

PUBLIC DISCLOSURE COPY

Application for Automatic Extension of Time To File an Exempt Organization Return

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 a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Taxpayer identification number (TIN) 84-1649162
	Number, street, and room or suite no. If a P.O. box, see instructions. 200 EXEMPLA CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LAFAYETTE, CO 80026	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

COLIN QUINCY

• The books are in the care of ▶ 36 SOUTH STATE STREET, SUITE 1600 - SALT LAKE CITY, UT 84111

Telephone No. ▶ 801-442-3491

Fax No. ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year 2022 or
▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION		D Employer identification number 84-1649162
	Doing business as		E Telephone number 801-842-7851
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	200 EXEMPLA CIRCLE		G Gross receipts \$ 1,204,246.
	City or town, state or province, country, and ZIP or foreign postal code LAFAYETTE, CO 80026		
F Name and address of principal officer: JANET BONNER SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: SEE SCHEDULE O		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 2004	M State of legal domicile: CO
H(c) Group exemption number			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,004,809.	1,080,557.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	150,712.	61,228.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-896.	-9,697.
		1,154,625.	1,132,088.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	519,849.	687,949.
	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)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	307,089.	329,016.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	261,025.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	335,257.	317,791.
19 Revenue less expenses. Subtract line 18 from line 12	1,162,195.	1,334,756.	
	-7,570.	-202,668.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,716,579.	2,326,869.
	22 Net assets or fund balances. Subtract line 21 from line 20	309,088.	465,386.
	2,407,491.	1,861,483.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	JANET BONNER, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN	Phone no.		
	Firm's address				

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 793,837. including grants of \$ 687,949.) (Revenue \$) GOOD SAMARITAN MEDICAL CENTER FIRST OPENED ITS DOORS TO THE COMMUNITY IN DECEMBER 2004. THE GOOD SAMARITAN MEDICAL CENTER FOUNDATION WAS ESTABLISHED THE SAME YEAR TO PROVIDE A WAY FOR THE COMMUNITY TO SUPPORT THE HOSPITAL.

THE FOUNDATION WORKS WITH DONORS TO ENSURE THAT MEDICAL EXCELLENCE AND COMPASSIONATE CARE ARE ALWAYS AVAILABLE IN THE COMMUNITY WE SERVE. PARTNERING WITH DONORS, WE ARE ABLE TO ENHANCE THE CARE THE MEDICAL CENTER PROVIDES TO PATIENTS AND THEIR FAMILIES.

GOOD SAMARITAN MEDICAL CENTER AND THE FOUNDATION WERE PART OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM. ON APRIL 1, 2022,

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 793,837.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 18		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
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?		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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 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) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 COLIN QUINCY - 801-442-3491
 36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAWN ANUSZKIEWICZ DIRECTOR	1.00 50.00	X						0.	648,054.	193,056.
(2) EDWARD PYUN JR, MD SECRETARY	3.00 0.00	X		X				0.	491,630.	44,282.
(3) CARL MOSS DIRECTOR	1.00 51.00	X						0.	313,181.	90,324.
(4) PETER BENKOWSKI DIRECTOR	1.00 50.00	X						0.	294,320.	100,147.
(5) JANET BONNER EXECUTIVE DIR FOUNDATION	50.00 0.00			X				0.	186,873.	34,449.
(6) TOM ALFORD PAST CHAIR	3.00 0.00	X		X				0.	0.	0.
(7) SCOTT BUSCH VICE CHAIR	3.00 0.00	X		X				0.	0.	0.
(8) LOUIS CICIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) DALE CLINGNER DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) BEVERLEY DAHAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) BOB DAVIS DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) MELISSA HIPPELY, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) MIKE MEINTS DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) KYLE MENDENHALL DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) MARY BETH QUIRAM DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) WYMAN ROBB CHAIR	3.00 0.00	X		X				0.	0.	0.
(17) JANET ROSS DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANNIE SIMMONS DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) MAX STITCH, ESP. DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								0.	1,934,058.	462,258.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	1,934,058.	462,258.

