal amount	(f) Balance due	(g) defa	In ult?	(h) Ap by bo comm	proved ard or hittee?	(i) W agreer	ritten nent?
			То	From			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Tota	I		 		\$							

Part III Grants or Assistance Benefiting Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) JANET BONNER	FOUNDATION EXECU	4,000.	GRANT/SCHOLAR	EDUCATIONAL A
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

LHA 332131 11-06-23

OMB No. 1545-0047

Open to Public

Inspection

Schedule L (Form 990) 2023
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GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Part IV	Business Transactions Involving Interested Persons	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 2	8c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of zation's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Part V Supplemental Information					

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: JANET BONNER

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FOUNDATION EXECUTIVE DIRECTOR

(C) AMOUNT OF GRANT \$ 4,000.

(D) TYPE OF ASSISTANCE: GRANT/SCHOLARSHIP

(E) PURPOSE OF ASSISTANCE: EDUCATIONAL ASSISTANCE

Schedule L (Form 990) 2023

332132 11-30-23

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-1649162

Name of the organization

FORM 990, PART I, LINE J

WEBSITE

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOUNDATION/GOOD-SAMARITAN-FOUNDATION

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF CHARITY OF LEAVENWORTH

HEALTH SYSTEM, INC. AFFILIATED, CREATING A MODEL HEALTH SYSTEM THAT

PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE HEALTHCARE TO

COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA, WYOMING, AND

KANSAS. THE ORGANIZATION EMPLOYS MORE THAN 66,000 CAREGIVERS, OPERATES

33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF

CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN

UTAH, IDAHO AND NEVADA,

SOME OF OUR AREA'S OF FOCUS ARE:

PATIENT ASSISTANCE: THROUGH THE GENEROSITY OF OUR DONORS, THE

FOUNDATION HAS FUNDS AVAILABLE TO SUPPORT PATIENTS IN NEED SO THEY CAN

FOCUS THEIR ENERGY WHERE IT SHOULD BE - ON THEIR HEALTH

MEDICAL EDUCATION: THE FOUNDATION HAS A VARIETY OF EDUCATION AND

SUPPORTED BY OUR DONORS, THROUGH WHICH SCHOLARSHIPS SCHOLARSHIP FUNDS

ARE AWARDED TO ASSOCIATES WHO ARE ADVANCING THEIR KNOWLEDGE THROUGH

COLLEGE AND OTHER TRAINING PROGRAMS.

08121112 146781 84-1649162

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Schedule O (Form 990) 2023 Name of the organization	Employer identification number
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
- PROGRAM AND PROJECT FUNDS: OUR DONORS INVEST IN PROGRAMS AND PROJECTS	
AT THE MEDICAL CENTER TO ENSURE THAT THE VERY BEST CARE IS ALWAYS	
AVAILABLE RIGHT HERE IN OUR NEIGHBORHOOD. THESE GIFTS ARE AN INVESTMENT	
IN THE HEALTH OF OUR COMMUNITY.	
- COMMUNITY HEALTH AND WELLNESS: THE FOUNDATION WORKS IN-CONJUNCTION	
WITH SEVERAL LOCAL PARTNERS BY INVESTING IN PROJECTS THAT ENHANCE LIFE	
AND HEALTH IN THE COMMUNITY WE LOVE. GOOD SAMARITAN MEDICAL CENTER	
FOUNDATION PROVIDES AND MANAGES THE FOLLOWING GRANT FUNDS.	
-HUMANITARIAN LOAN FUND - TO PROVIDE GRANTS AND NO INTEREST LOANS TO	
GSMC ASSOCIATES WHO ARE FACING HARDSHIPS.	
-GENERAL PATIENT ASSISTANCE FUND - TO PROVIDE SUPPORT TO GOOD SAMARITAN	
MEDICAL CENTER (GSMC) PATIENTS WITH NO OR LIMITED RESOURCES. THE FUND	
DOES NOT PAY THE COST OF MEDICAL CARE BUT HAS ASSISTED PATIENTS WITH	
RENT, FOOD, AND OTHER ITEMS THEY NEED.	
-CARDIAC CARE FUND - TO PAY FOR PROGRAMS, PROJECTS AND OTHER NEEDS OF	
THE GSMC CARDIAC CARE PROGRAM AND PATIENTS.	
-DAVID HAMM LEGACY FUND - TO PROVIDE SCHOLARSHIPS TO GSMC ASSOCIATES	
WHO ARE PURSUING EDUCATION THAT IMPROVES AND ENHANCES PATIENT CARE.	
-REHAB PATIENT ASSISTANCE FUND - TO PROVIDE ASSISTANCE TO GSMC PATIENTS	
WHO HAVE FINANCIAL NEED.	
-NICU FUND - TO SUPPORT PROGRAMS AND PROJECTS IN THE GSMC NEONATAL	
ATO THE TO DEFENT FROM THE AND TROUGHTS IN THE OPER REONATED	

