

(Rev. January 2024)

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

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Department of the Treasury Internal Revenue Service

Form 990-T (trust other than above)

Form 990-T (corporation)

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

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

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

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

Part I - Ide	entification				
Type or	Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number				
Print					
	SAINT JOSEPH HOSPITAL FOUNDATION			84-0735096	
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, s 1375 E. 19TH AVENUE	ee instruct	ions.		
instructions.	City, town or post office, state, and ZIP code. For a for DENVER, CO 80218	oreign add	ress, see instructions.		
Enter the F	Return Code for the return that this application is for (file	e a separa	te application for each return)		0 1
Applicatio	on Is For	Return	Application Is For		Return
		Code			Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)		09
Form 4720 (individual)		03	Form 5227		10
Form 990-	PF	04	Form 6069		11
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 8870		12

 Form 1041-A
 08

 • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

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Form 5330 (individual)

Form 5330 (other than individual)

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name						
Plan Number						
Plan Year Ending (MM/DD	/YYYY)					
Part II - Automatic Extension of	Time To F	ile for Ex	empt Org	anizations (se	e instruct	ions)
The books are in the care of	COLIN QU	INCY				
	36 SOUTH	STATE	STREET	SUITE 1600	- SALT	LAK

	36 SOUTH STATE STREET, SUITE 1600 - SALT LAKE CITY, UT 84111				
٦	Felephone No. 801-442-3491 Fax No			_	
•	f the organization does not have an office or place of business in the United States, check this box				
•	f this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If t	nis is fo	r the whol	le group, check this	
box	If it is for part of the group, check this box and attach a list with the names and TINs of al	memb	ers the ex	tension is for.	
1	I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file t	ne exen	npt organi	zation return for	
	the organization named above. The extension is for the organization's return for:				
	X calendar year 20 23 or				
	tax year beginning, 20, and ending			, 20	
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Fin	nal retur	'n		_
3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.	
b	- If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
	estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.	,
-	Release due Constant line Ob formalize Co. Include commentation that this formali formational but				1

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

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

0

3c \$

	0	0	0
Form	ч	y	

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.



Depa	rtment nal Rev	t of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and t	-		Open to Public Inspection	
				ending		moproduit	
Be	Check i pplical	f C Name of	organization		D Employer identific	ation number	
	Addr Char	ige SAINT	JOSEPH HOSPITAL FOUNDATION				
L	ohange Doing business as 84-0735096 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (303)812-6437						
	retur term	n/ 13/3 E	. 19TH AVENUE		(303)812-6437		
_	ated	City or to	wn, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	5,428,145.	
	_retur Appl	n DENVER	, CO 80218		H(a) Is this a group ret		
	_ tion pend	ling F IName ar	d address of principal officer. LESLIE MCKAY		for subordinates?		
	_	SAME AS		<u> </u>	H(b) Are all subordinates incl		
_		xempt status:		or 527		st. See instructions	
	Vebs				H(c) Group exemption		
R P	orm c	of organization:	Corporation Trust Association Other	L Year	of formation: 1977 M	State of legal domicile: CO	
			the exemption is mission or much similar at the WE DEVE	7 AT. AND 17			
8	1		e the organization's mission or most significant activities: WE REVE E BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUN		USIEK GOD S		
Governance	2	Check this box			then 05% of its set asso		
Veri	3				11	as. 28	
ĝ	4					25	
ş	5		Imber of independent voting members of the governing body (Part VI, line 1b) 4 tal number of individuals employed in calendar year 2023 (Part V, line 2a) 5				
itie:	6		f volunteers (estimate if necessary)			0	
Activities &	-	Total unrelated	business revenue from Part VIII, column (C), line 12		7a	0,	
Ā			pusiness taxable income from Form 990-T, Part I, line 11			0.	
					Prior Year	Current Year	
ð	8	Contributions a	nd grants (Part VIII, line 1h)		4,748,305.	4,722,508.	
Revenue	9	Program servic	e revenue (Part VIII, line 2g)		0.	0,	
eve	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)		508,933.	313,978.	
æ	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13,861.	-151,190.	
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,243,377.	4,885,296.	
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)		4,227,668.	1,847,385.	
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)		0.	0.	
ş	15		compensation, employee benefits (Part IX, column (A), lines 5-10)		585,026.	715,414.	
Expenses	16 a	Professional fu	ndraising fees (Part IX, column (A), line 11e)		0.	0.	
xpe	b		g expenses (Part IX, column (D), line 25) 280, 9			A DESCRIPTION OF THE PARTY NAMES	
ш	17	Other expenses	s (Part IX, column (A), lines 11a-11d, 11f-24e)		548,259.	720,016.	
	18		. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,360,953.	3,282,815.	
	19	Revenue less e	xpenses. Subtract line 18 from line 12		-117,576.	1,602,481.	
2 or				Beg	inning of Current Year	End of Year	
Assets		Total assets (Pa			14,019,640.	16,004,676.	
A B B B B B B B B B B B B B B B B B B B		Total liabilities (706,239.	202,004.	
E S	22	Net assets or fu	nd balances. Subtract line 21 from line 20		13,313,401.	15,802,672.	

Part II Signature Block

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

Sign Here	Signature of officer LESLIE MCKAY, EXECUTIVE DIRECTOR Type or print name and title	Sum	Kay	SIGN HERE	Date [].].	24	
Paid	Print/Type preparer's name	Preparer's signature	<u> </u>	Date	Check	PTIN	
Preparer	Firm's name				self-employed Firm's EIN		
Use Only	Firm's address				Phone no.		
May the If	RS discuss this return with the preparer shown	above? See instructions				Yes	X No
LHA For	Paperwork Reduction Act Notice, see the se	parate instructions.	332001 12-21-23			Form 9	90 (2023)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

			· · · · ·
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE		
	PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND		
	VULNERABLE.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?		(es 🛛 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?		(es 🛛 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 mea	asured by expens	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, t		
	revenue, if any, for each program service reported.	·	
4a			
	SAINT JOSEPH HOSPITAL FOUNDATION PROVIDES FINANCIAL SUPPORT FOR SAINT		
	JOSEPH HOSPITAL, WHICH SERVICES THE COMMUNITY OF DENVER, COLORADO AND		
	SUPPORTS SAINT JOSEPH HOSPITAL IN ITS MISSION OF REVEALING AND		
	FOSTERING GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND		
	COMMUNITIES IT SERVES, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.		
	SAINT JOSEPH HOSPITAL WAS FOUNDED IN 1873 BY THE SISTERS OF CHARITY OF		
	LEAVENWORTH AND IS COLORADO'S FIRST PRIVATE HOSPITAL AND ITS FIRST		
	PRIVATE TEACHING HOSPITAL.		
	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		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4b 4c			
	(Code:) (Expenses \$ including grants of \$) (Revenue \$		
4c			
	Code:		
4c 4d			m 990 (202:

Form 990 (2023) SAINT JOSEPH HOSPI Part IV Checklist of Required Schedules SAINT JOSEPH HOSPITAL FOUNDATION

Page	3
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			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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in 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			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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		v	1
	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,			x
L	Part VI	<u>11a</u>		
a	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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			1
	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			1
	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,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			1
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			1
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	<u> </u>
332003	12-21-23	⊦orm	330	(2023)

332003 12-21-23

Form 990 (2023)			HOSPITAL	
Part IV	Checklist of	Required	d Scheo	lules _{(cont}	inued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u>x</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
~~	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
~~	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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? <i>If</i>	00-		x
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		x
200	"Yes," complete Schedule L, Part IV	28c 29		X
29 20	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
21	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part I	30 31		X
31 32	Did the organization requires, errinnate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
32		32		x
33	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	33		
34		34	х	
25.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	004		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
50		36		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
57	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?	57		
50	Nate: All Form 000 filese are required to complete Schedule 0	38	х	
Pa		50		L
	Check if Schedule O contains a response or pate to any line in this Part V			X
		<u></u>	Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0		103	
b				
c b				
U	(gambling) winnings to prize winners?	1c		
33200	4 12-21-23		990	(2023)

	990 (2023) SAINT JOSEPH HOSPITAL FOUNDATION		84-073509	6	Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)					
		i	1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		<u> </u>
3a				3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccour	nts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		•			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a	Х	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as req	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	ontrad	xt?	7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?		7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 88	399 as required?	7g		<u> </u>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ie			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		<u> </u>
b				9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	ı.	I.			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1	I			
	Gross income from members or shareholders	<u>11a</u>				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10		
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	401	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c	•	44-		x
14a				14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedules the organization subject to the section 4060 tox on payment(s) of more than \$1,000,000 in remune			14b		<u> </u>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			15		x
	excess parachute payment(s) during the year?			15		
16	If "Yes," see the instructions and file Form 4720, Schedule N.	tines	mo?	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	L II ICO		16		
47	If "Yes," complete Form 4720, Schedule O.		a			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any active updat parties 1051, 4052 or 40522			47		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
330005				Form	990	(2023)
002000	12-21-23			1011		(2020)