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	66,721.					
	d Related organizations	1d	679,316.					
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	334,520.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 53,438.					
	h Total. Add lines 1a-1f		1,080,557.					
Program Service Revenue	2 a _____	Business Code						
	b _____							
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		30,195.			30,195.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	31,033.				
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b	0.			
			c Gain or (loss)	7c	31,033.			
	d Net gain or (loss)			31,033.		31,033.		
	8 a Gross income from fundraising events (not including \$ 66,721. of contributions reported on line 1c). See Part IV, line 18	8a		62,461.				
			b Less: direct expenses	8b	72,158.			
c Net income or (loss) from fundraising events					-9,697.		-9,697.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a _____	Business Code						
	b _____							
	c _____							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions			1,132,088.	0.	0.	51,531.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	507,956.	507,956.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	179,993.	179,993.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	208,115.	36,108.	39,542.	132,465.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	90,325.	15,671.	17,162.	57,492.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,776.	7,776.		
9 Other employee benefits	5,375.	933.	1,021.	3,421.
10 Payroll taxes	17,425.	3,023.	3,311.	11,091.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,474.	950.	1,040.	3,484.
12 Advertising and promotion	40,336.	6,998.	7,664.	25,674.
13 Office expenses	9,106.	1,580.	1,730.	5,796.
14 Information technology				
15 Royalties				
16 Occupancy	242.	42.	46.	154.
17 Travel	16,800.	2,915.	3,192.	10,693.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	3,251.	564.	618.	2,069.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a SHARED SERVICES - ADMIN	198,859.	0.	198,859.	
b BANK FEES	7,392.	7,392.	0.	0.
c HUMANITARIAN LOAN EXP	7,142.	7,142.		
d SHARED SERVICES - HR	3,462.	0.	3,462.	
e All other expenses	25,727.	14,794.	2,247.	8,686.
25 Total functional expenses. Add lines 1 through 24e	1,334,756.	793,837.	279,894.	261,025.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	82,636.	2	165,997.
	3 Pledges and grants receivable, net	208,469.	3	160,184.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	2,425,474.	11	2,000,688.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,716,579.	16	2,326,869.	
Liabilities	17 Accounts payable and accrued expenses	53,869.	17	182,224.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	255,219.	25	283,162.
	26 Total liabilities. Add lines 17 through 25	309,088.	26	465,386.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	814,562.	27	388,934.
	28 Net assets with donor restrictions	1,592,929.	28	1,472,549.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,407,491.	32	1,861,483.
33 Total liabilities and net assets/fund balances	2,716,579.	33	2,326,869.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,132,088.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,334,756.
3	Revenue less expenses. Subtract line 2 from line 1	3	-202,668.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,407,491.
5	Net unrealized gains (losses) on investments	5	-312,785.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-30,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,861,483.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
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?
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 Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2022)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,337,250.	1,275,198.	1,198,380.	1,004,809.	1,080,557.	5,896,194.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,337,250.	1,275,198.	1,198,380.	1,004,809.	1,080,557.	5,896,194.
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)						15,430.
6 Public support. Subtract line 5 from line 4.						5,880,764.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,337,250.	1,275,198.	1,198,380.	1,004,809.	1,080,557.	5,896,194.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	37,330.	39,638.	30,655.	25,997.	30,195.	163,815.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	64,015.	74,191.	34,516.	48,293.	62,461.	283,476.
11 Total support. Add lines 7 through 10						6,343,485.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	92.71	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.40	%
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2022

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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 the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide 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 organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Employer identification number

84-1649162

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one 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; 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 \$ _____

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).

Name of organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
--	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 679,316.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 51,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 42,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	FOOD FOR STAFF _____ _____ _____	\$ 42,350.	03/03/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(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, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization: GOOD SAMARITAN MEDICAL CENTER FOUNDATION; Employer identification number: 84-1649162

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding art and historical treasures reporting and valuation.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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 to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,592,925.	1,757,514.	1,952,292.	1,704,197.	1,486,207.
b Contributions	305,968.	292,896.	571,302.	693,734.	704,178.
c Net investment earnings, gains, and losses	-6,381.	4,689.	4,565.	1,224.	
d Grants or scholarships					
e Other expenditures for facilities and programs	419,963.	462,174.	770,645.	446,863.	486,188.
f Administrative expenses					
g End of year balance	1,472,549.	1,592,925.	1,757,514.	1,952,292.	1,704,197.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 0.0000 %
 - b Permanent endowment 4.1000 %
 - c Term endowment 95.9000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

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, col. (B) line 12.)		

