

Form **8868**

(Rev. January 2024)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electr	onic filing (e-file). You can electronically file Form 8868 to	request up	to a 6-month extension of time to	file any of t	the forms	
listed	below except for Form 8870, Information Return for Transfe	rs Associa	ted With Certain Personal Benefit C	ontracts. A	An extension	
reques	st for Form 8870 must be sent to the IRS in a paper format ((see instrud	ctions). For more details on the elec	tronic filing	g of Form	
8868,	visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-p	orofits.				
Cautio	on: If you are going to make an electronic funds withdrawal ((direct deb	it) with this Form 8868, see Form 84	153-TE and	Form 8879-TE for	payment
instruc	ctions.					
All cor	porations required to file an income tax return other than Fo	orm 990-T	(including 1120-C filers), partnership	s, REMIC	s, and trusts	
<u>must เ</u>	use Form 7004 to request an extension of time to file income	e tax returi	ns.			
Part I	- Identification					
Туре	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpaye	ridentification num	nber (TIN)
Print						
File by A	LUTHERAN MEDICAL CENTER FOUNDATION				20-8846152	
File by to due date	for Number, street, and room or suite no. If a P.O. box, se	ee instruct	ions.			
filing you return. S						
instructi		reign addr	ress, see instructions.			
	WHEAT RIDGE, CO 80033					
Enter	the Return Code for the return that this application is for (file	e a separat	e application for each return)			0 1
Applic	cation Is For	Return	Application Is For			Return
		Code				Code
Form 9	990 or Form 990-EZ	01	Form 4720 (other than individual)			09
Form 4	4720 (individual)	03	Form 5227			10
Form 9	990-PF	04	Form 6069			11
Form 9	990-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
Form 9	990-T (trust other than above)	06	Form 5330 (individual)			13
Form 9	990-T (corporation)	07	Form 5330 (other than individual)			14
Form	1041-A	08				
Afte	r you enter your Return Code, complete either Part II or Part	t III. Part III	l, including signature, is applicable o	only for an	extension of	
time to	o file Form 5330.					
• If th	s application is for an extension of time to file Form 5330, y	ou must ei	nter the following information.			
	Plan Name					
	Plan Number		<u></u>			
	Plan Year Ending (MM/DD/YYYY)					
Part II	- Automatic Extension of Time To File for Exempt Organi	izations (s	ee instructions)			
The	e books are in the care of COLIN QUINCY					
	•	UITE 160	0 - SALT LAKE CITY, UT 841	11		
Tel	ephone No. 801-442-3491		Fax No.			
• If th	ne organization does not have an office or place of business	in the Uni	ted States, check this box			
• If the	nis is for a Group Return, enter the organization's four-digit (Group Exe	mption Number (GEN)	If this is fo	r the whole group,	check this
box	If it is for part of the group, check this box	and atta	ch a list with the names and TINs o	f all memb	ers the extension is	s for.
1	I request an automatic 6-month extension of time until NO	VEMBER 1	. 5 , 20 <u>24</u> , to fil	e the exen	npt organization re	turn for
	the organization named above. The extension is for the orga	anization's	return for:			
	x calendar year 20 23 or					
	tax year beginning	, 20 _	, and ending			200
2	If the tax year entered in line 1 is for less than 12 months, ch	heck reasc	on: Initial return	Final retur	n	
	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 overpo	ayment all	owed as a credit.	3b	\$	0.
С	Balance due. Subtract line 3b from line 3a. Include your pa	vment with	this form if required by			
-		ymichie wie	r triis ioriii, ii required, by			

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

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

2023
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	or me	2023 calendar year, or tax year beginning an	u chang		
В	Check if applicable:	C Name of organization		D Employer identific	eation number
	Address	LUTHERAN MEDICAL CENTER FOUNDATION	_		
	Name change	Doing business as		20-8846152	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	•
	Final return/	8300 WEST 38TH AVENUE		801-842-7851	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	_	G Gross receipts \$	4,070,060.
	Amende			H(a) Is this a group re	eturn
-	ireturn T]Applica			for subordinates	
_	tibh pending	SAME AS C ABOVE		H(b) Are all subordinates in	
			1) [] 507	1	
_		mpt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527	The second secon	list. See instructions
	Website			H(c) Group exemption	
		organization: X Corporation Trust Association Other Summary	L Year	of formation; 2007	State of legal domicile; CO
	1 1	Briefly describe the organization's mission or most significant activities: BE A	MODEL HEAD	LTH SYSTEM BY	
ce	1	PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICE AT AN AF	FORDABLE		
Jan	2 6	Check this box if the organization discontinued its operations or disp		than 25% of its net ass	sets.
Governance	3 1			3	12
30	3	Number of independent voting members of the governing body (Part VI, line 1b			10
ø	4 !				0
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			17
Activities &	6	Total number of volunteers (estimate if necessary)			0.
Ç	7a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	
			<u> </u>	Prior Year	Current Year
40	8 (Contributions and grants (Part VIII, line 1h)		6,600,502.	3,649,658.
Revenue	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Ş	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		247,210.	375,432.
ď	11 4			-44,315.	-13,804.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		6,803,397.	4,011,286.
-		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,512,258.	1,850,871.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		417,575.	464,040.
Expenses	15	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en en	16a		1,074.	NAME OF TAXABLE PARTY.	
QX.	b	Total fundraising expenses (Fartist, Column (C), and 20)		293,513.	450,639.
ш	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,223,346.	2 765 550
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,580,051.	1 245 736
_		Revenue less expenses. Subtract line 18 from line 12			
Net Assets or	See			eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		19,172,663.	21,848,890.
Ass	21	Total liabilities (Part X, line 26)		180,630.	67,096.
Š	22	Net assets or fund balances. Subtract line 21 from line 20		18,992,033.	21,781,794.
P	art II	Signature Block			
Unc	der pena	ities of perjury, I declare that I have examined this return, including accompanying sched	ules and statem	ients, and to the best of my	y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of	which prepare	r has any knowledge.	.,,
		Katherine Kepola		SIGN HERE	1-24
Sig	ın l	Signature of officer \		Date	
He		KATHERINE REPOLA, EXECUTIVE DIRECTOR			
пe	16	Type or print name and title			
_				Date Check	PTIN
D.,		Print/Type preparer's name Preparer's signature		if self-emplo	wad
Pai				Firm's EIN	Jsec I
	parer	Firm's name		LIIII 2 EIN	
ŲSE	Only	Firm's address		Dhana na	
_				Phone no.	Пу. П.
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			Yes No

Form	990 (2023) LUTHERAN MEDICAL CENTER FOUNDATION	20-8846152	Page 2
	rt III Statement of Program Service Accomplishments		9
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR		
	SERVICE AT AN AFFORDABLE COST.		
	-		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		Yes 🗓 No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes 🗓 No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expen	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others	, the total expense	es, and
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$1,881,987. including grants of \$1,850,871.) (Revenue	:\$)
	THE LUTHERAN MEDICAL CENTER FOUNDATION IS A 501(C) 3 NOT FOR PROFIT		
	ORGANIZATION THAT CREATES IMPACT TO SUPPORT EXCELLENT PATIENT CARE AND		
	INNOVATIVE NEW IDEAS IN MEDICINE AT LUTHERAN MEDICAL CENTER. THROUGH		
	THE GENEROSITY OF CORPORATIONS, FOUNDATIONS, INDIVIDUALS AND OTHER		
	DONORS, OUR MISSION TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES		
	WE SERVE IN A CHANGING WORLD IS ACHIEVED.		
	LMC FOUNDATION PROVIDES FOR THE CHANGING HEALTHCARE NEEDS OF OUR		
	COMMUNITY BY ASSISTING WITH THE BUILDING OF STATE-OF-ART FACILITIES,		
	DEVELOPING INNOVATIVE CARE MODELS AND MAKING SURE THAT ALL PATIENTS		
	HAVE ACCESS TO WORLD-CLASS CARE AND THE BEST PATIENT EXPERIENCE. LMC		
	FOUNDATION TURNS GOOD HEALTHCARE INTO EXCEPTIONAL HEALTHCARE BY		
4b	(Code:) (Expenses \$) (Revenue	:\$)
4c	(Code:) (Expenses \$:\$)
1 -1	Other program convises (Describe on Schodule O.)		
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	١	
4e	Total program service expenses 1,881,987.		