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	990 (2023) SAINT JOSEPH HOSPITAL FOUNDATION t VI Governance. Management, and Disclosure. For each "Ves" response to lines 2 th			-073509			age C
Fai					"No" r	espon	ise
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.						X
Sec	Check if Schedule O contains a response or note to any line in this Part VI			<u></u>			Δ
000	ion A. devenning body and management					Vac	No
10	Enter the number of veting members of the governing body at the and of the tax year	1 a	1	28		Yes	No
Id	Enter the number of voting members of the governing body at the end of the tax year						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
h		46		25			
	Enter the number of voting members included on line 1a, above, who are independent	1b	any other				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship				•	х	
•	officer, director, trustee, or key employee?				2	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the						
					3		X X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5	37	X
6	Did the organization have members or stockholders?				6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?				<u>7a</u>	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by th	ne following:				
а	The governing body?				8a	X	
b	Each committee with authority to act on behalf of the governing body?				8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			<u></u>	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	e Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apter	s, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	v befo	re filing the	form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to cor	nflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	describe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	l by ir	ndependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent v	vith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatio	n's				
	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, ar	nd 990	D-T (section s	501(c)(3)s	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 S	chedule ())				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			olicy, and	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						
332004	12-21-23				Form	990	(2023)
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<u>Form 990 (2</u>		84-0735096	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Com	pensated	
	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		
	to this table for all persons required to be listed. Depart componentian for the colondar year anding with	h ar within the argonization's f	towwoor

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

Name and title Average hours per below below Average below below Period below below Period below below Period below below Period below Period below <th< th=""><th>(A)</th><th>(B)</th><th></th><th></th><th>(0</th><th>C)</th><th></th><th></th><th>(D)</th><th>(E)</th><th>(F)</th></th<>	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per veck box unservection and order and a declaration of compensation from the declaration and order and a declaration of the the organization of the organization organization of t	Name and title	Average	(do					ane	Reportable	Reportable	Estimated
Week (list ary number of related organizations below line) Item below line) Item belo		hours per	box	, unles	ss pei	rson i	is botł	n an	compensation	compensation	amount of
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(16) RYAN HARRIS 1.00 0.0											
DIRECTOR 0.00 x 0 0. <	DIRECTOR	-	Х						0.	0.	0.
(17) L. ROGER HUTSON 1.00 x x 0. <td></td>											
CHAIR 0.00 x x 0. <	DIRECTOR	-	Х						٥.	0.	0.
	(17) L. ROGER HUTSON										
Form 990 (2002)	CHAIR	0.00	Х		Х				0.	0.	

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Form 990 (2023)

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Form 990 (2023) SAINT JOSEPH	HOSPITAL F	OUN	DAT:	ION					84-07350	96	P	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	anc	d Hig	ghes	st C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average			(Pos	C) itior	า		(D) Reportable	(E) Reportable	E	(F) stimate	ed
	hours per	box	, unles	s per	rson i	is both	n an	compensation	compensation	a	mount	of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related		other	
	(list any	recto						the	organizations		npensa	
	hours for related	or di	ee			ated		organization	(W-2/1099-MISC/		from th	
	organizations	ustee	trust		e	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganizat nd relat	
	below	ual tr	tional		ploye	t con	_	1099-INEC)			janizati	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former				jainzati	
(18) JOHN IKARD	1.00		_		Ť	1-0						
DIRECTOR	0.00	х						0.	0	.		Ο.
(19) STEVE LOGAN	1.00											
DIRECTOR	0.00	х						0.	0	.		Ο.
(20) JUSTIN MCMORROW	1.00											
DIRECTOR	0.00	х						0.	0	.		0.
(21) SEAN MCNICHOLAS	1.00											
DIRECTOR	0.00	х						0.	0			0.
(22) LINDA OSTERLUND, PHD	1.00											
DIRECTOR	0.00	х						0.	0			0.
(23) MICHAEL PODOLAK, MD	1.00											
DIRECTOR	0.00	Х						0.	0			0.
(24) MARY STUART	1.00											
PAST CHAIR	0.00	Х		Х				0.	0	•		٥.
(25) STEVEN ZIEGLER	1.00											
DIRECTOR	0.00	Х						0.	0	·		0.
(26) CHRISTOPHER BATES, MD	1.00											
DIRECTOR	0.00	Х						0.	0			0.
1b Subtotal								0.	2,486,216	-	979,	824.
c Total from continuation sheets to Part V								0.	0	•		0.
d Total (add lines 1b and 1c)								0.	2,486,216	•	979,	824.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable			0
compensation from the organization											Yes	No
											Tes	
3 Did the organization list any former officer				•			Ŭ	• •			x	
line 1a? If "Yes," complete Schedule J for s										3	~	
4 For any individual listed on line 1a, is the su	-		-						-		x	
and related organizations greater than \$15										4		
5 Did any person listed on line 1a receive or a									iual for services	5		x
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	nplete Schedule	e J To	or su	<u>cn i</u>	bers	on .				5		
1 Complete this table for your five highest co	mpensated inc	lono	nder		ontre	acto	re th	nat received more than \$	100 000 of compens	ation f	rom	
the organization. Report compensation for										ation	UIII	
(A)	the calendar ye		- Tairi	<u>g</u>		51 111		(B)		(C)	
Name and business	address	NO	NE					Description of s	ervices	Comp	ensatio	n
9 Total number of independent contractors (noluding but -	ot 11-	nitod	l to	that		+0~		vice then			
 Total number of independent contractors (i \$100,000 of compensation from the organi 		JUII	med			se lis 0	rea	above, who received mo	ne ulali			
SEE PART VII, SECTION A CONTIN		TS								Form	990 ((2023)
332008 12-21-23											,	. ,

Form 990 SAINT JOSEPH	84-0735096									
Part VII Section A. Officers, Directors, Tr	ustees, Key En (B)	nplo	yee			ligh	est (. ,	
(A)	(C) Position						(D)	(E)	(F)	
Name and title	Average	(0)					5.0	Reportable	Reportable	Estimated
	hours	(CI	neck T	aii : T	that	app T	iy)	compensation from	compensation from related	amount of other
	per week					e		the	organizations	compensatior
	(list any	ctor				yold		organization	(W-2/1099-MISC)	from the
	hours for	rdirec				ed en		(W-2/1099-MISC)		organization
	related	tee or	ustee			ensati		, , ,		and related
	organizations	l trus	nal tr		oyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former			
	line)	Ind	Inst	Offi	Key	Hig	For			
(27) MARK CORDOVA	1.00									
DIRECTOR	0.00	Х						٥.	0.	(
(28) CELIA DIETRICH	1.00									
DIRECTOR	0.00	Х						0.	0.	(
(29) ERIC GREAGER	1.00									
DIRECTOR	0.00	х						0.	0.	
(30) KIM DURAND	1.00									
DIRECTOR	0.00	х						0.	0.	
		1								
		1								
		1								
		1								
		1								
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		1								
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332201 04-01-23

	1 990 (г јозерн нозе	PITAI	5 FOUNDATION	I		84-073509	6 Page 9
Pa	rt VII	Statement of Rev	/enue						
		Check if Schedule O c	ontains a respor	nse or	note to any line		(5)		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស ស	1 a	Federated campaigns	1a						
Contributions, Gifts, Grants and Other Similar Amounts	b		1b						
a, G Amo	с	Fundraising events	1c		797,928.				
Gift lar /	d	Related organizations	<u>1</u> d		1,909,036.				
) s, jimi	е	Government grants (contril			1,185,495.				
er o	f	All other contributions, gifts, g			000 040				
e tip		similar amounts not included			830,049. 3,330.				
ud Ind	g b	Noncash contributions included in li				4,722,508.			
0 0	n	Total. Add lines 1a-1f			Business Code	4,722,500.			
	2 a			F					
vice	b			- -					
Ser	c								
am	d								
Program Service Revenue	е			_ L					
ę.	f	All other program service r							
	g								
	3	Investment income (includi				194 625			194 625
		other similar amounts) Income from investment of	ftay avamathan			184,635.			184,635,
	4 5	Royalties	-		F				
	5	noyanes	(i) Real	<u></u>	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с		6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Securitie		(ii) Other				
		assets other than inventory	7a 129,34	43.					
	b	Less: cost or other basis		Ο.					
evenue	_		7b 7c 129,34						
						129,343.			129,343.
Other R		Net gain or (loss) Gross income from fundraisin							
Ğ	0 4	including \$7							
-		contributions reported on I							
		Part IV, line 18		8a	391,659.				
	b	Less: direct expenses		8b	542,849.				
	С		-			-151,190.			-151,190
	9 a	Gross income from gaming	-						
		Part IV, line 19		9a					
		Less: direct expenses Net income or (loss) from g		9b					
		Gross sales of inventory, le		<u> </u>					
		and allowances		10a					
	b	Less: cost of goods sold		10b					
		Net income or (loss) from s		y					
s					Business Code				
Miscellaneous Revenue	11 a			_					
scellaneo Revenue	b			_ -					
Bev	C L			—					
Ϊ		All other revenue							
	<u>е</u> 12	Total revenue. See instruction				4,885,296.	0.	0.	162,788.
33200	9 12-21				I	. , .		•	Form 990 (2023