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, col. (B) line 13.)		

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

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	283,162.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and a shaded area for calculations.

Part 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.

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	(d) Total events (add col. (a) through col. (c))
		GOLF JAM (event type)	SIP & STROLL (event type)	NONE (total number)	
Revenue	1	Gross receipts	92,751.	36,431.	129,182.
	2	Less: Contributions	55,750.	10,971.	66,721.
	3	Gross income (line 1 minus line 2)	37,001.	25,460.	62,461.
Direct Expenses	4	Cash prizes	0.	244.	244.
	5	Noncash prizes	6,709.	2,510.	9,219.
	6	Rent/facility costs	16,039.	10,920.	26,959.
	7	Food and beverages	11,165.	12,131.	23,296.
	8	Entertainment	1,500.	800.	2,300.
	9	Other direct expenses	2,394.	7,746.	10,140.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			72,158.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-9,697.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **GOOD SAMARITAN MEDICAL CENTER FOUNDATION** Employer identification number **84-1649162**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCL HEALTH - FRONT RANGE, INC. 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	84-1103606	501(C)(3)	456,080.	51,876.	FMV	SUPPLIES & FOOD	SUPPORT GOOD SAMARITAN MEDICAL CENTER

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

3 Enter total number of other organizations listed in the line 1 table **0.**

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	19	54,742.	0.		
PATIENT ASSISTANCE	50	92,236.	0.		
HUMANITARIAN GRANTS	31	23,388.	0.		
DRIVERS EDUCATION GRANTS	21	9,627.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FOR FUNDING RELATED TO PATIENT CARE, EQUIPMENT AND SERVICE LINE/PROGRAM

SUPPORT AT GOOD SAMARITAN MEDICAL CENTER, LLC., (GSMC) 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 DEPARTMENT REQUESTING SUPPORT

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 J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2022

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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAWN ANUSZKIEWICZ DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	443,601.	55,700.	148,753.	166,356.	26,700.	841,110.	0.
(2) EDWARD PYUN JR, MD SECRETARY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	463,698.	24,447.	3,485.	14,015.	30,267.	535,912.	0.
(3) CARL MOSS DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	220,822.	89,767.	2,592.	78,243.	12,081.	403,505.	0.
(4) PETER BENKOWSKI DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	221,153.	50,312.	22,855.	71,697.	28,450.	394,467.	19,859.
(5) JANET BONNER EXECUTIVE DIR FOUNDATION	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	164,243.	20,967.	1,663.	20,276.	14,173.	221,322.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 SCL HEALTH 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

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.

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 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) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES

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.

6) 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.

PART I, LINE 4B:

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 COST AND HAVE GREATER CONTROL

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

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.

A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN 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 PRIOR TO 2014

PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013.

FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN

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.

INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

IN 2019, THE RELATED ORGANIZATION CONSOLIDATED FOUR NON QUALIFIED DEFERRED COMPENSATION PLANS INTO ONE PLAN. AS PART OF THIS EFFORT, ALL VESTED BALANCES FROM THE SERP PLANS PRIOR TO 2014 WERE PAID TO THE PARTICIPANTS IN 2020. THERE ARE NO REMAINING PARTICIPANTS IN THE LEGACY PLANS.

NQDC SERP PLANS STARTING IN 2014

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC 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.

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2022. VESTED

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.

AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE

RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE

RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2022 WERE: PETER

BENKOWSKI - \$19,859.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION

EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS

VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN

B(III). THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT

ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID). THIS

RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY

ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS. COLUMN F IS

INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN

COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE

J FOR A PREVIOUS YEAR). HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN

COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J

REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO

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.

DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT)

DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E.

PART I, LINE 7:

OTHER NON-FIXED PAYMENTS

THE AT-RISK COMPENSATION (ARC) PLAN WAS ESTABLISHED TO ENABLE SCL HEALTH TO

ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN

ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS

CHARITABLE MISSION AND STRATEGIC IMPERATIVES.

THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND AWARD OPPORTUNITIES ARE A

PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR MANAGEMENT LEVEL AT

SCL HEALTH. ACTUAL AWARDS WILL BE PAID OUT BASED ON ATTAINMENT OF SELECTED

SCL HEALTH BOARD-APPROVED GOALS, INCLUDING EBIDA (EARNINGS BEFORE INTEREST,

DEPRECIATION AND AMORTIZATION), STEWARDSHIP, QUALITY, PATIENT AND ASSOCIATE

SAFETY, AND PATIENT EXPERIENCE AND FULFILLMENT OF OUR MISSION.

AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE

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.

SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR.

THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

ON APRIL 1, 2022, INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH) MERGED, 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 NEARLY 60,000 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN UTAH AND IDAHO. INTERMOUNTAIN HEALTH CARE, INC. AND RELATED TAX-EXEMPT ORGANIZATIONS ADHERE TO

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.

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

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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art	X	1	2,400.	FMV AT DATE OF GIFT
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	10	45,770.	FMV AT DATE OF GIFT
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (<u>SUPPLIES</u>)	X	3	4,553.	FAIR MARKET VALUE
26	Other (<u>TICKETS TO EVEN</u>)	X	1	360.	FAIR MARKET VALUE
27	Other (<u>GIFT CARDS</u>)	X	3	355.	FAIR MARKET VALUE
28	Other ()				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement	29
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	Yes	No
30a		X
b If "Yes," describe the arrangement in Part II.		
31		X
32a		X
b If "Yes," describe in Part II.		
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**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.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

GOOD SAMARITAN MEDICAL CENTER FOUNDATION

Employer identification number

84-1649162

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PART I, LINE J

WEBSITE

WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-FOUNDATION/

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

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

HEALTH SYSTEM, INC. MERGED, 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 NEARLY 60,000 CAREGIVERS, OPERATES 33

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

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

UTAH AND IDAHO.

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

SCHOLARSHIP FUNDS, SUPPORTED BY OUR DONORS, THROUGH WHICH SCHOLARSHIPS

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

Schedule O (Form 990) 2022

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
--	--

ARE AWARDED TO ASSOCIATES WHO ARE ADVANCING THEIR KNOWLEDGE THROUGH COLLEGE AND OTHER TRAINING PROGRAMS.

- 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 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

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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WHO HAVE FINANCIAL NEED.

-NICU FUND - TO SUPPORT PROGRAMS AND PROJECTS IN THE GSMC NEONATAL

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

EQUIPMENT 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

ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND

RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO

BE 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

ORGANIZATION. 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

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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ON THE FORM 990, PART IX AS IF THE ORGANIZATION COMPENSATES THESE INDIVIDUALS.

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 DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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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 THE HEALTH CARE SYSTEM.

THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF

THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF

THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS ARE ADDRESSED

TO THE TAX DEPARTMENT PRIOR TO FILING THE FORM 990 WITH THE INTERNAL

REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

GOOD SAMARITAN MEDICAL CENTER FOUNDATION AND SISTERS OF CHARITY OF

LEAVENWORTH HEALTH SYSTEM, INC. (COLLECTIVELY REFERRED TO AS SCL HEALTH),

REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST

POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, OFFICERS AND

DIRECTORS. PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS

BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS

ARE ALL REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON

HIRE/APPOINTMENT AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT

ISSUES. THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY

AND COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP.

THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A

MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS. THE EXISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED. CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE PROHIBITED.

ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON. THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

- BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS;
- SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS);
- EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES);
- MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT;
- DEPARTMENT DIRECTORS; AND
- OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE.

UPON BECOMING AN INTERESTED PERSON AND ON AN ANNUAL BASIS, INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRENT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER. THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERSEE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SUPERVISOR AND/OR BOARD CHAIR.

WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL COMPLIANCE AND PRIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, COMPLETE A DISCLOSURE, AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT.

WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR, EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED.

THE INTERESTED PERSON'S LOCAL COMPLIANCE AND PRIVACY OFFICER AND/OR SUPERVISOR/BOARD OR COMMITTEE CHAIR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS.

UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED. IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT. HOWEVER, IF AN INTERESTED PERSON

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT; BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING; OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES.

WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY.

MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR AUDIT AND COMPLIANCE COMMITTEES. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE HEALTH CARE SYSTEM'S TAX DEPARTMENT FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.

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

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC.

BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH 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 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

Name of the organization GOOD SAMARITAN MEDICAL CENTER FOUNDATION	Employer identification number 84-1649162
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- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES
- 6) 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.

FORM 990, PART VII, SECTION B, LINE 1
THE ORGANIZATION'S EXPENSES ARE PAID BY A RELATED 501(C)(3) TAX-EXEMPT ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED FORM 1096 AND RELATED 1099 TAX FORMS FOR ANY EXPENDITURE THAT REQUIRES A FORM 1099 TO BE FILED.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
PRIOR YEAR PLEDGES RECEIVABLE WRITTEN-OFF IN 2022 -30,555.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">GOOD SAMARITAN MEDICAL CENTER FOUNDATION</p>	Employer identification number <p align="center">84-1649162</p>
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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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule R (Form 990) 2022**
SEE PART VII FOR CONTINUATIONS

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 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 - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.		X
SCL HEALTH - FRONT RANGE, INC. - 84-1103606 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.		X
ST. MARYS HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. MARYS HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,		X
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X

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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		X
ST. JAMES HEALTHCARE - 81-0231785 400 SOUTH CLARK STREET BUTTE, MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. JAMES HEALTHCARE FOUNDATION, INC. - 65-1202190, 400 SOUTH CLARK STREET, BUTTE, MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	ST. JAMES HEALTHCARE		X
SCL HEALTH - MONTANA - 81-0232124 1233 NORTH 30TH STREET BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. VINCENT HEALTHCARE FOUNDATION, INC. - 81-0468034, 1106 NORTH 30TH STREET, BILLINGS, MT 59101	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	SCL HEALTH - 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		X
INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC. - 94-2853320, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE, INC.		X
SELECTHEALTH, INC. - 87-0409820 5381 GREEN STREET MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UTAH	501(C)(4)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTH CARE RETIREE VEBA - 74-2675605, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	RETIREE BENEFIT	UTAH	501(C)(9)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. - 80-0225150, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTH SERVICES, INC.		X
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC. - 00-0160881, 6355 SOUTH BUFFALO, LAS VEGAS, NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH SERVICES, 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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER) - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS,	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	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		X	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 foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	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		X
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	REAL ESTATE MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A		X
LEAVEN INSURANCE COMPANY, LTD. - 98-0370522 23 LIME TREE BAY AVENUE, WEST BAY ROAD GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK, INC. - 46-3632053, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A		X
SELECTHEALTH BENEFIT ASSURANCE COMPANY - 87-0497549, 5381 GREEN STREET, MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A		X

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 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTH CARE NETWORK	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 2825 WEST MAIN STREET, SUITE C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
FIRST FLIGHT OF WYOMING, LLC - 92-1785143, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MCKAY DEE SURGICAL CENTER, LLC - 26-0286308, 3895 HARRISON BLVD, STE 200, 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, 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		X	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 FRANCISCO, CA 94111	INVESTMENTS	CAYMAN 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 FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
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, LLC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. 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		X	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		X	N/A		X	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		X	N/A		X	N/A
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300 WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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 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) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
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		X	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		X	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		X	N/A		X	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		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTHCARE CAPTIVE INSURANCE COMPANY - 20-1937561, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
NAVICAN GENOMICS, INC. - 81-4153832 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	CANCER TREATMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
ALLUCEO, INC. - 82-4614934 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	MENTAL HEALTH INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A		X
SALTZER MEDICAL GROUP, INC. - 82-0299231 215 EAST HAWAII AVENUE 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 SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CLASSIC HELICOPTERS, INC. - 46-1153642 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CULMINATION BIO, INC. - 36-5016511 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	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.

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

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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.

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. MARYS HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS 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:

Part VII Supplemental Information

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

MARIAN CLINIC, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

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:

Part VII Supplemental Information

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

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

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