4e Total program service expenses

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	٣		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7		-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u></u>		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	 10		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	 		
18		10	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	23	\vdash
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		\vdash
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

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Pai	rt IV Checklist of Required Schedules (continued)		,	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current of the organization organization organization organization organization organizati	rent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as o	f the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	l l		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		-	Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	<u>25b</u>	-	Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed	l		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cor			,,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Pari			Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV	,		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			x
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M			_ A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		х	
0.4	contributions? If "Yes," complete Schedule M		Λ	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34			х	
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			
55	If "Yes," complete Schedule R, Part V, line 2	l		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		1	
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pai	rt 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	<u></u>		X
				1

	chock in contraction of contraction and contraction and in the contraction and					
					Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c		ı

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

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		ļ "
	to file Form 8282?	7c		Х
d	,	7-		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e -74		X
t ~	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		_v
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see the instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
.,	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.	.,		
	,			

332005 12-21-23

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					X
Sec	tion 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	1a	12			
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		anv other	1		
	officer, director, trustee, or key employee?			2	х	
3	Did the organization delegate control over management duties customarily performed by or under the					
_	and the second s			3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		х
6	Did the organization have members or stockholders?			6	х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app					
, ,	more members of the governing body?			7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto			14		
	persons other than the governing body?			7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			,,,		
o a	The governing body?	,	3-	8a	х	
b				8b	Х	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached to the committee with authority to act on behalf of the governing body?			OD		
9	organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev		Code	1 3	l	
	This Section B requests information about policies not required by the internal net	<u>renue</u>	Code.)		Yes	No
102	Did the organization have local chapters, branches, or affiliates?			10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha			100		
		•	, urmacos,	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	50101	o ming the ferm.	- 14		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120		
·	on Schedule O how this was done	,		12c	х	
13	Did the organization have a written whistleblower policy?			13	Х	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	аоронаон			
а	The organization's CEO, Executive Director, or top management official			15a		х
	Other officers or key employees of the organization			15b		х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			105		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent w	ith a			
	taxable entity during the year?			16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			100		
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	-	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			•		
17	List the states with which a copy of this Form 990 is required to be filedNONE					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990	-T (section 501(c)(3):	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.		,	• •		
	Own website Another's website X Upon request Other (explain	on So	chedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	d financ	cial	
	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 boo	ks an	d 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

X

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.

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

- 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.

(A) Name and title	(B) Average	(do	not c	Pos heck	C) sition	1 than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any	offi	, unle cer ar					compensation from the	compensation from related organizations	amount of other compensation
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) JOHN WICKLUND	1.00	_	l -			1				
DIRECTOR 1/1-2/28/23	51.00	Х						0.	1,145,372.	24,444.
(2) SCOTT PEEK	1.00									
DIRECTOR 3/1-12/31/23	53.00	Х						0.	1,025,813.	397,369.
(3) KRISTI DAVIS	1.00									
DIRECTOR	50.00	Х						0.	231,033.	68,621.
(4) KATHERINE REPOLA	50.00									
EXECUTIVE DIRECTOR	0.00			Х				0.	185,728.	52,208.
(5) JEFFREY BONTRAGER, MD	1.00									
DIRECTOR 3/15-12/31/23	0.00	Х						0.	0.	0.
(6) JENNIFER CASKEY, MD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(7) CHRISTA DOBBS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(8) ROBERT HUNTER, MD	1.00									
DIRECTOR	0.00	Х				_		0.	0.	0.
(9) DOULGAS MARTEL, MD	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) JULIA MCVEY	1.00									
VICE CHAIR & SECRETARY	0.00	Х		Х				0.	0.	0.
(11) JOHN O'DORISIO	1.00									
DIRECTOR	0.00	Х	_			_		0.	0.	0.
(12) JAHI SIMBAI	1.00									
DIRECTOR 1/1-8/31/23	0.00	Х	_			_		0.	0.	0.
(13) FRANK TEUNISSEN	1.00	4								
TREASURER	0.00	Х	_	Х		_		0.	0.	0.
(14) BOB VAN WETTER	1.00	4								
CHAIR	0.00	Х		Х				0.	0.	0.
(15) JOHN WITWER, MD	1.00							_	_	_
DIRECTOR	0.00	X						0.	0.	0.
339007 19-21-23										Form 990 (2023)

Form 990 (2023) LUTHERAN MEDI	CAL CENTER	FO	UND.	ATI	ON				20-88	46152		Pag	ge 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloye	ees,	and	ΙHiς	ghes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	box, offic	not c	ss per	ition more son is	than c s both or/trust	an	(D) Reportable compensation from	(E) Reportable compensatio from related	on d	Esti amo	(F) imated ount of other	f
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	fro orga and	ensati m the nization related nization	on d
													—
													—
1b Subtotal								0.	2,587,	946.	į	542,6	42.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								0.	2,587,	0. 946.	į	542,6	0.
Total number of individuals (including but no compensation from the organization								eceived more than \$100,				•	0
											,	Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su	•	-	•	•	•		•		•		3		Х
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization		4	х	
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes." com	ccrue compen	satio	on fr	om a	any	unre	elate	ed organization or individ	dual for services		5		х
Section B. Independent Contractors													
Complete this table for your five highest cor the organization. Report compensation for t	•	•								pensatio	on fror	n ——	
(A) Name and business	address	NOI	NE					(B) Description of s	ervices	Co	(C) mpen	sation	
							\dashv						
2 Total number of independent contractors (in	ncludina but na	ot lin	niter	d to t	thos	e lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	· ·				(,		F	orm 9	90 (20	023)

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Form 990 (2023)

Part VIII Statement of Revenue

			Check if Schedule O contains a	response o	or note to any lin	e in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
SS	1	_	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
S S			Fundraising events	1c	86,926.				
fts,			Related organizations	1d	879,270.				
ij gi					6,000.				
ons,			Government grants (contributions)	1e	0,000.				
utio er (T	All other contributions, gifts, grants, and	I I	2 677 462				
Ĕ			similar amounts not included above	1f	2,677,462.				
ont		_	Noncash contributions included in lines 1a-1f	1g \$	24,869.	2 640 650			
<u>0</u> <u>8</u>		h	Total. Add lines 1a-1f			3,649,658.			
					Business Code				
Se	2	а							
e vi		b							_
Se		С							
eve		d							
Program Service Revenue		е							
<u>P</u>		f	All other program service revenue						
		g	Total. Add lines 2a-2f						
	3		Investment income (including divide	nds, intere	st, and				
			other similar amounts)			277,650.			277,650.
	4		Income from investment of tax-exem						
	5		Royalties						_
			(i	i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Not rental income or (less)						
			` '	ecurities	(ii) Other				
	•	u	assets other than inventory 7a	97,782.	()				
		h	Less: cost or other basis	, , , , , , ,					
ø		D	and sales expenses 7b	0.					
n		_	Gain or (loss) 7c	97,782.					
eve						97,782.			97,782.
her Revenue			Net gain or (loss)			37,702.			37,702.
	8	а	Gross income from fundraising events (r						
Ò			including \$ 86,926.	- 1					
			contributions reported on line 1c). S		44,970.				
			Part IV, line 18		58,774.				
			Less: direct expenses		30,774.	-13,804.			12 904
			Net income or (loss) from fundraising			-13,004.			-13,804.
	9	а	Gross income from gaming activities						
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from gaming ac						
	10	а	Gross sales of inventory, less returns						
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sales of in	ventory					
ဖွ					Business Code				
Miscellaneous Revenue	11	а							
ane		b							
Sell		С							
Ais.		d	All other revenue						
_		е	Total. Add lines 11a-11d						
	12	_	Total revenue. See instructions	<u></u>		4,011,286.	0.	0.	361,628.