11

SAINT JOSEPH HOSPITAL FOUNDATION

84-0735096 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1 1,773,294 1,773,294 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 74,091 74,091, individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 207,382 trustees, and key employees 16,591. 126,503 64,288. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 420,465. 33,637. 256,484. 130,344. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,601 1,408. 10,737 5,456. 2,208 27,595 16,833, 8,554. 9 Other employee benefits 42,371 3,390. 25,846 13,135. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal С Accounting d Lobbying Professional fundraising services. See Part IV, line 17 е Investment management fees 28,931. 28,931. f Other. (If line 11g amount exceeds 10% of line 25, g 23,562 23,562 column (A), amount, list line 11g expenses on Sch 0.) 37,860 37,860. Advertising and promotion 12 14,635. 9,756 4,879. 13 Office expenses Information technology 14 Royalties 15 16 Occupancy 16,462 24,693. 8,231. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 7,885. 11,827. 3,942. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.) SHARED SERVICES - ADMIN 381,402, 381,402 а SUPPLIES 108,776 108,776. b BANK CHARGES 43,022, 34,418. 4,302 4,302. С SHARED SERVICES - OTHER 20,728. 20,728 d 24,580 24,580 All other expenses е 3,282,815 2,072,393 929,431 280,991. Total functional expenses. Add lines 1 through 24e 25 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)

12

332010 12-21-23

2023.05000 SAINT JOSEPH HOSPITAL FOU 84-07351

Form 990 (2023)

08351112 146781 84-0735096

Form 990 (2023) SAINT JOSEPH HOSPITAL FOUNDATION
Part X Balance Sheet

17 Accounts payable and accrued expenses 85,930. 17 10,000. 18 Grants payable 18 19 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 620,309. 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. 27 Net assets with donor restrictions 243,196. 27 815,692. 28 Net assets with donor restrictions 13,070,205. 28 14,986,980. 29 Capital stock or trust principal, or current funds 2			Check if Schedule O contains a response or no	te to any line in this Part X			
2 2 Savings and temporary cash investments 1,055,557, 2 1,066,006, 3 Pledges and grants receivable, net 2,591,226, 3 1,521,006, 4 4 2,591,226, 3 1,521,006, 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 9 10a 10b 10c 11 Investments - publicly traded securities 10, 372, 857, 11 13, 397, 664. 12 Investments - publicly traded securities 10, 372, 857, 11 13, 397, 664. 13 Investments - publicly traded securities 10, 10, 272, 857, 11 13, 397, 664. 14 Intagets. Sce Part IV, line 11 13 14 16 16, 004, 676. 14 Intagetset. See Part IV, une 11 13 16 16, 004, 676.			Check in Concodie O Contains a response of no		(A)		
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11 Investments - publicly traded securities 10,372,857. 11 13,397,664. 12 Investments - other securities. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 13 14 14 Intragible assets 14 14 15 Other assets. See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 14,019,640. 16 16,004,676. 18 Before revenue 19 20 18 19 20 Tax-exempt bond liabilities 20 21 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured nortes and loans payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties 24 26 Total liabilities. Add		b				10c	
12 Investments other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 14, 019, 640. 16 16, 004, 676. 17 Accounts payable and accrued expenses 85, 930. 17 10, 000. 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 21 Leans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities not included on lines 17-24). Complete Part X 620, 309. 25 192, 004. 26 Total liabilities. Add lines 17 through 25 706, 239. 26 202, 004.					10,372,857.		13,397,664.
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 14,019,640. 16 16,004,676. 17 Accounts payable and accrued expenses 85,930. 17 10,000. 18 19 Deferred revenue 19 20 20 Tax exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 40 26 Total liabilities. Add lines 17 through 25 706, 239. 25 192,004. 27 Total liabilit					· ·		
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23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 620,309. 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here	tie						
23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 620,309. 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here	ilidi					22	
24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here X 4 4 4	Lia	23					
25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 620,309. 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here							
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of Schedule D 620,309. 25 192,004. 26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here X X X X							
26 Total liabilities. Add lines 17 through 25 706,239. 26 202,004. Organizations that follow FASB ASC 958, check here					620,309.	25	192,004.
Organizations that follow FASB ASC 958, check here		26			706,239.		202,004.
				eck here	·		
27 Net assets without donor restrictions 243,196. 27 815,692. 28 Net assets with donor restrictions 13,070,205. 28 14,986,980. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus or land building or equipment fund 30	es		•				
28 Net assets with donor restrictions 13,070,205. 28 14,986,980. Organizations that do not follow FASB ASC 958, check here 13,070,205. 28 14,986,980. and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus or land building or equipment fund 30	anc	27			243,196.	27	815,692.
Organizations that do not follow FASB ASC 958, check here	Bal	28		r	13,070,205.	28	14,986,980.
and complete lines 29 through 33. 29 capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus or land building or equipment fund 30	lpu						
b g 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus or land building or equipment fund 30	Ъ		-	·			
30 Paid in or capital surplus or land building or equipment fund	P C	29		6		29	
	sets	30				30	
31 Retained earnings, endowment, accumulated income, or other funds 31	Ass						
ig 32 Total net assets or fund balances 13,313,401. 32 15,802,672.	Vet	32			13,313,401.	32	15,802,672.
33 Total liabilities and net assets/fund balances		33			14,019,640.	33	16,004,676.

Form 990 (2023)

Form	990 (2023) SAINT JOSEPH HOSPITAL FOUNDATION	84-0735096	;	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				2
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	885,	296.
2	Total expenses (must equal Part IX, column (A), line 25)	2	З,	282,	815.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	602,	481.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,	313,	401.
5	Net unrealized gains (losses) on investments	5		947,	459.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-48,	979.
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-11,	690.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	15,	802,	672.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u> т		
		-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	·····	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	F	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	·····	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	dule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	·····	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

Ν

Nam	e of t	the organization						Employer	identification number				
		84-0735096											
Pa	rt I	Reason for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s.					
The o	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12, c	heck only	one box.)							
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	I)(A)(i).						
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)								
3		A hospital or a cooperative											
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,				
		city, and state:											
5		An organization operated for	or the benefit of a col	lege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)										
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).						
7	X												
		section 170(b)(1)(A)(vi). (Complete Part II.)											
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	e or				
		university:											
10		An organization that norma											
		activities related to its exem		-					-				
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.				
		See section 509(a)(2). (Cor											
11		An organization organized a	-	•	•								
12		An organization organized a	•	•	•			•					
		more publicly supported or	-						Direck the box on				
-		lines 12a through 12d that	• •					-	aivina				
а		Type I. A supporting orga		-	• • • •	-							
		the supported organization organization. You must o			majonty c	in the direc			ipporting				
b		Type II. A supporting org	-		tion with it	e eupoorte	od organizatio	n(e) by bay	lina				
5		control or management o	-				-		•				
		organization(s). You mus			anic perso				Joned				
с		Type III functionally inte			in connect	ion with	and functional	v integrate	ed with				
Ŭ	L	its supported organization						y integrate	, with,				
d		Type III non-functionally						ted organiz	zation(s)				
-		that is not functionally int	• · ·					•	. ,				
		requirement (see instructi	с с	o ,	•		•						
е		Check this box if the orga		-				I. Type III					
	-	functionally integrated, or					JI 7 JI 7	, ,,					
f	Ente	er the number of supported c		, , , , , , , , , , , , , , , , , , , ,	0 0								
g	Pro	vide the following informatior											
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed ng document?	(v) Amount of		(vi) Amount of other				
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)				
Tota													