332212 11-14-23

Schedule O (Form 990) 2023

 $08121112 \ 146781 \ 84-1649162$

Name of the organization	Employer identification number
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
INTENSIVE CARE UNIT.	
BUSCH FAMILY SCHOLARSHIP FUND - TO PROVIDE SCHOLARSHIPS TO GSMC	
ASSOCIATES WHO ARE PURSUING EDUCATION THAT IMPROVES AND ENHANCES	
PATIENT CARE.	
SIMULATION LAB FUND - TO SUPPORT TRAINING AND THE PURCHASE OF	
QUIPMENT IN THE GSMC SIMULATION LAB.	
FORM 990, PART V, LINE 1A	
EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:	
THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT	
RGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND	
RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO	
ELATED 1055 TAX FORMS FOR ANT DATEMPTICAL THAT RECEIVED A FORM 1055 TO	
E FILED.	
FORM 990, PART V, LINE 2A	
EXPLANATION FOR NUMBER REPORTED ON FORM W-3:	
THE ORGANIZATION LEASES EMPLOYEES FROM A RELATED 501(C)(3) TAX-EXEMPT	
RGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED W-3 AND	
RELATED W-2 TAX FORMS FOR THESE INDIVIDUALS. ACCORDING TO THE FORM 990	
INSTRUCTIONS FOR PART IX, WE REFLECT THE LEASED EMPLOYEE'S COMPENSATION	
ON THE FORM 990, PART IX AS IF THE ORGANIZATION COMPENSATES THESE	
, מדטהרד ג דתאי	

332212 11-14-23

Name of the organization	Employer identification number
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
FORM 990, PART VI, SECTION A, LINE 2:	
DAWN ANUSZKIEWICZ / STEVEN HANKINS / JANET BONNER - BUSINESS RELATIONSHIP	
EMPLOYER/EMPLOYEE RELATIONSHIP IN GOOD SAMARITAN MEDICAL CENTER, LLC, A	
RELATED TAX-EXEMPT ORGANIZATION).	
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OR STOCKHOLDERS	
SCL HEALTH - FRONT RANGE INC., IS THE SOLE MEMBER OF GOOD SAMARITAN MEDICAL	
CENTER FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
POWER TO ELECT OR APPOINT MEMBERS	
SCL HEALTH - FRONT RANGE, INC., THE SOLE MEMBER OF GOOD SAMARITAN MEDICAL	
CENTER FOUNDATION, APPROVES MEMBERS OF GOOD SAMARITAN MEDICAL CENTER	
FOUNDATION BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS	
SCL HEALTH - FRONT RANGE, INC., HAS CERTAIN RESERVE POWERS TO APPROVE	
CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE	
APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO. SISTERS OF	
CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ALSO HAS CERTAIN RESERVE POWERS	
OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION,	
ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF	Schodulo O (Earm 000) 00
¹³²²¹² 11-14-23 50	Schedule O (Form 990)

08121112 146781 84-1649162

^{2023.05000} GOOD SAMARITAN MEDICAL CE 84-16491

Schedule O (Form 990) 2023	Page 2
Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS,	
APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND	
BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
PROCESS USED TO REVIEW THE FORM 990	
THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF INTERMOUNTAIN HEALTH	
CARE, INC. AND SUBSIDIARIES. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN	
MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 IS PROVIDED TO	
THE BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE INTERNAL REVENUE	
SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:	
EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A	
CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS	
HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY	
BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY	
REPORTED INFORMATION CHANGES. ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE	
BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY	
CONFLICTS.	
ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY	
INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST	
ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT	
LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT AND	
³³²²¹² 11-14-23 51	Schedule O (Form 990) 2023