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20-8846152

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

D -	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,847,971.	1,847,971.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,900.	2,900.		
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,	227 026	11 007	120 065	05 17
_	trustees, and key employees	237,936.	11,897.	130,865.	95,174
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	193,987.	0.600	106 603	77 505
7	Other salaries and wages	193,907.	9,699.	106,693.	77,595
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	6,735.	337.	3,704.	2 60/
9	Other employee benefits	25,382.	1,269.	13,960.	2,694 10,153
10	Payroll taxes	25,302.	1,203.	13,300.	10,133
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	75,800.		75,800.	
f	Other. (If line 11g amount exceeds 10% of line 25,	75,000.		75,000.	
g	column (A), amount, list line 11g expenses on Sch 0.)				
10	Advertising and promotion	31,599.			31,599
12		6,548.		3,798.	2,750
13 14	Office expenses	0,310.		3,730.	2,700
1 4 15					
16	Royalties				
17	Occupancy	1,348.		782.	566
17 18	Payments of travel or entertainment expenses	_,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,292.		749.	543
20					
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
.o 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.)				
а	SHARED SERVICES - ADMIN	277,136.		277,136.	
b	SUPPLIES	26,524.	0.	26,524.	
c	SHARED SERVICES - OTHER	15,062.	-	15,062.	
d	HUMANITARIAN LOAN EXP	7,034.	7,034.	,	
e	All other expenses	8,296.	880.	7,416.	
25	Total functional expenses. Add lines 1 through 24e	2,765,550.	1,881,987.	662,489.	221,074
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 if following SOP 98-2 (ASC 958-720)				

Form 990 (2023) Part X Balance Sheet

		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		338.	1	338.
	2	Savings and temporary cash investments		3,746,157.	2	743,164.
	3	Pledges and grants receivable, net		1,076,832.	3	1,901,247.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described	d in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	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			10c	
	11	Investments - publicly traded securities		14,349,336.	11	19,204,141.
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line			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)		19,172,663.	16	21,848,890.
	17	Accounts payable and accrued expenses		17	1,268.	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
v	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst	tantial contributor, or 35%			
abil		controlled entity or family member of any of the	se persons		22	
Ë	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X			
		of Schedule D		180,630.	25	65,828.
	26	Total liabilities. Add lines 17 through 25		180,630.	26	67,096.
		Organizations that follow FASB ASC 958, che	eck here X			
ces		and complete lines 27, 28, 32, and 33.				
au	27	Net assets without donor restrictions		3,492,354.	27	4,458,344.
Ва	28	Net assets with donor restrictions		15,499,679.	28	17,323,450.
pur		Organizations that do not follow FASB ASC 9	58, check here			
Net Assets or Fund Balances		and complete lines 29 through 33.				
SO	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed	quipment fund		30	
As	31	Retained earnings, endowment, accumulated in			31	
<u>R</u>	32	Total net assets or fund balances		18,992,033.	32	21,781,794.
	33	T 1 10 1 200		19,172,663.	33	21,848,890.

Pa	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,011,	286.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,765,	550.
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,245,	736.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18	,992,	033.
5	Net unrealized gains (losses) on investments	5	1	,543,	079.
6	Donated services and use of facilities	6		4,	446.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-3,	500.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21	,781,	794.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LUTHERAN MEDICAL CENTER FOUNDATION

Employer identification number

20-8846152 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

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

(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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and				•		
	membership fees received. (Do not						
	include any "unusual grants.")	2,640,278.	3,264,146.	2,202,249.	6,600,502.	3,649,658.	18,356,833.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,640,278.	3,264,146.	2,202,249.	6,600,502.	3,649,658.	18,356,833.
	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)						2,076,833.
6	Public support. Subtract line 5 from line 4.						16,280,000.
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	2,640,278.	3,264,146.	2,202,249.	6,600,502.	3,649,658.	18,356,833.
	Gross income from interest,	, , .	, , ,	, , ,	, , ,	, ,	, , .
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
		194,369.	162,957.	167,859.	212,403.	277,650.	1,015,238.
•	and income from similar sources	131,303.	102,337.	107,033.	212,103.	277,030.	1,013,230.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	60 007	E4 200	71 501	E7 0EE	44 070	207 612
	assets (Explain in Part VI.)	68,807.	54,289.	71,591.	57,955.	44,970.	297,612.
	Total support. Add lines 7 through 10	. ,	,				19,009,003.
	Gross receipts from related activities,	· ·				12	
13	First 5 years. If the Form 990 is for th	•	st, second, third, fo	ourth, or fifth tax ye	ear as a section 5	01(c)(3)	
900	organization, check this box and stop etion C. Computation of Public						
	•			- L		44	82.77 %
	Public support percentage for 2023 (li	, ,,,	•	***		14	
	Public support percentage from 2022					15	
10a	33 1/3% support test - 2023. If the contains the same life of the contains th						
	stop here. The organization qualifies						
D	33 1/3% support test - 2022. If the o	•		•		•	
47.	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the facts			=		VI now the organiz	ation
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances test	· ·				•	IU% or
	more, and if the organization meets th		Ť				
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b,	cneck this box a		
						Schedule A	(Form 990) 2023

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.)

Sec	etion A. Public Support	siow, picase comp	oloto i dit ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
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						
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
		(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotai
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is						
12	regularly carried on 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	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2023 (li	ne 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	23 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2022 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2022. If the line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization						

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Schedule A (Form 990) 2023

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes	No_
1	
2	
3a	
3b	
- OB	
3c	
4a	
4b	
15	
4c	
5a	
5b	
5c	
6	
7	
8	
00	
9a	
9b	
9c	
10a	
100	

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
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? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes, " explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estruction	15)	
2	Activities Test. Answer lines 2a and 2b below.	ou douor	Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
_	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а				
u	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	94		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	nizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	n Nov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations must		•		
Sect	Section A - Adjusted Net Income (A) Prior 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			
Sect	ion 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):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
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			
Sect	ion 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	Check here if the current year is the organization's first as a non-functional	y integra	ted Type III supporting orga	nization (see	
	instructions).			·	

Schedule A (Form 990) 2023

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)				
Secti	on D - Distributions			Current Year	
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3		
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)				
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				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount		10		
		(i)	(ii)	(iii)	
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2023	Distributable Amount for 2023	
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
с	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

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.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING EVENT RECEIPTS EXCL. CHARITABLE CONTRIBUTIONS
2019 AMOUNT: \$ 68,807.
2020 AMOUNT: \$ 54,289.
2021 AMOUNT: \$ 71,591.
2022 AMOUNT: \$ 57,955.
2023 AMOUNT: \$ 44,970.

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2023

Employer identification number

LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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). For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990) (2023) Schedule B (Form 990) (2023)

Name of organization

Employer identification number

LUTHERAN MEDICAL CENTER FOUNDATION

20-8846152

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	tion
1		Person X Payroll Noncash (Complete Part II for noncash contribution	
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contribu	tion
2		Person X Payroll Noncash (Complete Part II for noncash contribution)	
(a)	(b)	(c) (d)	
No.	Name, address, and ZIP + 4	Total contributions Type of contributions	tion
3		Person X Payroll Noncash (Complete Part II for noncash contribution)	
(a)	(b)	(c) (d)	
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contribution)	
(a)	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribu	.
No. 5	ivalite, audi ess, alid ZIF + 4	Total contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contribution)]]]
(a)	(b)	(c) (d)	
N o.	Name, address, and ZIP + 4	Total contributions Type of contributions Person X Payroll Noncash (Complete Part II for noncash contribution)]]]

Page 2 Schedule B (Form 990) (2023) Name of organization **Employer identification number** LUTHERAN MEDICAL CENTER FOUNDATION 20 - 8846152Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Х Person **Payroll** 95,000. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll**

		\$	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

noncash contributions.)