OMB No. 1545-0047

2023

Open to Public

Inspection

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
1	Gifts, grants, contributions, and											
	membership fees received. (Do not											
	include any "unusual grants.")	10,959,888.	3,332,373.	4,437,711.	4,748,305.	4,722,508.	28,200,785.					
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	10,959,888.	3,332,373.	4,437,711.	4,748,305.	4,722,508.	28,200,785.					
5	The portion of total contributions											
	by each person (other than a											
	governmental unit or publicly											
	supported organization) included											
	on line 1 that exceeds 2% of the											
	amount shown on line 11,											
	column (f)						8,212,934.					
6	Public support. Subtract line 5 from line 4.						19,987,851.					
	ction B. Total Support											
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total					
	Amounts from line 4	10,959,888.	3,332,373.	4,437,711.	4,748,305.	4,722,508.	28,200,785.					
	Gross income from interest,				i							
	dividends, payments received on											
	securities loans, rents, royalties,											
	and income from similar sources	220,952.	235,572.	308,639.	161,603.	184,635.	1,111,401.					
9	Net income from unrelated business				•							
	activities, whether or not the											
	business is regularly carried on											
10	Other income. Do not include gain											
	or loss from the sale of capital											
	assets (Explain in Part VI.)	38,674.	61,197.	64,113.	83,277.	391,658.	638,919.					
11	Total support. Add lines 7 through 10	,	,	,	,		29,951,105.					
	Gross receipts from related activities,	etc. (see instructio	uns)			12	, ,					
	First 5 years. If the Form 990 is for th	-										
	organization, check this box and stop	•										
Sec	ction C. Computation of Publi											
	Public support percentage for 2023 (li			olumn (f))		14	66.73 %					
	Public support percentage from 2022					15	70.49 %					
	33 1/3% support test - 2023. If the c					ore, check this bo	and					
	stop here. The organization qualifies											
b	33 1/3% support test - 2022. If the c	organization did no	t check a box on li									
	and stop here. The organization qual											
17a	and stop here. The organization qualifies as a publicly supported organization											
	and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the organization											
	meets the facts and circumstances test. The organization qualifies as a publicly supported organization											
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or											
	more, and if the organization meets the facts and circumstances test, check this box and stop here. Explain in Part VI how the											
	organization meets the facts and circumstances test. The organization qualifies as a publicly supported organization											
18	Private foundation. If the organizatio											
							(Form 990) 2023					

332022 12-21-23

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	•		•		.,.,	nization,
check this box and stop here						
Section C. Computation of Publ						
15 Public support percentage for 2023 (, , ,,,	,	column (f))		15	%
16 Public support percentage from 2022					16	%
Section D. Computation of Inves					<u> </u>	
17 Investment income percentage for 2	023 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2023. If the						line 17 is not
more than 33 1/3%, check this box a	-	•		•••		
b 33 1/3% support tests - 2022. If the						
line 18 is not more than 33 1/3%, che	eck this box and st	top here. The org	anization qualifies	as a publicly supp	orted organiza	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in		
332023 12-21-23		4 -	7		Scheo	dule A (Form 990) 2023
		17	/			

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1

2

3a

3b

3c

4a

4b

4c

5a

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

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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332024 12-21-23

10b Schedule A (Form 990) 2023

SAINT JOSEPH HOSPITAL FOUNDATION

84-0735096 Page **5**

Yes

1

2

No

No

Yes No

		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
c 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		

Section B. Type I Supporting Organizations

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (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.	
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. Section C. Type II Supporting Organizations

			Yes
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	

Section 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		

Section 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 ye	ear (see instructions)
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the ye	<i>,ai</i> (<i>eeeeaiea<i>ieaieaieaieaieaieaieaieaieaieaieaa<i>ieaieaieaieaieaieaieaieaa<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaiea<i>ieaieaiea<i>ieaieaieaieaiea<i>ieaiea<i>ieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaiea<i>ieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaieaa<i>iaaiaaaaaaaaaa<i>aaa</i></i></i></i></i></i></i></i></i></i></i></i></i></i>

- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify 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.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

L FOUNDATION

Part V	Type III	Non-F	unctionally l	ntegrat	ed 509(a)	(3) Supportin	o Organizations
Schedule A ((Form 990)	2023	SAINT	JOSEPH	HOSPITAL	FOUNDATION	

	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
	Fair market value of other non-exempt-use assets	1c		
	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-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

d Excess from 2022 e Excess from 2023

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

1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	6	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) 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				
а	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	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				

Schedule A (Form 990) 2023

Current Year

Schedule

Section D - Distributions

lie A	(Form 990) 2023
1/	Trues III Mars Fra

	orm 990) 2023	SAINT JOSEPH HOSPITAL			84-0735096	Page 8
F Ii S	Part IV, Section A, lines ine 1; Part IV, Section D	rmation. Provide the explana 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9t 0, lines 2 and 3; Part IV, Section d 8; and Part V, Section E, lines	o, 9c, 11a, 11b, and 11c; Pa E, lines 1c, 2a, 2b, 3a, and	art IV, Section B, lines 1 3b; Part V, line 1; Part V,	and 2; Part IV, Sectio Section B, line 1e; P	n C, art V,
SCHEDULE A,	, PART II, LINE 10), EXPLANATION FOR OTHER	INCOME:			
FUNDRAISING	G EVENT EXCLUDING	CHARITABLE CONTRIBUTION	S			
2019 AMOUNT	T:\$ 38,674.					
2020 AMOUNI	m á C1 107					
2021 AMOUNI	m á CA 110					
2022 AMOUNI						
2023 AMOUNT						
	,					
332028 12-21-23			22		Schedule A (Form	990) 2023

** PUBLIC DISCLOSURE COPY **

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

Department of the Tre	asury
Internal Revenue Servi	ice

(Form 990)

Schedule B

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION	84-0735096
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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 for an *exclusively* set in the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the parts unless to the set of the parts unless the set of the

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.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$1,892,886.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$1,185,495.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$300,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$127,080.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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.)

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

Schedule B (Form 990) (2023)

Name of organization

Part I

Page 2

Employer identification number

84-0735096

SAINT JOSEPH HOSPITAL FOUNDATION

323452 12-26-23

24 2023.05000 SAINT JOSEPH HOSPITAL FOU 84-07351

08351112 146781 84-0735096

(b) Description of noncash property given	(c) FMV (or estimate)	
	(See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(b) (c) Description of noncash property given (c) (b) (c) (b) (c) (c) FMV (or estimate) (See instructions.) (see instructions.) (b) FMV (or estimate) (See instructions.) (see instructions.) (c) FMV (or estimate) (See instructions.) (see instructions.) (b) FMV (or estimate) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.) (see instructions.)

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Schedule B (Form 990) (2023)

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2023.05000 SAINT JOSEPH HOSPITAL FOU 84-07351

Page 3

Schedule B (Form 990) (2023) Name of organization

84-0735096

Employer identification number

ame of or	rganization		Employer identification numbe			
ΑΤΝΤ JO	SEPH HOSPITAL FOUNDATION		84-0735096			
Part III	Exclusively religious, charitable, etc., contributi	through (e) and the following line entricharitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yea			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
_		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I	(v) i aipoco ci gitt					
-		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