08121112 146781 84-1649162

^{2023.05000} GOOD SAMARITAN MEDICAL CE 84-16491

Schedule O (Form 990) 2023 Name of the organization	Page 2
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
THE LEGAL DEPARTMENT. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A	
CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE	
MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE	
ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST).	
FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF	
INTERMOUNTAIN HEALTH CARE, INC.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED	
ORGANIZATION, SCL HEALTH - FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS	
AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC.	
BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF	
LEAVENWORTH HEALTH SYSTEM, INC. AND ALL OF ITS AFFILIATES. THE COMMITTEE	
REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR	
MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S	
BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND	
SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS	
INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER	
THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE	
COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND	
INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE	
IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE	
COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER	
ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE	
INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY	
SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE	
AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY	
332212 11-14-23 52	Schedule O (Form 990) 2023

08121112 146781 84-1649162

Schedule O (Form 990) 2023 Name of the organization	Page 2 Employer identification number
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	84-1649162
INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED	
BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY	
INTERMOUNTAIN HEALTH CARE, INC.'S BOARD, THE COMMITTEE EMPHASIZES THE	
IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE	
WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION	
PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.	
AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE	
FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR	
MANAGEMENT.	
1) COMPENSATION COMMITTEE	
2) INDEPENDENT COMPENSATION CONSULTANT	
3) FORM 990 OF OTHER ORGANIZATIONS	
4) COMPENSATION SURVEYS AND STUDIES	
5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE	
THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO	
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR	
MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY	
PHILOSOPHY SET BY THE BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
GOOD SAMARITAN MEDICAL CENTER FOUNDATION	04-1049102
FORM 990, PART VII, SECTION B, LINE 1	
THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT	
DRGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND	
RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO	
BE FILED.	
CODM 000 DADE VI IINE O CUANCES IN NEW ASSENS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PRIOR YEAR PLEDGES RECEIVABLE WRITTEN-OFF IN 2023 -17,326.	
332212 11-14-23	Schedule O (Form 990) 202

Name of the organization

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

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

(a) Name, address, and EIN (if applicable) 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

Related Organizations and Unrelated Partnerships

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
				501(c)(3))		Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH	MANAGEMENT OF RELATED TAX						
SYSTEM, INC 23-7379161, 500 ELDORADO	EXEMPT HOSPITALS AND			LINE 12C,	INTERMOUNTAIN		
BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE SERVICES	KANSAS	501(C)(3)	III-FI	HEALTH CARE, INC.	х	
SCL HEALTH FOUNDATION - 82-3290526					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	SUPPORT RELATED TAX EXEMPT				CHARITY OF		
BROOMFIELD, CO 80021	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	LEAVENWORTH	x	
SCL HEALTH RESEARCH INSTITUTE, INC					SISTERS OF		
85-2014794, 500 ELDORADO BLVD., SUITE 4300,	1				CHARITY OF		
BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	LEAVENWORTH	х	
INTEGRITY HEALTH - 47-4520350					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	7			LINE 12C,	CHARITY OF		
BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	III-FI	LEAVENWORTH	х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