Schedule B (Form 990) (2023) Page **3**

Name of organization Employer identification number

LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	y (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			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
		\$				
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received			

Schedule B (Form 990) (2023)

Name of o	rganization			Employer identification number				
LUTHERAN	MEDICAL CENTER FOUNDATION			20-8846152				
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)			nat total more than \$1,000 for the year				
	completing Part III, enter the total of exclusively religious,	haritable, etc., contributions of \$1,000 or	r less for the year. (Enter this info.	once.) \$				
(a) No.	Use duplicate copies of Part III if additional s	pace is needed.						
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
ŀ		(e) Transfer of g	ift					
		(c) Transier or g	,,,,					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	nsferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
Part I	(2) poec e. g	(0, 000 0. g	(, 2 - 0	<u></u>				
			— ———					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
			•					
(a) No. from	(b) Purpose of gift	(a) Upo of gift	(d) Doo	cription of how gift is held				
Part I	(b) Ful pose of grit	(c) Use of gift	(u) Des	Cription of now gift is field				
		-						
		-						
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of tra	ansferor to transferee					
Ī								
(a) No. from	#A P	(2) 11 (2)	(0 =					
Part I	(b) Purpose of gift	(c) Use of gift	(a) Des	cription of how gift is held				
		_						
	(e) Transfer of gift							
	Transferonio nemo adduses e	Dolotionship of the	uncforor to transferoe					
	Transferee's name, address, a	IU 4IT + 4	nelationship of tra	nsferor to transferee				
		1						

Page 4

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 Inspection

Name of the organization

LUTHERAN MEDICAL CENTER FOUNDATION

Employer identification number 20 - 8846152

Par	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.					
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor	advised funds			
	are the organization's property, subject to the organization's exclusive	sive legal control?	Yes No			
6	Did the organization inform all grantees, donors, and donor advisor	s in writing that grant funds ca	n be used only			
	for charitable purposes and not for the benefit of the donor or donor	or advisor, or for any other purp	pose conferring			
	impermissible private benefit?					
Par	t II Conservation Easements. Complete if the organization	tion answered "Yes" on Form	990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (ch	eck all that apply).				
	Preservation of land for public use (for example, recreation o	r education)	on of a historically important land area			
	Protection of natural habitat	Preservat	on of a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified co	nservation contribution in the				
	day of the tax year.		Held at the End of the Tax Year			
а						
b						
С	Number of conservation easements on a certified historic structure		2c			
d	Number of conservation easements included on line 2c acquired at					
_	on a historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, released	, extinguished, or terminated b	y the organization during the tax			
	year	A to to coke at				
4	Number of states where property subject to conservation easemen	•				
5	Does the organization have a written policy regarding the periodic	_	·			
6	violations, and enforcement of the conservation easements it holds Staff and volunteer hours devoted to monitoring, inspecting, handl					
U	Stall and volunteer flours devoted to monitoring, inspecting, handi	ing of violations, and emorcing	conservation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, handling o	f violations, and enforcing con-	servation easements during the year			
•	7 thount of expenses mounted in monitoring, inspecting, harding o	Woldtions, and emoroting con-	servation casements daring the year			
8	Does each conservation easement reported on line 2d above satisf	v the requirements of section :	170(h)(4)(B)(i)			
_	and section 170(h)(4)(B)(ii)?					
9	In Part XIII, describe how the organization reports conservation eas					
	balance sheet, and include, if applicable, the text of the footnote to	•				
	organization's accounting for conservation easements.	3				
Par		Historical Treasures, o	r Other Similar Assets.			
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958, not	to report in its revenue statem	ent and balance sheet works			
	of art, historical treasures, or other similar assets held for public ex	hibition, education, or research	in furtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhib	ition, education, or research ir	furtherance of public service,			
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1		\$			
2	If the organization received or held works of art, historical treasures					
	the following amounts required to be reported under FASB ASC 95	8 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
b	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions for F		Schedule D (Form 990) 2023			

Schedule D (Form 990) 2023

e Other

d Equipment

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. line 10c. column (B))

Part VII	Investments - Other Securities			v			
	Complete if the organization answered "Yes"						
	ption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value			
	1) Financial derivatives						
	held equity interests						
(3) Other							
(A)							
(B)							
(C)			+				
(D)			+				
(E)			+				
(F)			+				
(G) (H)			+				
	(b) must equal Form 990, Part X, line 12, col. (B))						
	I Investments - Program Related.						
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.				
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value			
(1)	,,,						
(2)				_			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Col.	(b) must equal Form 990, Part X, line 13, col. (B))						
Part IX	Other Assets						
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.				
	(a)	Description		(b) Book value			
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Part X	umn (b) must equal Form 990, Part X, line 15, col Other Liabilities	<u>. (B)) </u>					
raitA	Complete if the organization answered "Yes"	on Form 000 Part IV line	a 11a or 11f Saa Form 900 Bart V lina 25				
	(a) Description of liability	on Form 990, Fart IV, line	e Tre or Tri. See Form 990, Part X, line 23	(b) Book value			
<u>1.</u>				(b) Dook value			
	deral income taxes TERCOMPANY PAYABLES			65,828.			
	TERCOMIANT TATABLES			05,020.			
(3)							
(4)							
(6)							
(8)							
(9)							
	umn (b) must oqual Form 000. Port V. line 05	(D))		65,828.			
•	<i>umn (b) must equal Form 990, Part X, line 25, col</i> y for uncertain tax positions. In Part XIII, provide	` "		· · · · · · · · · · · · · · · · · · ·			
	zation's liability for uncertain tax positions under		•	· —			

332053 09-28-23

Schedule D (Form 990) 2023

Pai	rt XI	Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ıe per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total	revenue, gains, and other support per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net u	nrealized gains (losses) on investments	2a		
b		red services and use of facilities			
С		veries of prior year grants			
d		(Describe in Part XIII.)			
е		nes 2a through 2d		2e	
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII.)	4b		
С	Add li	nes 4a and 4b		4c	
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)	5	
Pa	rt XII	Reconciliation of Expenses per Audited Financial Sta	-	ses per Return	
		Complete if the organization answered "Yes" on Form 990, Part IV, lir			
1	Total	expenses and losses per audited financial statements		1	
2	Amou	nts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donat	ed services and use of facilities	2a		
b	Prior y	year adjustments	2b		
С	Other	losses	2c		
d	Other	(Describe in Part XIII.)	2d		
е		nes 2a through 2d			
3	Subtra	act line 2e from line 1		3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а		ment expenses not included on Form 990, Part VIII, line 7b			
b	Other	(Describe in Part XIII.)	4b		
С		nes 4a and 4b			
5 Do	Total	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1 Supplemental Information	8.)	5	
					.,,
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4		Part V, line 4; Part X, line 2; Part	XI,
ines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	ny additional information.		
PART	י ע ד	INE 4:			
	٠, ـ	III 2.			
тнг	FOUND	ATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS FROM	THE PERMANENT		
ENDO	OWMENT	FUNDS SUPPORT THE LUTHERAN MEDICAL CENTER IN AREAS	INCLUDING		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10122 2011 301 111 201121121 1122 3012 3201210 111 111 111	11102021110		
ASSC	CIATE	EDUCATION, HOSPICE & PALLIATIVE CARE, AND OTHER SER	RVICES AND		
		,			
PROG	RAMS.				