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08351112 146781 84-0735096

						- 00 47	
Pert W, line 6, 7, 6, 8, 10, 11a, 11b, 11b, 11b, 11b, 11b, 11b, 11b							
Dependent Hermit Network Open to Fublic Open to Fublic Open to Fublic Name of the organization Entry of the organization number of the organization analysis of the organization an	(Forr	Form 990) 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.					
Name of the organization Employee identification numbers PartII Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 960, Part IV, line 5. Complete if the organization answered "Yes" on Form 960, Part IV, line 5. 1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 3 Aggregate value of contributions to (during year) (a) Donor advised funds (b) Funds and other accounts 4 Aggregate value of contributions to (during year) (c) Donor advised funds (c) Partice Contributions to (during year) 5 Dot the organization inform all grantes, donors, and donor advisons in writing that grant funds can be used only for charable purposes and not to the bonefit of the donor of donor advisons of any other purpose confirming important land sensements. (c) Part IV (line 7. 1 Protection of natural habitat (c) Preservation of a core partial cost for example, recreation or education) (c) Preservation discompton examples and exam		expartment of the Treasury Attach to Form 990.					
BATHT JOREN JORETTAL POTIDATION 44-0733996 Part1 Comparisations Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 980, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts (a) Donor advised funds (b) Funds and other accounts (c) Funds and other (c) Funds and other accounts (c) Funds and funds (c) Funds and other accounts (c) Funds and funds (c) Funds and funds (c) Funds (c) Funds (c) Fun	-	·		Employer	-		
orgänization answered "Yes" on Form 920, Part IV, line 6. (a) Denor advised funds (b) Funds and other accounts 1 Total number at end of year (a) Denor advised funds (b) Funds and other accounts 2 Aggregate value of combations to (Jumny year) (b) (c) (c) 3 Aggregate value of ans thou (Jumny year) (c) (c) (c) (c) 4 Aggregate value of ans thou (Jumny year) (c) (c) (c) (c) (c) (c) 4 Aggregate value of ans thou (Jumny year) (c)		-	DATION				
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.				
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Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assetscontinued] c Using the organization's accussion, and other records, check any of the following that make significant use of its collection tams (check all that apply). a Phote exchange program b Distributions c Distributions d Its is the organization accussion agent, threads a part of the organization accussion agent, threads a part of the organization accussion agent, threads d Distributions during the year d Its organization accussion agent, threads d Distributions during the year d Distributions of the organization accussion ac	Sche	chedule D (Form 990) 2023 SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 Page 2						_{age} 2		
collection terms (check all that apply). Deble schebittion Control to thure generations Control to thure generations Control to the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Particle exhibition Control to the organization's collections? Yes No Particle exhibition Control to the organization's collection? Yes No Particle exhibition Control to the organization's collection? Yes No Part X Escrew and Custodial Arrangements Complete if the organization's collection? Yes No bit "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1 1 c Beginning balance Amount 1	Par	t III Organizations Maintaining C	ollections of Art	i, Historical Tre	easures, or Othe	er Similar	[•] Assets	(contin	ued)	
a Public exhibition d Can or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant u	use of its			
a Public exhibition d Can or exchange program b Scholarly research e Other		collection items (check all that apply).			Ū	C C				
b Scholarly research e Other c Previde a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Using the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Yes No. Part IV Escrow and Cutstodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part X, line 9. or reported an anount on form 990, Part X, line 21. Yes No. 1a Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on form 990, Part X, line 21. Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1e 1e <td>а</td> <td>Public exhibition</td> <td>d</td> <td>Loan or exc</td> <td>hange program</td> <td></td> <td></td> <td></td> <td></td> <td></td>	а	Public exhibition	d	Loan or exc	hange program					
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. 4 Is the organization an agent, trustee, custodial, Arrangements Complete if the organization answered 'Yes' on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. 4 Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X?	b									
4 Provide a description of the organization's collections and explain how they further the organization's exempt purgose in Part XIII. 5 During the year, did the organization allott or receive donations of at, historical treasures, or other similar assets to be sold to raise funds inter than to be maintained as part of the organization answered "Yes" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X? 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 980, Part X? 1a Is the organization angenet in Part XIII and complete the following table: Caliform part of the organization and the year Caliform part of the organization and the sole provided in Part XIII 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No 1f Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII 2a Did the organization include an amount on Form 990, Part X, line 21, for secrow or custodial account liability? Yes No 1f Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered Yes" on Form 990, Part X, line 21, 1978, 943, 24, 042, 152, 240, 2, 169, 343, 24, 043, 254, 043, 241, 943, 254, 043, 143, 144, 144, 044, 148, 11, 116, 244, 13, 857, 972, 9, 931, 940, 20179, 205, 144, 944, 188, 111, 116, 244, 13, 857, 972, 9, 931, 940, 20179, 245, 144, 244, 1474, 674, 1, 428, 947, 5, 573, 296, 1, 978, 953, 244, 249, 247, 2474, 144, 249, 947, 5, 573, 296, 1, 978, 951, 241, 249, 947, 951, 244, 243, 947, 2573, 296, 1, 978, 951, 244, 249, 947, 351, 741, 244, 133, 857, 972, 251,										
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2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b if "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. (e) Four years back (e) Four years back (e) Four years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Adva, 188. 11.116, 244. 13, 857, 972. 9, 351, 404. 1b Contributions 3, 173, 864. 3, 623, 432. 4, 025, 260. 2, 169, 381. 5, 553, 270. c Net investment earnings, gains, and losses 664, 228. -782, 741. 691, 631. 662, 187. 632, 149. d Grants or scholarships 1, 921, 317. 4, 174, 674. 1, 428, 947. 5, 573, 296. 1, 978, 851. f Administrative expenses 14, 986, 980. 13, 070, 205. 14, 404, 188. 11, 116, 244. 13, 857, 972. g Ford of year balance										
b If "Yes", "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment FundS Complete if the organization answered "Yes" on Form 980, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prov years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prov years back (d) Three years back (e) Four years back 1b Contributions (a) 173, 864. 3, 623, 432. 4, 025, 260. 2, 169, 381. 5, 653, 270. c Net investment earnings, gains, and losses 664, 228. -782, 741. 691, 631. 662, 187. 632, 149. c Other expenditures for facilities 1, 921, 317. 4, 174, 674. 1, 428, 947. 5, 573, 296. 1, 978, 851. c Administrative expenses 14, 986, 980. 13, 070, 205. 14, 404, 188. 11, 116, 244. 13, 857, 972. g End of year balance .0000 % % % % % g End of year balance .0000 % % % % % g Forovide the estimated percenta										1
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1a Beginning of year balance 13,070,205. 14,404,188. 11,116,244. 13,857,972. 9,351,404. b Contributions 3,173,864. 3,623,432. 4,025,260. 2,169,381. 5,853,270. c Net investment earnings, gains, and losses 664,228. -782,741. 691,631. 662,187. 632,149. a Other expenditures for facilities 664,228. -782,741. 1,428,947. 5,573,296. 1,978,851. f Administrative expenses 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. g End of year balance 14,986,980. 13,070,205. 14,404,188. 11,116,244. 13,857,972. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a a board designated or quasi-endowment .0000 % b Permanent endowment 52,7830 % . <t< td=""><td>I ai</td><td></td><td></td><td></td><td></td><td></td><td>oare back</td><td></td><td>Voare</td><td>back</td></t<>	I ai						oare back		Voare	back
b Contributions 3,173,864. 3,623,432. 4,025,260. 2,169,381. 5,853,270. c Net investment earnings, gains, and losses 664,228. -782,741. 691,631. 662,187. 632,149. d Grants or scholarships 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. e Other expenditures for facilities and programs 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. g End of year balance 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. g End of year balance 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. g End of year balance 14,986,980. 13,070,205. 14,404,188. 11,116,244. 13,857,972. g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a balance 10000 % b Permanent endowment 52,7830 % % % a a a a a a a a a a a a					., ,					
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d Grants or scholarships								-		
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and programs 1,921,317. 4,174,674. 1,428,947. 5,573,296. 1,978,851. f Administrative expenses 14,986,980. 13,070,205. 14,404,188. 11,116,244. 13,857,972. g End of year balance 0000 % 14,986,980. 13,070,205. 14,404,188. 11,116,244. 13,857,972. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a 13,857,972. 2 Provide the estimated or quasi-endowment .0000 % % b Final Advisor (advisor) % b Permanent endowment .52,7830 % .0000 % % % % c Term endowment .47,2170 %										
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g End of year balance 14,986,980. 13,070,205. 14,404,188. 11,116,244. 13,857,972. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment .0000 % b Permanent endowment 52.7830 % ************************************			1,921,317.	4,174,674.	1,428,947.	5,5	73,296.	1,	978,	851.
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment	f	Administrative expenses								
a Board designated or quasi-endowment .0000 % b Permanent endowment 52.7830 % c Term endowment 47.2170 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) b Buildings (d) Book value b Buildings	g					11,1	16,244.	13,	857,	972.
b Permanent endowment 52.7830 % c Term endowment 47.2170 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Pert VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other c Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, line 10c. column (B)) 0. 	2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:					
c Term endowment	а	5	.0000	_%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations is the organization should eave on Schedule R? (ii) A statistical as required on Schedule R? (iii) A statistical as required on Schedule R? (iii) Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d)	b									
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 1a Land	С	Term endowment 47.2170	%							
organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X (ii) Related organizations? 3b 3b • If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds.										
i) Unrelated organizations? ii) X iii) Related organizations? iii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? iii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. iii) X Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (c) Accumulated depreciation at Land iii) iiii) iiii) b Buildings iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he		r		
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation a Land b Buildings		organization by:							Yes	No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Image: Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 0.		(i) Unrelated organizations?						3a(i)	$ \longrightarrow $	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land		(ii) Related organizations?						3a(ii)		Х
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land	b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?				3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	4			wment funds.						
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par	t VI Land, Buildings, and Equipm	ent							
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Part X	(, line 10.				
1a Land		Description of property	(a) Cost or o	ther (b) Cost	t or other (c)	Accumulate	d	(d) Bool	< value	е
b Buildings			basis (investr	nent) basis	(other) d	epreciation				
b Buildings	1a	Land								
c Leasehold improvements										
d Equipment										
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 0.										
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))										
				X line 10c column	(B))					٥.
				<u>,</u>	·=#			D (Form	990)	2023

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets

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

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

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	ANNUITIES PAYABLE	99,735.
(3)	INTERCOMPANY PAYABLE	92,269.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. line 25. col. (B))	192,004.