OMB No. 1545-0047

Open to Public

23

Inspection

Open Ins

84-1649162

Employer identification number

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION -				501(c)(3))		Yes	No
84-0482695, 1600 PRAIRIE CENTER PARKWAY,	-						
BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	x	
PLATTE VALLEY MEDICAL CENTER FOUNDATION -		COHORADO	501(0)(3)		BRIGHTON	А	<u> </u>
74-2255936, 1600 PRAIRIE CENTER PARKWAY,	-				COMMUNITY		
BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	HOSPITAL	x	
MOUNT ST. VINCENT HOME, INC 84-0405260			501(0)(3)	DINU 1211, 1	SISTERS OF		<u> </u>
4159 LOWELL BOULEVARD	-				CHARITY OF		
DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	LEAVENWORTH	x	
NJH-SJH, INC 47-1194849	MANAGEMENT OF RELATED TAX		501(0)(3)		SISTERS OF		<u> </u>
500 ELDORADO BLVD. SUITE 4300	EXEMPT HOSPITALS AND				CHARITY OF		
DENVER, CO 80211	HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	LEAVENWORTH	x	
SAINT JOSEPH HOSPITAL, INC 84-0417134			501(0)(3)	<u> </u>	SISTERS OF		
1375 EAST 19TH AVENUE	-				CHARITY OF		
DENVER, CO 80218	- HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
SAINT JOSEPH HOSPITAL FOUNDATION -			501(0)(3)				<u> </u>
84-0735096, 1375 EAST 19TH AVENUE, DENVER,	SUPPORT RELATED TAX EXEMPT				SAINT JOSEPH		
CO 80218	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	HOSPITAL, INC.	x	
SCL HEALTH - FRONT RANGE INC 84-1103606					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	-				CHARITY OF		
BROOMFIELD_CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
LUTHERAN MEDICAL CENTER FOUNDATION -							
20-8846152, 8300 WEST 38TH AVENUE, WHEAT	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
RIDGE, CO 80033	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	x	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC					, SISTERS OF		
84-0425720, 2635 NORTH 7TH STREET, GRAND	-				CHARITY OF		
JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
ST. MARY'S HOSPITAL FOUNDATION - 23-7001007					ST. MARYS		
2635 NORTH 7TH STREET	7				HOSPITAL &		
GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	MEDICAL CENTER,	x	
CARITAS CLINICS, INC 48-1009910				,	SISTERS OF		
818 NORTH 7TH STREET	1				CHARITY OF		
LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	x	
HOLY ROSARY HEALTHCARE - 81-0231792					SISTERS OF		
2600 WILSON STREET	7				CHARITY OF		
MILES CITY, MT 59301	HOSPITAL SERVICES	Montana	501(C)(3)	LINE 3	LEAVENWORTH	x	i i

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled zation?
HOLY DOCADY HEALMHCADE EQUINDAMION INC.				501(c)(3))		Yes	No
HOLY ROSARY HEALTHCARE FOUNDATION, INC	-				HOLY ROSARY		
20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301		MONTRANZA	E01(0)(2)	T TNE 103 T		x	
ST. JAMES HEALTHCARE - 81-0231785	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE SISTERS OF	A	
	-						
400 SOUTH CLARK STREET		NO17773373	F01(0)(2)	T T N T 2	CHARITY OF		
BUTTE, MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	X	
ST. JAMES HEALTHCARE FOUNDATION, INC	-						
65-1202190, 400 SOUTH CLARK STREET, BUTTE,					ST. JAMES		
MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE	X	
SCL HEALTH - MONTANA - 81-0232124	_				SISTERS OF		
1233 NORTH 30TH STREET	_				CHARITY OF		
BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	X	
ST. VINCENT HEALTHCARE FOUNDATION, INC	_						
81-0468034, 1106 NORTH 30TH STREET,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH -		
BILLINGS, MT 59101	ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	MONTANA	x	
INTERMOUNTAIN HEALTH CARE, INC 87-0269232							
36 SOUTH STATE, SUITE 2200							
SALT LAKE CITY, UT 84111	HOLDING COMPANY	UTAH	501(C)(3)	LINE 12B, II	N/A		х
INTERMOUNTAIN COMMUNITY CARE FOUNDATION,							
INC 94-2853320, 36 SOUTH STATE, SUITE					INTERMOUNTAIN		
2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	HEALTH CARE, INC.	х	
SELECTHEALTH, INC 87-0409820							
5381 GREEN STREET	DELIVERY OF HEALTH				INTERMOUNTAIN		
MURRAY, UT 84123	BENEFITS	UTAH	501(C)(4)		HEALTH CARE, INC.	x	
INTERMOUNTAIN HEALTH CARE RETIREE VEBA -							
74-2675605, 36 SOUTH STATE, SUITE 2200, SALT	7				INTERMOUNTAIN		
LAKE CITY, UT 84111	RETIREE BENEFIT	итан	501(C)(9)		HEALTH CARE, INC.	x	
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC				1	INTERMOUNTAIN		
80-0225150, 36 SOUTH STATE, SUITE 2200, SALT	7				HEALTH SERVICES,		
LAKE CITY, UT 84111	COMMUNITY HEALTH	ИТАН	501(C)(3)	LINE 7	INC.	x	
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC.					INTERMOUNTAIN		
- 20-0160881, 6355 SOUTH BUFFALO, LAS VEGAS,	1				HEALTH SERVICES,		
NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INC.	x	
IHC HEALTH SERVICES, INC 94-2854057				1			
36 S STATE STREET, SUITE 2200	1				INTERMOUNTAIN		
SALT LAKE CITY, UT 84111		UTAH	501(C)(3)	LINE 3	HEALTH CARE, INC.	x	