Schedule D (Form 990) 2023

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **Employer identification number** LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990) 2023

Pa	rt I		•	·					
	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			
			GOLF EVENT		NONE	(add col. (a) through			
			(event type)	(event type)	(total number)	col. (c))			
ne			(event type)	(event type)	(total number)				
Revenue	1	Gross receipts	131,896.			131,896.			
٣	•	G. 666 (666) p. 6	,			,			
	2	Less: Contributions	86,926.			86,926.			
\dashv	3	Gross income (line 1 minus line 2)	44,970.			44,970.			
	4	Cook prizes	2,500.			2,500.			
	4	Cash prizes	2,300.			2,500.			
	5	Noncash prizes	10,771.			10,771.			
es			,						
ens	6	Rent/facility costs	20,020.			20,020.			
Direct Expenses									
ect	7	Food and beverages	11,252.			11,252.			
ä	•	Entertainment	3,000.			3,000.			
		Entertainment Other direct expenses				11,231.			
	10			•		58,774.			
	11	Net income summary. Subtract line 10 from li	0 1 (1)			-13,804.			
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than				
_		\$15,000 on Form 990-EZ, line 6a.	Т		Т	T			
e			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				singo, progressive singe		(a) anoagn con (b)			
Re	1	Gross revenue							
ς	2	Cash prizes							
ause									
Direct Expenses	3	Noncash prizes							
ot E	4	Pont/facility costs							
ä	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	☐ No	No No				
	7	Direct expense summary. Add lines 2 through	15 in column (d)			<u> </u>			
	Q	Net gaming income summary. Subtract line 7	from line 1 column (d)						
		Net gaming income summary. Subtract line r	morrime 1, column (a)			<u> </u>			
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:						
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes No			
b	b If "No," explain:								
	_								
100	\\\\	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax	vear?	Yes No			
					y = al :	. L res L NO			
	b If "Yes," explain:								
33208	2 09	i-13-23			Sche	edule G (Form 990) 2023			

Sch	edule G (Form 990) 2023 LUTHERAN MEDICAL CENTER FOUNDATION 20	-8846152	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	<u>%</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
47			
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	□ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	163	140
	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule 6	G (Form 990)	LUTHERAN MEDICAL CENTER FOUNDATION	20-8846152	Page 4
Part IV	G (Form 990) Supplemental Inform	mation (continued)		
		(commutation)		

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

Open to Public Inspection

Name of the organization Employer identification number								
LUTHERAN MEDICAL CENTER FOUNDATION							20-8846152	
Part I General Information on Grants and Assistance								
1 Does the organization maintain records								
criteria used to award the grants or ass							Yes No	
2 Describe in Part IV the organization's p					:	(aall an Farma 000 Dart	IV line Of few areas	
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any	
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	
aar waxaa aa								
SCL HEALTH - FRONT RANGE, INC. 500 ELDORADO BLVD., SUITE 4300							SUPPORT LUTHERAN MEDICAL	
BROOMFIELD, CO 80021	84-1103606	501(C)(3)	1,841,272.	0.			CENTER	
BROOMFIELD, CO 00021	04 1103000	501(0)(3)	1,041,272.	· ·			CENTER	
3 Enter total number of other organizations listed in the line 1 table								

Part III Grant Part II	s and Other Assistance to Domestic Individuals. I can be duplicated if additional space is needed.	Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(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
Part IV Suppl	emental Information. Provide the information requ	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	lditional information.	
PART I, LINE	2:					
FUND RECIPIEN	'S ARE REQUIRED TO UTILIZE A REIMBURSE	MENT REQUEST	SPREADSHEET			
TO RECORD EXPI	ENDED COSTS ASSOCIATED WITH THEIR APPR	ROVED FUNDING	REQUEST.			
ONCE ALL EXPE	SED COSTS ARE RECORDED, THE FUND RECI	PIENT IS RES	PONSIBLE FOR			
NOTIFYING AND	SENDING THE REIMBURSEMENT REQUEST WOR	RKSHEET TO TH	E			
FOUNDATION. A	THAT TIME THE FOUNDATION WILL TRANSF	FER FUNDS TO	THE			
RECIPIENT.						

Schedule I (Form 990)

SCHEDULE J (Form 990)

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.

ZUZ3

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

LUTHERAN MEDICAL CENTER FOUNDATION

Employer identification number 20-8846152

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a	Х	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	The organization?	<u>5a</u>		X
b	Any related organization?	5b		X
	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:			77
	The organization?	6a		X
b	Any related organization?	6b		Х
_	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	_		77
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	1	1

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

Schedule J (Form 990) 2023

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MISocompensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOHN WICKLUND	(i)	0.	0.	0,	0.	0.	0,	0.
DIRECTOR 1/1-2/28/23	(ii)	173,427.	149,635.	822,310.	7,846.	16,598.	1,169,816.	139,635.
(2) SCOTT PEEK	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR 3/1-12/31/23	(ii)	705,729.	135,762.	184,322.	365,711.	31,658.	1,423,182.	0.
(3) KRISTI DAVIS	(i)	0.	0.	0.	0.	0.	0,	0.
DIRECTOR	(ii)	174,755.	32,914.	23,364.	57,146.	11,475.	299,654.	11,534.
(4) KATHERINE REPOLA	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	167,938.	15,498.	2,292.	28,470.	23,738.	237,936.	13,191.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

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

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

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

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

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

REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR

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

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

MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF

REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE

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

AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP

NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND

LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT COMPARABLE MARKET

DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS.

THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY

SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS THE

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.
AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY
INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED
BY AN INDEPENDENT FIRM. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO
RECURIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY
MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS FOLLOW IRS GUIDELINES
AND ARE SUBJECT TO IRS OVERSIGHT.
AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE
FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR
MANAGEMENT.
1) COMPENSATION COMMITTEE
2) INDEPENDENT COMPENSATION CONSULTANT
3) FORM 990 OF OTHER ORGANIZATIONS
4) COMPENSATION SURVEYS AND STUDIES
5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR

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.

MANAGEMENT IS REASONABLE. APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINES 4A-B:

PART I, LINE 4A

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE

PAYMENTS TO DEPARTING EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR

SEVERANCE IN 2023 WERE: JOHN WICKLUND \$433,300.

PART I, LINE 4B

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONOUALIFIED DEFERRED COMPENSATION PLANS

(NODC) 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

Schedule J (Form 990) 2023

Part III Supplemental Information

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

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

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

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

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

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

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.

NODC SERP PLANS STARTING IN 2014

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

BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE

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

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

Schedule J (Form 990) 2023

Part III Supplemental Information

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

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

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

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

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

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

THE AMOUNTS WITHDRAWN FROM THE NODC SERP PLANS IN 2023 WERE: JOHN WICKLUND

\$299,497.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

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

ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN

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

STEWARDSHIP INTERMOUNTAIN HEALTH CARE INC.'S BOARD COMPENSATION

COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT

COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR

ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE

COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE

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.
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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

LUTHERAN MEDICAL CENTER FOUNDATION

Employer identification number 20-8846152

Par	t I Ty	pes 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 de noncash contribu	etermining	ınts
1	Art - Works	s of art	Х	1	8,000.	FMV		
2		rical treasures						
3		onal interests						
4		l publications						
5		nd household goods	Х		5,034.	FMV		
6		other vehicles						
7		planes						
8		l property						
9		- Publicly traded	Х	1	10,066.	FMV		
10								
11								
12								
13								
	Historic st	ructures						
14	Qualified o							
15								
16								
17								
18								
19								
20								
21								
22								
23								
24		:						
25	Other	OTHER SUPPLIES	Х	4	970.	FMV		
26	Other	(AUCITON ITEMS)	Х	1	799.	FMV		
27	Other	·						
28	Other	·						
29	Number of	Forms 8283 received by the organi	zation durino	the tax year for c	ontributions	•		
			,	J			Ye	s No
30a	During the	year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it		
							30a	х
b		ler (AUCITON ITEMS) X 1 799. FMV ler ())						
31	•	G	oolicy that re	equires the review	of any nonstandard contribu	tions?	31	х
			-	•	•	***************************************		
		· ·		_			32a	х
b	,	escribe in Part II.						
33	If the orga	nization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is che	cked,		
	describe in	Part II.						