- otan (Column (b) must equal tom 330, Tart A, me 23, Col. (b))

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 SAINT JOSEPH HOSPITAL FOUNDATION	84-0735096	Page 4	
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Reven	ue per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	•	nses per Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
Pa	rt XIII Supplemental Information			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

ENDOWMENT FUNDS SUPPORT THE SAINT JOSEPH HOSPITAL IN AREAS INCLUDING

ASSOCIATE EDUCATION, CARDIOVASCULAR, MOM/BABY & PEDIATRICS, ONCOLOGY,

SPIRITUAL CARE, AND OTHER SERVICES AND PROGRAMS.

332054 09-28-23

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15	2023				
Department of the Treasury Internal Revenue Service	0.1	Attach to Form 990 c					Open to Public Inspection
Name of the organization		o www.irs.gov/Form990 for instruc	r identification number				
	35096						
Part I Fundrais required to	complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, li	ne 17. Form 99	0-EZ filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes No
(i) Name and addres or entity (func		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col. (by) to (or retained by)
			Yes	No			
Total							
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from	n registration

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

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

		of fundraising event contributions and gro			. .	is greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			150TH ANNIVERSARY	LINKS TO THE HEART	NONE	(add col. (a) through
			GALA	GOLF		col. (c))
a			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	950,959.	238,628.		1,189,587.
	2	Less: Contributions	638,623.	159,305.		797,928.
	3	Gross income (line 1 minus line 2)	312,336.	79,323.		391,659.
	4	Cash prizes				
	5	Noncash prizes		16,016.		16,016.
Direct Expenses	6	Rent/facility costs	10,000.	58,354.		68,354.
rect Ex	7	Food and beverages	255,052.	458.		255,510.
ā	8	Entertainment	50,800.	4,500.		55,300.
	9	Other direct expenses	136,475.	11,194.		147,669.
	10	Direct expense summary. Add lines 4 through	9 in column (d)			542,849.
	11	Net income summary. Subtract line 10 from li				-151,190.
Pa	rt I	•••••••••••••••••••••••••••••••••••••••	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
une			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						

nu			(4) =	bingo/progressive bingo		col. (a) through col. (c)		
Revenu	1	Gross revenue						
S	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	└── Yes % └── No	Yes %			
7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:					
		he organization licensed to conduct gaming ac No," explain:						
		· ·						
		ere any of the organization's gaming licenses re Yes," explain:		•	,	Yes No		
IJ								

332082 09-13-23

Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	SAINT JOSEPH HOSPITAL FOUNDATION	84-0735096	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	Yes	No
12		eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming		11	
				<u>%</u>
		e person who prepares the organization's gaming/special events books and records:	13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/special events books and records.		
	Name			
	Address			
15a	Does the organization have a con	tract with a third party from whom the organization receives gaming revenue?	Yes	No
		· · · · · · · · · · · · · · · · · · ·		
b		ing revenue received by the organization \$ and the amount and the amount states and the amount states are states and the amount states are states and the amount states are	nt	
	of gaming revenue retained by the			
Ľ	If "Yes," enter name and address	or the tilling party.		
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation	\$		
	Description of convisoe provided			
	Description of services provided			
	Director/officer	Employee Independent contractor		
	Mandatory distributions:			
a	•	state law to make charitable distributions from the gaming proceeds to		—
	retain the state gaming license?			No No
C		required under state law to be distributed to other exempt organizations or spent in the ies during the tax year \$	le	
Pa	organization's own exempt activit Int IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9	9b. 10b.
		applicable. Also provide any additional information. See instructions.		,,,
3320	83 09-13-23		chedule G (Forn	n 990) 2023
		33		

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

08351112 146781 84-0735096

SCHEDI (Form 99		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.							
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.								
Name of	Go to www.irs.gov/Formado for the latest mormation.								Employer identification number 84-0735096
Part I	General Ir	nformation on Grants a		ATTON					04 0755050
cri 2 De	teria used to a escribe in Part	zation maintain records t award the grants or assis IV the organization's pro	stance?	oring the use of grant	funds in the United	l States.			Yes No
Part II		d Other Assistance to hat received more than \$	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a)	Name and ad	ddress of organization vernment	(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
1375 E	JOSEPH HOSI . 19TH. AVI , CO 80218	PITAL, INC. ENUE	84-0417134	501(C)(3)	1,769,768.	0.			OPERATIONAL SUPPORT
		per of section 501(c)(3) a per of other organizations	v	•	l e line 1 table				<u> </u>

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

Schedule I (Form 990) 2023

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	25	55,500.	0.		
HUMANITARIAN GRANTS	93	18,590.	0.		

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

PART I, LINE 2:

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

SAINT JOSEPH HOSPITAL FOUNDATION RAISES FUNDS TO SUPPORT CHARITABLE CARE

AND SERVICES, INCLUDING MEDICAL SERVICES FOR THE UNINSURED AND

UNDERINSURED, STAFF AND PATIENT EDUCATION, AND THE CAPITAL NEEDS OF SAINT

JOSEPH HOSPITAL, INC. (THE HOSPITAL). THE SAINT JOSEPH HOSPITAL FOUNDATION

WORKS CLOSELY WITH THE HOSPITAL TO ENSURE THAT GRANTS ARE USED FOR THE

INTENDED PURPOSE AND HONOR THE DONOR'S INTENT. CHARITY CARE PROGRAM

EXPENSES ARE VERIFIED THROUGH INVOICES; EDUCATION PROGRAMS ARE MONITORED THROUGH THE RECEIPTS OF THE PARTICIPANTS. SITE VISITS ARE CONDUCTED FOR LARGE CAPITAL PROJECTS. IN ADDITION, PROJECT ACCOUNTING REPORTS MAY BE REQUIRED. Schedule I (Form 990) 332291 04-01-23 37 08351112 146781 84-0735096 2023.05000 SAINT JOSEPH HOSPITAL FOU 84-07351

SC	SCHEDULE J (Form 990) Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest		c	OMB No. 1545-004		47	
(Fo						2	
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20	ZU)	
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.			Open to Public Inspection			
					r identification numbe		
	C C	SAINT JOSEPH HOSPITAL FOUNDATION	84-0735				
Pa	rt I Question	s Regarding Compensation					
					Yes	No	
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c	harter travel Housing allowance or residence for perso	nal use				
	Travel for companions Payments for business use of personal residence						
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	S				
	Discretionary s	spending account Personal services (such as maid, chauffer	ır, chef)				
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or					
		rovision of all of the expenses described above? If "No," complete Part III to explain		1b			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,					
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		<u> </u>	
•							
3		ny, of the following the organization used to establish the compensation of the organization's					
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the OFO (Foundation Directory had any later in Directory for the organization of the org	on to				
	·	ation 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						
		ther organizations Approval by the board or compensation of	ommittee				
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 re						
а						x	
b					х		
	-	eive payment from an equity-based compensation arrangement?		4b 4c		x	
-	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 of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n				
	contingent on the r	evenues of:					
а	The organization?			5a		X	
b	Any related organiz	ation?		5b		X	
		or 5b, describe in Part III.					
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatic	n				
	contingent on the n	et earnings of:					
а	a The organization?					X	
b						X	
		or 6b, describe in Part III.					
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
		nes 5 and 6? If "Yes," describe in Part III		7		X	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X	
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in					
	Regulations section	1 53.4958-6(c)?		9			
For	Paperwork Reducti	on Act Notice, see the Instructions for Form 990.	Schedule	J (Forr	n 990)	2023	

LHA 332111 11-06-23

Schedule J (Form 990) 2023

84-0735096

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-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred 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) MEGAN MAHNCKE	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	546,966.	353,256.	44,444.	477,170.	30,112.	1,451,948.	115,493.	
(2) JAMESON SMITH	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	549,764.	123,104.	78,853.	277,336.	27,234.	1,056,291.	196,289.	
(3) RICKI KELLY	(i)	0.	0.	0.	0.	0.	0.	0.	
FORMER OFFICER	(ii)	218,330.	49,327.	17,927.	100,875.	19,652.	406,111.	50,665.	
(4) MARSHALL GOTTESFELD, MD	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	321,689.	0.	3,496.	13,999.	2,933.	342,117.	0.	
(5) LESLIE MCKAY	(i)	0.	0.	0.	0.	0.	0.	0.	
EXECUTIVE DIRECTOR FOUNDATION	(ii)	161,250.	14,705.	914.	19,420.	11,093.	207,382.	12,515.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

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

ORGANIZATION SAINT JOSEPH HOSPITAL. 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.