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

	1	,					1			<u> </u>		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year		ortionate tions?	Code V-UBI amount in box 20 of Schedule	Gener mana partn	ging	Percentage ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)			
SCLH-GI ENDOSCOPY HOLDINGS,												
LLC - 81-2979243, 382 S.												
ARTHUR AVENUE, LOUISVILLE, CO												
80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		x	N/A		۲.	N/A
SCLTDI JV, LLC - 47-2294770												
4200 SIX FORKS ROAD, SUITE 100	D											
RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		х	N/A		۲.	N/A
ATHLETIC MEDICINE &												
PERFORMANCE, LLC (SVB IS												
PARTNER) - 27-2270640, 1144	PHYSICAL											
NORTH 28TH STREET, BILLINGS,	THERAPY	MT	N/A	N/A	N/A	N/A		x	N/A		۲.	N/A
SUMMIT SURGERY CENTER, LLC -												
81-0536068, 434 SOUTH CLARK												
STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A		C I	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled
		foreign country)		or trust)		assets			tity? No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069									
500 ELDORADO BLVD., SUITE 4300									
BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A	х	
WEST END ASSOCIATION, INC 85-4261243									
500 ELDORADO BLVD., SUITE 4300	REAL ESTATE								
BROOMFIELD, CO 80021	MANAGEMENT	мт	N/A	C CORP	N/A	N/A	N/A	х	
LEAVEN INSURANCE COMPANY, LTD 98-0370522									
23 LIME TREE BAY AVENUE, WEST BAY ROAD		CAYMAN							
GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	х	
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,									
INC 46-3632053, 500 ELDORADO BLVD.,									
SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	мт	N/A	C CORP	N/A	N/A	N/A	х	
SELECTHEALTH BENEFIT ASSURANCE COMPANY -									
87-0497549, 5381 GREEN STREET, MURRAY, UT	DELIVERY OF HEALTH								
84123	BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A	х	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Predominant income (related, unrelated,	(f) Share of total income	(g) Share of end-of-year	(h Disprop ate alloc	ortion-	(i) Code V-UBI amount in box	(j) Genera manag partn		ntage
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes		
GRAND VALLEY SURGICAL CENTER,				,			100	110				
LLC - 84-1505075, 710	1											
WELLINGTON AVENUE, SUITE 21,	1											
GRAND JUNCTION, CO 81501	OP SURGERY	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	A
HEALTHCARE MANAGEMENT, LLC -	-											
84-1238904, P.O. BOX 1929,	MANAGEMENT											
GRAND JUNCTION, CO 81502	SERVICES	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	Δ
MONUMENT HEALTH, LLC			14711	IN/ 21	14771	N/11			14/11			
47-4424617, 744 HORIZON CT.,	-											
STE. 260, GRAND JUNCTION, CO	HEALTH CARE											
81506	NETWORK	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	А
PAVILION IMAGING, LLC -												
03-0516198, 750 WELLINGTON	-											
AVENUE, GRAND JUNCTION, CO	1											
81501	RADIOLOGY	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	A
SAN JUAN CANCER CENTER, LLC -	1											
20-2856331, 600 SOUTH 5TH	1											
STREET, MONTROSE, CO 81401	OP CANCER	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	A
CAREFLIGHT OF THE ROCKIES,												
LLC - 47-3525381, 500	1											
ELDORADO BLVD., SUITE 4300,	MEDICAL AIR											
BROOMFIELD, CO 80021	TRANSPORT	со	N/A	N/A	N/A	N/A		x	N/A	X	N/2	A
	_											
MED-MAP, LLC - 81-0491356	4											
P.O. BOX 1295	RENTAL REAL											
BILLINGS, MT 59103	ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A	×	N/2	A
YELLOWSTONE SURGERY CENTER,	4											
LLC - 72-1519467, 1144 NORTH	4											
28TH STREET, BILLINGS, MT	4											
59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A	X	N/2	A
GALLATIN VALLEY SURGERY	4											
CENTER, LLC - 88-2505265,	4											
2825 WEST MAIN STREET, SUITE	4		/-			/-						_
C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		Х	N/A	X	N/2	A

1		1	
- 1	David III	On the strength of the strength of Delated Opportunity of the strength of the	
- 1	Part III	Continuation of identification of Related Ordanizations Taxable as a Partnership	
1	Part III	Continuation of Identification of Related Organizations Taxable as a Partnersh	np