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

Schedule M (Form 990) 2023

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information. Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Name of the organization LUTHERAN MEDICAL CENTER FOUNDATION	Employer identification number 20-8846152
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COST.	
LUTHERAN MEDICAL CENTER FOUNDATION WEBSITE ADDRESS:	
HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOUNDATION/LUTHERAN-FOUNDATION	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
ENABLING LMC'S STAFF TO EXCEED THE EXPECTATIONS OF THE PEOPLE WE SERVE.	
LMC FOUNDATION WAS ESTABLISHED IN 2007 AND HAS POSITIVELY IMPACTED	
LUTHERAN MEDICAL CENTER AND ALL ITS AFFILIATED SERVICES INCLUDING	
LUTHERAN HOSPICE AT COLLIER HOSPICE CENTER AND WEST PINES BEHAVIORAL	
HEALTH. THE LMC FOUNDATION DISBURSED FUNDS TO LMC TO PURCHASE CRITICAL	
CARE EQUIPMENT, PROVIDE STAFF WITH EDUCATIONAL AND LEADERSHIP	
OPPORTUNITIES, PROVIDE COMPASSIONATE END-OF-LIFE CARE, SUPPORT	
BEHAVIORAL HEALTH NEEDS, AID IN THE BUILDING OF A NEW HOSPITAL AND	
ENHANCE THE HOSPITAL'S OVERALL BEST CARE OF PATIENTS.	
ON APRIL 1, 2022, INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF	
CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AFFILIATED, CREATING A MODEL	
HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE	
HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA,	
WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS MORE THAN 66,000	
CAREGIVES, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND	
RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE	
MILLION PEOPLE IN UTAH, IDAHO AND NEVADA.	

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 AS PART OF INTERMOUNTAIN HEALTHCARE, LUTHERAN MEDICAL CENTER HAS DIRECT ACCESS TO BEST PRACTICES, RESOURCES, TECHNOLOGY, TALENT, AND STRATEGIC CAPITAL. MAJOR INITIATIVES IN 2023 INCLUDED: THE LEGACY CONTINUES COMPREHENSIVE CAMPAIGN HAS RAISED MORE THAN 100% OF ITS GOAL OF \$12M. THE CAMPAIGN SUPPORTS ALL DEPARTMENTS AT LUTHERAN WITH EMPHASIS ON THE NEW, REPLACEMENT LUTHERAN MEDICAL CENTER NEW BUILD. SUPPORTED PALLIATIVE CARE AND HOSPICE PROGRAMS INCLUDING INTEGRATIVE THERAPIES FOR PATIENTS, EDUCATION FOR CAREGIVERS AND GRIEF SUPPORT FOR FAMILIES. PROVIDED OPPORTUNITIES TO SUPPORT CLIENTS' ACCESS TO SUBSTANCE ABUSE TREATMENT AT WEST PINES BEHAVIORAL HEALTH. SUPPORTING THE NURSE RECOVERY ASSISTANCE PROGRAM TO HELP PREGNANT MOTHERS STRUGGLING WITH SUBSTANCE ABUSE AND THEIR BABIES. WITH A SPECIAL FOCUS ON OPIOID ADDICTION. -OFFERED HUMANITARIAN FUNDS FOR OUR MOST VULNERABLE PATIENTS PROVIDING PRESCRIPTIONS, FOOD, TRANSPORTATION AND OTHER BASIC NEEDS. - GAVE SPECIAL EDUCATION OPPORTUNITIES TO OUR PHYSICIANS, CLINICIANS

Schedule O (Form 990) 2023

AND ASSOCIATES TO SUPPORT SPECIALIZED CARE AND PATIENT SAFETY.

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization 20-8846152 LUTHERAN MEDICAL CENTER FOUNDATION PURCHASED NEW, STATE-OF-THE-ART EQUIPMENT FOR LUTHERAN HOSPICE AND OTHER HOSPITAL DEPARTMENTS. SUPPORTED LMC'S ONCOLOGY PROGRAMS INCLUDING TESTING COUNSELING PATIENT NAVIGATION AND COMFORT THERAPIES FOR ONCOLOGY PATIENTS. 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 ON THE FORM 990, PART IX AS IF THE ORGANIZATION COMPENSATES THESE

FORM 990, PART VI, SECTION A, LINE 2:

INDIVIDUALS.

Schedule O (Form 990) 2023 Page **2**

Employer identification number Name of the organization LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 JOHN WICKLUND / KRISTI DAVIS - BUSINESS RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN SISTERS OF CHARITY HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION). FORM 990, PART VI, SECTION A, LINE 6: MEMBERS OR STOCKHOLDERS SCL HEALTH - FRONT RANGE, INC., IS THE SOLE MEMBER OF LUTHERAN 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 LUTHERAN MEDICAL CENTER FOUNDATION, APPROVES MEMBERS OF LUTHERAN 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

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.

FORM 990, PART VI, SECTION B, LINE 11B:

PROCESS USED TO REVIEW THE FORM 990.

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF INTERMOUNTAIN HEALTH

CARE, INC. AND SUBSIDIARIES. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN

MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 IS PROVIDED TO

THE BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE INTERNAL REVENUE

SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST

POLICY

EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS

HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY

BECOME AWARE OF A NEW POTENTIAL CONFLICT, OR IF ANY OF THE PREVIOUSLY

REPORTED INFORMATION CHANGES. ADDITIONALLY, BOARD MEMBERS ARE ASKED AT THE

BEGINNING OF EACH BOARD OR COMMITTEE MEETING IF THEY ARE AWARE OF ANY

CONFLICTS.

ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY

INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST

ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT

LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT AND

THE LEGAL DEPARTMENT. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer identification number** LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST). FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF INTERMOUNTAIN HEALTH CARE, INC. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SCL HEALTH - FRONT RANGE, INC. COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS. THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED

Schedule O (Form 990) 2023 Page 2 **Employer identification number** Name of the organization LUTHERAN MEDICAL CENTER FOUNDATION 20-8846152 BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY INTERMOUNTAIN HEALTH CARE, INC.'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT. AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT. 1) COMPENSATION COMMITTEE 2) INDEPENDENT COMPENSATION CONSULTANT 3) FORM 990 OF OTHER ORGANIZATIONS 4) COMPENSATION SURVEYS AND STUDIES 5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2023	Page 2
Name of the organization LUTHERAN MEDICAL CENTER FOUNDATION	Employer identification number 20-8846152
FORM 990, PART VII, SECTION B	
INDEPENDENT CONTRACTORS	
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:	
UNRECORDED DONATION -3,500.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Open to Public Inspection

Employer identification number

20-8846152

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)	, ,	1 ''	·	Direct co	-)
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization		0, Part IV, line 34, I	Decause it had one	or more rel	elated tax-exen	npt	
(a)	(b)	(c)	(d)	(e)		(f)	Section 5	g)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	1	controlling		512(b)(13) olled
of related organization		foreign country)	section	status (if section	e	entity		ity?
				501(c)(3))			Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH	MANAGEMENT OF RELATED TAX							
SYSTEM, INC 23-7379161, 500 ELDORADO	EXEMPT HOSPITALS AND			LINE 12C,	INTERMOU	UNTAIN		
BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE SERVICES	KANSAS	501(C)(3)	III-FI		CARE, INC.	Х	
SCL HEALTH FOUNDATION - 82-3290526					SISTERS	OF		
500 ELDORADO BLVD., SUITE 4300	SUPPORT RELATED TAX EXEMPT				CHARITY	OF		
BROOMFIELD, CO 80021	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	LEAVENWO	ORTH	Х	
SCL HEALTH RESEARCH INSTITUTE, INC					SISTERS	OF		
85-2014794, 500 ELDORADO BLVD., SUITE 4300,					CHARITY	OF		
BROOMFIELD, CO 80021	MEDICAL RESEARCH	COLORADO	501(C)(3)	LINE 4	LEAVENWO	ORTH	Х	
INTEGRITY HEALTH - 47-4520350					SISTERS	OF		
500 ELDORADO BLVD., SUITE 4300				LINE 12C	CHARITY	OF		