Schedule J (Form 990) 2023	SAINT	JOSEPH	HOSPITAL	FOUNDATION

THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY

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.

SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE
AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY
INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED
BY AN INDEPENDENT FIRM. 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

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

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

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

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4B:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS

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

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

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

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

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM 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

Schedule J (Form 990) 2023 SAINT JOSEPH HOSPITAL FOUNDATION

Part III Supplemental Information

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

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE

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

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

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

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

EXECUTIVE UPON VESTING.

NQDC SERP PLANS STARTING IN 2014

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

BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE

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

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

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

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

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

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

Schedule J (Form 990) 2023

Page 3

Part III Supplemental Information

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

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

THE AMOUNTS WITHDRAWN FROM THE NODC SERP PLANS IN 2023 WERE: MEGAN MAHNCKE

- \$40,914, JAMESON SMITH - \$73,185, RICKI KELLY -\$17,027.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

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

ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN

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

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

COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT

COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR

ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE

COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE

THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT

IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET

BY THE BOARD.

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

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 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.

Page 3

SCHE	DU	LE	0
(Form	990)		

Department of the Treasury

Name of the organization

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 84-0735096

SAINT JOSEPH HOSPITAL FOUNDATION

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

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE,

990, PART I, LINE J

WEBSITE:

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOUNDATION/SAINT-JOSEPH-FOUNDATION/

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

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.

AS PART OF INTERMOUNTAIN HEALTHCARE. SAINT JOSPEH HAS DIRECT ACCESS TO

BEST PRACTICES, RESOURCES, TECHNOLOGY, TALENT, AND STRATEGIC CAPITAL.

SAINT JOSEPH HOSPITAL FOUNDATION SUPPORTS THE FOLLOWING AREAS OF

ACTIVITY AT SAINT JOSEPH HOSPITAL:

CHARITY CARE & COMMUNITY HEALTH: SAINT JOSEPH HOSPITAL AND THREE

COMMUNITY CLINICS PROVIDE LOW AND NO-COST HEALTH CARE INCLUDING FAMILY

INTERNAL MEDICINE, GENERAL SURGERY, AND OBSTETRICS/GYNECOLOGY MEDICINE

TO UNINSURED OR UNDERINSURED. LOW-INCOME INDIVIDUALS AND FAMILIES IN

THE DENVER AREA.

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

Schedule O (Form 990) 2023

332211 11-14-23

PREGNANT AND POSTPARTUN	WOMEN, AND NO-COST SUICIDE PREVENTION	
PROGRAMMING FOR AT-RISP	PATIENTS.	
WOMEN & INFANTS CARE: C	IR DONORS INVEST IN PROGRAMS THAT SUPPORT WOMEN	
AND CHILDREN AT ALL STA	SES OF LIFE. FUNDS SUPPORT THE NEONATAL	
INTENSIVE CARE UNIT, FO	IRTH TRIMESTER CARE FOR POSTPARTUM WOMEN, AND	
FUND REUNIONS OF PARENT	AND CHILDREN WHO RECEIVED CARE IN THE NICU.	
CARDIOVASCULAR & RESPIE	TORY CARE: DONORS SUPPORT INNOVATION AND	
EDUCATION FOR THOSE WOP	ING AND RECEIVING CARE IN THE CARDIOVASCULAR	
AND RESPIRATORY UNITS.	OONOR FUNDS HAVE CREATED A CARDIAC INTENSIVE	
CARE UNIT, CARDIOVASCUI	AR LECTURESHIP SERIES, AND A RESPIRATORY	
INSTITUTE TO SUPPORT PA	TENTS IN MANAGING CHRONIC RESPIRATORY DISEASES.	
MEDICAL EDUCATION: SCHO	ARSHIP AND EDUCATION FUNDS SUPPORT QUALIFIED	
SAINT JOSEPH HOSPITAL,	CAREGIVERS, NURSES, ALLIED HEALTH PROFESSIONALS,	
AND PHYSICIANS TO OBTAI	ADVANCED EDUCATION AND TRAINING IN A VARIETY	
OF SPECIALTY AND CERTIN	ED PROGRAMS. THESE FUNDS ALSO SUPPORT	
CONFERENCE ATTENDANCE,	RADUATE MEDICAL EDUCATION, THE SIMULATION LAB,	
AND WORKFORCE DEVELOPM		

ENSURES THEY IDENTIFY AND TAKE ADVANTAGE OF HEALTH INSURANCE, PATIENT

SAINT JOSEPH HOSPITAL FOUNDATION

ASSISTANCE, AND OTHER FINANCIAL SUPPORT PROGRAMS TO REDUCE THE

FINANCIAL TOXICITY RELATED TO CHRONIC DISEASE DIAGNOSES. FUNDS ALSO

SUPPORT BUILDING A COMPREHENSIVE GYNECOLOGIC ONCOLOGY PROGRAM TO

IMPROVE SURVIVAL RATES.

Schedule O (Form 990) 2023

Name of the organization

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Page **2**

Employer identification number

84-0735096

08351112 146781 84-0735096

Schedule O	(Form 990) 2023
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Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

Page 2 Employer identification number 84-0735096

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

INDIVIDUALS.

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

LINDA CHILDEARS AND NORM FRANKE - BUSINESS RELATIONSHIP

MARSHALL GOTTESFELD, MD / JAMESON SMITH / LESLIE MCKAY - BUSINESS

RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN SAINT JOSEPH HOSPITAL,

INC., A RELATED TAX-EXEMPT ORGANIZATION).

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Schedule O (Form 990) 2023

Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
FORM 990, PART VI, SECTION A, LINE 6:	
MEMBERS OR STOCKHOLDERS	
SAINT JOSEPH HOSPITAL, INC., IS THE SOLE MEMBER OF SAINT JOSEPH HOSPITAL	
FOUNDATION.	
FORM 990, PART VI, SECTION A, LINE 7A:	
POWER TO ELECT OR APPOINT MEMBERS	
SAINT JOSEPH HOSPITAL, INC., THE SOLE MEMBER OF THE SAINT JOSEPH HOSPITAL	
FOUNDATION, APPROVES MEMBERS OF THE SAINT JOSEPH HOSPITAL FOUNDATION BOARD	
OF DIRECTORS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS	
SAINT JOSEPH HOSPITAL, 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 BENEFITS FOR	
DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
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	Sabadula O /Farm 000) 000
332212 11-14-23	Schedule O (Form 990) 2023

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Schedule O (Form 990) 2023

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⁴⁹ 2023.05000 SAINT JOSEPH HOSPITAL FOU 84-07351

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Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
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

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

50

332212 11-14-23

Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION ORGANIZATION, SAINT JOSEPH HOSPITAL. 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	Employer identification number 84-0735096
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	
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SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER	
INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER	
THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE	
COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND	
INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE	
IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE	
COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER	
ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE	
INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY	
SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE	
AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY	
INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED	
BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY	
INTERMOUNTAIN HEALTH CARE, INC.'S BOARD, THE COMMITTEE EMPHASIZES THE	
IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE	
WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION	
PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.	
AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE	
FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR	
MANAGEMENT.	

332212 11-14-23

84-0735096
-

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

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

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

FORM 990, PART VII, SECTION B

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.