(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	· ·	ר)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disprop ate alloc Yes		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	iging her?	Percentage ownership
FIRST FLIGHT OF WYOMING, LLC		country)					165			res		
- 92-1785143, 500 ELDORADO	1											
BLVD., SUITE 4300,	MEDICAL AIR											
BROOMFIELD, CO 80021	TRANSPORT	со	N/A	N/A	N/A	N/A		x	N/A		x	N/A
MCKAY DEE SURGICAL CENTER,												
LLC - 26-0286308, 3895	1											
HARRISON BLVD, STE 200,	1											
OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A		x	N/A
GRANDEUR PEAK INTERNATIONAL												
STALWARTS, LP - 47-5468723,	1											
136 S. MAIN STREET, STE 720,]											
SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
INNOVATION FUND HOLDINGS												
COMPANY, LLC - 47-1525723,												
1000 WEST FULTON STREET, STE												
213, CHICAGO, IL 60607	INNOVATION	DE	N/A	N/A	N/A	N/A		х	N/A		x	N/A
HEALTHBOX SALT LAKE CITY I,												
LLC - 46-5338772, 33 WEST												
MONROE STREET, STE 1700,												
CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
INTERMOUNTAIN VENTURES FUND,												
LLC - 84-4037085, 36 SOUTH												
STATE, SUITE 2200, SALT LAKE												
CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
PELION OPPORTUNITY FUND III,												
LLC - 84-2757193, 2750 E												
COTTONWOOD PARKWAY, STE 600,	_											
SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
AACP KOREA BUYOUT INVESTORS												
II, LP - 82-4971663, ONE												
EMBARCADERO, 16TH FLOOR, SAN		CAYMAN										
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		x	N/A		x	N/A
AACP SPECIAL SITUATIONS II,												
LP - 83-2883726, ONE												
EMBARCADERO, 16TH FLOOR, SAN	1	CAYMAN										
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		x	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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 Disprop ate alloc	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partr	al or ging ier?	(k) Percentage ownership
AACP KOREA BUYOUT INVESTORS		country)		Sections 512-514)			Yes	No	K-1 (FOIII 1005)	Yes	NO	
IV. LP - 98-1549044, ONE	-											
EMBARCADERO, 16TH FLOOR, SAN	-	CAYMAN										
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		x	N/A		x	N/A
		10LIN(DD								l f	-	
LOGAN SURGERY CENTER, LLC -	-											
86-1965725, 1300 NORTH 500												
EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A		x	N/A
ST. GEORGE SURGERY CENTER					-	-					\neg	
LLC - 85-3880188, 652 SOUTH												
MEDICAL CENTER DRIVE, ST.	1											
GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A		x	N/A
SALTZER ASC TEN MILE, LLC -												
84-5119941, 875 S VANGUARD												
WAY, SUITE 120, MERIDIAN, ID												
83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		х	N/A		x	N/A
NORTHPOINTE SURGICAL CENTER,												
LLC - 46-1487986, 2326 NORTH												
400 EAST, STE 100, TOOELE, UT												
84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A		ĸ	N/A
HW AE CO-INVESTMENT PARTNERS,												
LP - 87-3405511, 2500 N.												
MILITARY TRAIL #470, BOCA												
RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		х	N/A		x	N/A
PERFORMANCE EQUITY GROWTH												
OPPORTUNITIES FUND, LP -												
85-3942801, 5 GREENWICH	_											
OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A		х	N/A		x	N/A
MURRAY SURGERY CENTER, LLC -	_											
87-3940183, 5848 SOUTH	_											
FASHION BOULEVARD, MURRAY, UT	_											
84107	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A		x	N/A
	-											
PROVO SURGERY CENTER, LLC -	4											
87-3623664, 1157 NORTH 300	4											
WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		Х	N/A		X	N/A