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

SEE PART VII FOR CONTINUATIONS

SUPPORTING ORGANIZATION

LUTHERAN MEDICAL CENTER FOUNDATION

Schedule R (Form 990) 2023

LEAVENWORTH

COLORADO

501(C)(3)

III-FI

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	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	1	rolled
or related organization		foreign country)	Section	501(c)(3))	entity	organiz	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION -				(7(7)		Yes	NO
84-0482695, 1600 PRAIRIE CENTER PARKWAY,	1						l
BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	х	
PLATTE VALLEY MEDICAL CENTER FOUNDATION -					BRIGHTON		
74-2255936, 1600 PRAIRIE CENTER PARKWAY,	7				COMMUNITY		
BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	HOSPITAL	х	
MOUNT ST. VINCENT HOME, INC 84-0405260				,	SISTERS OF		
4159 LOWELL BOULEVARD	1				CHARITY OF		l
DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	LEAVENWORTH	х	
NJH-SJH, INC 47-1194849	MANAGEMENT OF RELATED TAX				SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	EXEMPT HOSPITALS AND				CHARITY OF		
DENVER, CO 80211	HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	LEAVENWORTH	х	
SAINT JOSEPH HOSPITAL, INC 84-0417134					SISTERS OF		
1375 EAST 19TH AVENUE	1				CHARITY OF		l
DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	х	
SAINT JOSEPH HOSPITAL FOUNDATION -							
84-0735096, 1375 EAST 19TH AVENUE, DENVER,	SUPPORT RELATED TAX EXEMPT				SAINT JOSEPH		
CO 80218	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	HOSPITAL, INC.	х	
SCL HEALTH - FRONT RANGE, INC 84-1103606					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	7				CHARITY OF		
BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	х	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION -							
84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
CO 80026	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	х	l
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC					SISTERS OF		
84-0425720, 2635 NORTH 7TH STREET, GRAND	7				CHARITY OF		
JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	х	l
ST. MARY'S HOSPITAL FOUNDATION - 23-7001007					ST. MARYS		
2635 NORTH 7TH STREET	1				HOSPITAL &		
GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	MEDICAL CENTER,	х	
CARITAS CLINICS, INC 48-1009910					SISTERS OF		
818 NORTH 7TH STREET	1				CHARITY OF		
LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	х	İ
HOLY ROSARY HEALTHCARE - 81-0231792					SISTERS OF		
2600 WILSON STREET					CHARITY OF		İ
MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	х	İ

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Page 2

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca	ortionate tions?	Code V-UBI amount in box 20 of Schedule	mana partr	ging er?	Percentage ownership
agril of Tupoggopu not Divige		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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		κ	N/A
SCLTDI JV, LLC - 47-2294770	1											
4200 SIX FORKS ROAD, SUITE 100	0											
RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		x	N/A		ζ	N/A
ATHLETIC MEDICINE &												
PERFORMANCE, LLC (SVB IS]											
PARTNER) - 27-2270640, 1144	PHYSICAL											
NORTH 28TH STREET, BILLINGS,	THERAPY	MT	N/A	N/A	N/A	N/A		x	N/A		ζ	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		K	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	(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	512(l contr	ti) ction b)(13) rolled tity?
		country)		S. 1.254		45515		Yes	No
WEST END ASSOCIATION, INC 85-4261243									
500 ELDORADO BLVD., SUITE 4300	REAL ESTATE								
BROOMFIELD, CO 80021	MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A	х	
LEAVEN INSURANCE COMPANY, LTD 98-0370522									
23 LIME TREE BAY AVENUE, WEST BAY ROAD		CAYMAN							
GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	х	
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,									
INC 46-3632053, 500 ELDORADO BLVD.,									
SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A	х	
SELECTHEALTH BENEFIT ASSURANCE COMPANY -									
87-0497549, 5381 GREEN STREET, MURRAY, UT	DELIVERY OF HEALTH								
84123	BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A	х	
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	Х	

Schedule R (Form 990) 2023

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	ո)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortion-	Code V-UBI	General o	Percentage
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	income	end-of-year assets	ate allo	ations?	amount in box 20 of Schedule	partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	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,	MANAGEMENT										
GRAND JUNCTION, CO 81502	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	HEALTH CARE										
81506	NETWORK	СО	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	l x	N/A
SAN JUAN CANCER CENTER, LLC -]										
20-2856331, 600 SOUTH 5TH	1										
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	1										
ELDORADO BLVD., SUITE 4300,	MEDICAL AIR										
BROOMFIELD, CO 80021	TRANSPORT	СО	N/A	N/A	N/A	N/A		X	N/A	x	N/A
•											
MED-MAP, LLC - 81-0491356	1										
P.O. BOX 1295	RENTAL REAL										
BILLINGS, MT 59103	ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A	x	N/A
YELLOWSTONE SURGERY CENTER.											
LLC - 72-1519467, 1144 NORTH	1										
28TH STREET, BILLINGS, MT	1										
59101	OP SURGERY	МT	N/A	N/A	N/A	N/A		x	N/A	l x	N/A
GALLATIN VALLEY SURGERY											1
CENTER, LLC - 88-2505265,	1										
2825 WEST MAIN STREET, SUITE	1										
C, BOZEMAN, MT 59718	OP SURGERY	мт	N/A	N/A	N/A	N/A		x	N/A	l x	N/A
,,	1		,	,	,	,	1		,		

	1 (1)	Ι.,	()	1 ()	(0)		T ,		(n)	Ι	
(a)	(b)	(c) Legal	(d)	(e)	(f)	(g)	1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	ate allo	oortion-	Code V-UBI amount in box	manag	
3		foreign	,	excluded from tax under sections 512-514)		assets	_		20 of Schedule K-1 (Form 1065)	partne	ir?
FIRST FLIGHT OF WYOMING, LLC		country)		360110113 3 12-3 14)			Yes	NO	K-1 (FOIII 1003)	Yes I	10
- 92-1785143, 500 ELDORADO	-										
	MEDICAL AIR										
BLVD., SUITE 4300,	MEDICAL AIR TRANSPORT	со	N/A	N/A	N/A	N/A		v	N/A	x	N/A
BROOMFIELD, CO 80021	TRANSPORT	CO	N/A	N/A	N/A	N/A	-	X	N/A	 	N/A
MCKAY DEE SURGICAL CENTER,	_										
LLC - 26-0286308, 3895	_										
HARRISON BLVD, STE 200,	-		37/3	27./2	37/3	27 / 2		L.	27./2	L	37/3
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	1	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	INOVATION	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	l x	N/A
AACP KOREA BUYOUT INVESTORS											
II, LP - 82-4971663, ONE											
EMBARCADERO, 16TH FLOOR, SAN		CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		X	N/A	x	N/A
AACP SPECIAL SITUATIONS II,					i						+
LP - 83-2883726, ONE	1										
EMBARCADERO, 16TH FLOOR, SAN	1	CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		X	N/A	x	N/A
			,	,	, **	,			,	<u> </u>	