(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 Disprop ate alloc Yes	ortion-	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana partn	al or ging er?	(k) Percentage ownership
SARATOGA SPRINGS SURGERY												
CENTER, LLC - 87-3875864, 36	-											
SOUTH STATE, SUITE 2200, SALT	-											
LAKE CITY, UT 84111	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A		x	N/A
PARK CITY SURGERY CENTER, LLC												
- 84-4898736, 900 ROUND												
VALLEY DRIVE, PARK CITY, UT												
84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A		x	N/A
PARK CITY SURGICAL CENTER												
REAL ESTATE, LLC -												
86-2568233, 900 ROUND VALLEY												
DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A		x	N/A
CDHC 3, LLC - 87-3215157 265 N. COUNTRY MANOR LANE	-											
ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		х	N/A		ĸ	N/A
ARK GLOBAL EMERGING												
COMPANIES, LP - 82-3044843,												
22 EAST 100 SOUTH, 3RD FLOOR,												
SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		х	N/A		x	N/A
PELION OPPORTUNITY FUND IV,												
LLC - 85-3909188, 14761 S.												
FUTURE WAY, SUITE 500, SALT												
LAKE CITY, UT 84020	INVESTMENTS	UT	N/A	N/A	N/A	N/A		х	N/A		K	N/A
	4											
	4											
	4											

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

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(Sec	i) ction b)(13)
of related organization		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	contr ent	rolled tity?
HEALTHCARE CAPTIVE INSURANCE COMPANY -		country)						Yes	No
20-1937561, 36 SOUTH STATE, SUITE 2200, SALT	1								
LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A	x	
ALLUCEO, INC 82-4614934									
36 SOUTH STATE, SUITE 2200	MENTAL HEALTH								
SALT LAKE CITY, UT 84111	INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A	x	
SALTZER MEDICAL GROUP, INC 82-0299231									
215 EAST HAWAII AVENUE	1								
NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC MEDICAL, INC 46-1141912									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC HELICOPTERS, INC 46-1153642									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CULMINATION BIO, INC 36-5016511									
36 SOUTH STATE, SUITE 2200	1								
SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A	x	
CAN YOU PLAY?, INC 88-0846977									
1541 SOUTH 120 EAST]								
FARMINGTON, UT 84025	SOFTWARE DEVELOPMENT	UT	N/A	C CORP	N/A	N/A	N/A	x	
CARENT LABORATORY SOLUTIONS, LLC -									
32-0557616, 22240 COUNTRY ROAD 39, LASALLE,									
CO 80645	MEDICAL LABORATORY	со	N/A	C CORP	N/A	N/A	N/A	x	

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

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? Image: Comparison of Comparis	No	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a X b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1c X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1e X g Sale of assets to related organization(s) 1f X g Sale of assets from related organization(s) 1f X i Exchange of assets from related organization(s) 1i X j Lease of facilities, equipment, or other assets to related organization(s) 1i X i Performance of services or membership or fundrasing solicitations for related organization(s) 1i X n Performance of services or membership or other assets with related organization(s) 1in X n Sharing of acilities, equipment, malling lists, or other assets with related organization(s) 1in X n Sharing of acilities, equipment, malling lists, or other assets trom related organization(s) 1in X n Sharing of aciellities, equipment, malling lists, or other assets wi					
b Gift, grant, or capital contribution to related organization(s) Ib X c Gift, grant, or capital contribution from related organization(s) Ic X d Loans or loan guarantees to or for related organization(s) Id X e Loans or loan guarantees to or for related organization(s) If X f Dividends from related organization(s) If X g Sale of assets to related organization(s) If X g Sale of assets from related organization(s) If X h Purchase of assets three lead organization(s) If X i Exchange of assets with related organization(s) If X j Lease of facilities, equipment, or other assets to related organization(s) Ii X k Lease of facilities, equipment, or other assets from related organization(s) Iii X n Performance of services or membership or fundraising solicitations by related organization(s) Iii X n Performance of services or membership or fundraising solicitations by related organization(s) Iii X n Sharing of paid employees with related organization(s)	а		1a		Х
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(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SCL HEALTH - FRONT RANGE, INC.	В	481,237.	CASH
(2) SCL HEALTH - FRONT RANGE, INC.	с	562,081.	САЅН
(3) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	М	213,912.	FMV
(4)			
_(5)			
_(6)			

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Schedule R (Form 990) 2023 GOOD SAMARITAN MEDICAL CENTER FOUNDATION

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)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

332165 09-28-23

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - FRONT RANGE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARYS HOSPITAL & MEDICAL CENTER, INC

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

332165 09-28-23

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

332165 09-28-23

Schedule R (Form 990) 2023

 $08121112 \ 146781 \ 84-1649162$

Part VII | Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

DIRECT CONTROLLING ENTITY: ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831

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