Column C	- Continuation of facilities	To Troid to a Granner	1		·P							
### ACCOUNT INVESTORS ITY, LE - 98 1549044, 0NB ###################################	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
OFFIREMED OFFICE ARCHITECTURES (1987) AACE KORRA BUTVOUT INVESTORS (2 cores) AACE KORRA BUTVOUT INVESTORS (2 cores) AACE KORRA BUTVOUT INVESTORS (3 cores) Yes No K1 (Form 1083) Yes No X N/A		Primary activity						Dispro	oortion-		Genera	
No. No.	of related organization			entity		income		ate allo	cations?	20 of Schedule	partne	.? Ownership
Ty 98-1549044, ONE DMRSTMENTS SLANDS N/A N/A N/A N/A N/A X N/A X N/A					sections 512-514)		45515	Yes	No	K-1 (Form 1065)	Yes N	lo
DRIMARCADERO, 16TH PLOOR, SAN	AACP KOREA BUYOUT INVESTORS											
PRANCISCO CA 94111	IV, LP - 98-1549044, ONE	_										
COGAN SURGERY CENTER, LLC	EMBARCADERO, 16TH FLOOR, SAN]	CAYMAN									
86-1965725, 1300 NORTH 500 EAST, LOGAN, UT \$4341 D SURGERY UT N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A	FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		X	N/A	х	N/A
86-1965725, 1300 NORTH 500 EAST, LOGAN, UT \$4341 D SURGERY UT N/A N/A N/A N/A N/A N/A N/A N/A N/A N/A												
BAST_LOGAN, UT 84341 OP SURGERY UT	LOGAN SURGERY CENTER, LLC -											
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 552 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790	86-1965725, 1300 NORTH 500											
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, SUTE 120, MERIDIAN, ID 83642 OP SURGERY ID N/A N/A N/A N/A X N/A X N/A 83642 OP SURGERY ID N/A N/A N/A 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 N/A X N/A HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITYARY TRALL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-380183, S848 SOUTH FASHION BOULEVARD, MURRAY, UT FASHION BOULEVARD, MURRAY, UT FASHION BOULEVARD, MURRAY, UT 87-3623664, 1157 NORTH 300	EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	х	N/A
MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A SALTIZER RSC TEN MILE, LC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 95 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, TOOLE, UT 84074 OP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A WAR CC-INVESTMENT PARTNERS, LP - 87-3642801, 5 GREENWICH OPFICER PARK, THIRD FLOOR, NUMERAY SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 3000 PROVO SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	ST. GEORGE SURGERY CENTER,											
GEORGE, UT 84790 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N/A X N/A SALTZER ASC TEN MILE, LLC - 84-511941, 875 s VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642 OP SURGERY ID N/A N/A N/A N/A N/A X N/A X N/A X N/A N/A N/A N/A N/A N/A N/A X N/A X N/A X N/A N/A N/A N/A N/A N/A N/A X N/A X N/A X N/A N/A N/A N/A N/A N/A N/A X N/A X N/A X N/A X N/A N/A N/A N/A N/A N/A N/A N/A X N/A	LLC - 85-3880188, 652 SOUTH											
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	MEDICAL CENTER DRIVE, ST.											
84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642 0P 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, TOOLLE, UT 84074 0P 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 GREENBICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 PROVO SURGERY CENTER, LLC - 87-3623646, 1157 NORTH 300	GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
WAY, SUITE 120, MERIDIAN, ID 83642 OF SURGERY ID N/A N/A N/A N/A N/A N/A N/A N/	SALTZER ASC TEN MILE, LLC -											
83642	84-5119941, 875 S VANGUARD]										
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074 DP SURGERY UT N/A N/A N/A N/A X N/A X N/A WA E CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431 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 PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	WAY, SUITE 120, MERIDIAN, ID]										
LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		x	N/A	x	N/A
400 EAST, STE 100, TOOELE, UT 84074	NORTHPOINTE SURGICAL CENTER,											
### AB 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 N/A N/A N/A N/A N/A N/A	LLC - 46-1487986, 2326 NORTH]										
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 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	400 EAST, STE 100, TOOELE, UT]										
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, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A 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 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	HW AE CO-INVESTMENT PARTNERS,											
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, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	LP - 87-3405511, 2500 N.]										
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 PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	MILITARY TRAIL #470, BOCA]										
OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	PERFORMANCE EQUITY GROWTH											
OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	OPPORTUNITIES FUND, LP -]										
MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	85-3942801, 5 GREENWICH]										
## RASHION BOULEVARD, MURRAY, UT ### B4107 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A ### PROVO SURGERY CENTER, LLC -	OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	MURRAY SURGERY CENTER, LLC -											
84107 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	87-3940183, 5848 SOUTH	1										
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	FASHION BOULEVARD, MURRAY, UT	1										
87-3623664, 1157 NORTH 300	84107	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
87-3623664, 1157 NORTH 300												
87-3623664, 1157 NORTH 300	PROVO SURGERY CENTER, LLC -	1										
WEST, PROVO, UT 84604 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A	87-3623664, 1157 NORTH 300	1										
	WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A

(a)	(b)	(c)	(d)	(e)	(f)	(g)	T (h)	(i)	(j)	Т	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Dispro	-	Code V-UBI		- 1	Percentage
of related organization		domicile (state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate allo		amount in box 20 of Schedule	mana	، ging	ownership
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	_	
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			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		۱ کا	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		۱ کا	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		۱ کا	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	2	2	N/A
PELION OPPORTUNITY FUND IV,												
LLCPELION OPPORTUNITY FUND												
IV, LLC - 85-3909188, 14761												
S. FUTURE WAY, SUITE 500,	INVESTMENTS	UT	N/A	N/A	N/A	N/A		x	N/A	2	2	N/A

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) etion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	512(b	b)(13) rolled
or rolated organization		foreign country)	Onliny	or trust)		assets	- CWITGIGINP	Yes	No
NAVICAN GENOMICS, INC 81-4153832								103	110
36 SOUTH STATE, SUITE 2200	7								
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	MENTAL HEALTH								
SALT LAKE CITY, UT 84111	INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A	x	
SALTZER MEDICAL GROUP, INC 82-0299231									
215 EAST HAWAII AVENUE	7								
NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC MEDICAL, INC 46-1141912									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC HELICOPTERS, INC 46-1153642									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CULMINATION BIO, INC 36-5016511									
36 SOUTH STATE, SUITE 2200	7								
SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A	x	
CAN YOU PLAY?, INC 88-0846977									
1541 SOUTH 120 EAST	7								
SALT LAKE CITY, UT 84025	SOFTWARE DEVELOPMENT	UT	N/A	C CORP	N/A	N/A	N/A	x	
CARENT LABORATORY SOLUTIONS, LLC -									
32-0557616, 22240 COUNTRY ROAD 39, LASALLE,	7								
CO 80645	MEDICAL LABORATORY	со	N/A	C CORP	N/A	N/A	N/A	x	
	7								
	7								
	7								
	7								
	7								
	7								
	7								

Part V T	Transactions With Related Organizations.	Complete if the or	rganization answered "`	Yes" on F	Form 990,	Part IV, line	34, 35b	, or 36.
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Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed i	n Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b	X	
	Gift, grant, or capital contribution from related organization(s)				1c	X	
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		Х
g	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1 <u>j</u>		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
- 1	Performance of services or membership or fundraising solicitations for related organi				11		Х
m	Performance of services or membership or fundraising solicitations by related organi	ization(s)			1m	X	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n		Х
0	Sharing of paid employees with related organization(s)				10		Х
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on wh	o must complete th	is line, including covered re	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount invo	lved		
(1) 5	CL HEALTH - FRONT RANGE, INC.	В	1,841,272.	COST			

(2) SCL HEALTH - FRONT RANGE, INC. С 879,270.COST (3) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. 292,198.FMV M (4) (5)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- late tions?	General manage partner	(k) Percentage ownership
								000) 0000

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

NAME OF RELATED ORGANIZATION:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PELION OPPORTUNITY FUND IV, LLCPELION OPPORTUNITY FUND IV,

LLC

EIN: 85-3909188

14561108 146781 20-8846152

332165 09-28-23 Schedule R (Form 990) 2023