332212 11-14-23

Schedule O (Form 990) 2023 Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION		Page 2 Employer identification number 84-0735096
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		L
PRIOR YEAR PLEDGE ADJUSTMENTS	17,022.	
CHANGE IN SPLIT VALUE AGREEMENT	-28,712.	
TOTAL TO FORM 990, PART XI, LINE 9	-11,690.	
332212 11-14-23 53 51112 146781 84-0735006 2023 0		Schedule O (Form 990) 2023

332161 09-28-23 LHA

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Name of the organization

Department of the Treasury Internal Revenue Service

SCHEDULE R (Form 990)

SAINT JOSEPH HOSPITAL FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH	MANAGEMENT OF RELATED TAX						
SYSTEM, INC 23-7379161, 500 ELDORADO	EXEMPT HOSPITALS AND			LINE 12C,	INTERMOUNTAIN		
BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE SERVICES	KANSAS	501(C)(3)	III-FI	HEALTH CARE, INC.	х	
SCL HEALTH FOUNDATION - 82-3290526					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	SUPPORT RELATED TAX EXEMPT				CHARITY OF		
BROOMFIELD, CO 80021	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	LEAVENWORTH	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	LEAVENWORTH	х	
INTEGRITY HEALTH - 47-4520350					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	1			LINE 12C,	CHARITY OF		1
BROOMFIELD, CO 80021	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	III-FI	LEAVENWORTH	х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2023

OMB No. 1545-0047

2023 Open to Public

Employer identification number

84-0735096

Inspection

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
PLATTE VALLEY MEDICAL CENTER FOUNDATION -	-				BRIGHTON		
74-2255936, 1600 PRAIRIE CENTER PARKWAY,	-				COMMUNITY		
BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	HOSPITAL	X	
MOUNT ST. VINCENT HOME, INC 84-0405260	_				SISTERS OF		
4159 LOWELL BOULEVARD	_				CHARITY OF		
DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	LEAVENWORTH	X	L
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					CHARITY OF		
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					CHARITY OF		
BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
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.	x	
LUTHERAN MEDICAL CENTER FOUNDATION -					,		
20-8846152, 8300 WEST 38TH AVENUE, WHEAT	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
RIDGE, CO 80033	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	x	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC					, SISTERS OF		
84-0425720, 2635 NORTH 7TH STREET, GRAND	1				CHARITY OF		
JUNCTION CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
ST. MARY'S HOSPITAL FOUNDATION - 23-7001007					ST. MARYS		<u> </u>
2635 NORTH 7TH STREET	-				HOSPITAL &		
GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	MEDICAL CENTER	x	
CARITAS CLINICS, INC 48-1009910					SISTERS OF		
818 NORTH 7TH STREET	1				CHARITY OF		1
LEAVENWORTH, KS 66048	 CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	x	1
HOLY ROSARY HEALTHCARE - 81-0231792					SISTERS OF		<u> </u>
2600 WILSON STREET	1				CHARITY OF		1
MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	x	1

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled zation? No
HOLY ROSARY HEALTHCARE FOUNDATION, INC						103	
20-2270238, 2600 WILSON STREET, MILES CITY,	-				HOLY ROSARY		
MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE	x	
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	x	
ST. JAMES HEALTHCARE FOUNDATION, INC							
65-1202190, 400 SOUTH CLARK STREET, BUTTE,	-				ST. JAMES		
MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE	x	
SCL HEALTH - MONTANA - 81-0232124					SISTERS OF		
1233 NORTH 30TH STREET	7				CHARITY OF		
BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	x	
ST. VINCENT HEALTHCARE FOUNDATION, INC							
81-0468034, 1106 NORTH 30TH STREET,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH -		
BILLINGS, MT 59101	ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	MONTANA	x	
INTERMOUNTAIN HEALTH CARE, INC 87-0269232							
36 SOUTH STATE, SUITE 2200	7						
SALT LAKE CITY, UT 84111	HOLDING COMPANY	итан	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	итан	501(C)(3)	LINE 12B, II	HEALTH CARE, INC.	x	
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					INTERMOUNTAIN		
LAKE CITY, UT 84111	RETIREE BENEFIT	UTAH	501(C)(9)		HEALTH CARE, INC.	x	
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC					INTERMOUNTAIN		
80-0225150, 36 SOUTH STATE, SUITE 2200, SALT					HEALTH SERVICES,		
LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 7	INC.	x	
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		1
SALT LAKE CITY, UT 84111	HEALTHCARE	UTAH	501(C)(3)	LINE 3	HEALTH CARE, INC.	х	1

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

	1 1										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(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	1	ortionate tions?	Code V-UBI amount in box 20 of Schedule	manag partne	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
SCLH-GI ENDOSCOPY HOLDINGS,											
LLC - 81-2979243, 382 S.											
ARTHUR AVENUE, LOUISVILLE, CO											
80027	OP ENDOSCOPY	со	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SCLTDI JV, LLC - 47-2294770	1										
4200 SIX FORKS ROAD, SUITE 100											
RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ATHLETIC MEDICINE &											
PERFORMANCE, LLC (SVB IS]										
PARTNER) - 27-2270640, 1144	PHYSICAL										
NORTH 28TH STREET, BILLINGS,	THERAPY	МТ	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SUMMIT SURGERY CENTER, LLC -	1										
81-0536068, 434 SOUTH CLARK	1										
STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		х	N/A	x	N/A

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

(a) Name, address, and EIN	(b) Primary activity	(C) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) Share of	(h) Percentage	(Sec 512((i) ction (b)(13)
of related organization	· · · · · · · · · · · · · · · · · · ·	(state or foreign	entity	(C corp, S corp, or trust)	income	end-of-year assets	ownership	cont	trolled
		country)		0				Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069									
500 ELDORADO BLVD., SUITE 4300									
BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A	Х	
WEST END ASSOCIATION, INC 85-4261243									
500 ELDORADO BLVD., SUITE 4300	REAL ESTATE								
BROOMFIELD, CO 80021	MANAGEMENT	МТ	N/A	C CORP	N/A	N/A	N/A	х	
LEAVEN INSURANCE COMPANY, LTD 98-0370522									
23 LIME TREE BAY AVENUE, WEST BAY ROAD		CAYMAN							
GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	х	
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,									
INC 46-3632053, 500 ELDORADO BLVD.,	7								
SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	МТ	N/A	C CORP	N/A	N/A	N/A	х	
SELECTHEALTH BENEFIT ASSURANCE COMPANY -									
87-0497549, 5381 GREEN STREET, MURRAY, UT	DELIVERY OF HEALTH								
84123	BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A	х	

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

Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(f Disprop ate alloc	ortion-	(i) Code V-UBI amount in box 20 of Schedule	(j) Genera manag partne	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	lo
GRAND VALLEY SURGICAL CENTER,											
LLC - 84-1505075, 710											
WELLINGTON AVENUE, SUITE 21,											
GRAND JUNCTION, CO 81501 C	OP SURGERY	CO	N/A	N/A	N/A	N/A		Х	N/A	X	N/A
HEALTHCARE MANAGEMENT, LLC -											
84-1238904, P.O. BOX 1929,	MANAGEMENT										
GRAND JUNCTION, CO 81502	SERVICES	со	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MONUMENT HEALTH, LLC											
47-4424617, 744 HORIZON CT.,											
· · · · ·	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 F	RADIOLOGY	со	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SAN JUAN CANCER CENTER, LLC -											
20-2856331, 600 SOUTH 5TH											
STREET, MONTROSE, CO 81401 C	OP CANCER	со	N/A	N/A	N/A	N/A		х	N/A	x	N/A
CAREFLIGHT OF THE ROCKIES,											
LLC - 47-3525381, 500											
ELDORADO BLVD., SUITE 4300, M	MEDICAL AIR										
BROOMFIELD, CO 80021 I	TRANSPORT	со	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MED-MAP, LLC - 81-0491356											
/	RENTAL REAL										
	ESTATE	МТ	N/A	N/A	N/A	N/A		x	N/A		N/A
YELLOWSTONE SURGERY CENTER.	LOIAIL	MI	N/A	N/A	N/A	N/A		A	N/A	l f	
LLC - 72-1519467, 1144 NORTH											
28TH STREET, BILLINGS, MT											
/	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
GALLATIN VALLEY SURGERY	SI DONGLINI	111	14/11	M/A	M/A	II/A			П/А	┢╞	
CENTER, LLC - 88-2505265,											
2825 WEST MAIN STREET, SUITE											
· · · · · · · · · · · · · · · · · · ·	OP SURGERY	МТ	N/A	N/A	N/A	N/A		x	N/A	x	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	() Disprop ate alloc		(i) Code V-UBI amount in box 20 of Schedule	(j Gener mana partr	ral or ging	(k) Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
FIRST FLIGHT OF WYOMING, LLC	_											
- 92-1785143, 500 ELDORADO	_											
BLVD., SUITE 4300,	MEDICAL AIR											
BROOMFIELD, CO 80021	TRANSPORT	CO	N/A	N/A	N/A	N/A		x	N/A		x	N/A
MCKAY DEE SURGICAL CENTER,												
LLC - 26-0286308, 3895												
HARRISON BLVD, STE 200,												
OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A		x	N/A
GRANDEUR PEAK INTERNATIONAL												
STALWARTS, LP - 47-5468723,												
136 S. MAIN STREET, STE 720,												
SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
INNOVATION FUND HOLDINGS												
COMPANY, LLC - 47-1525723,]											
1000 WEST FULTON STREET, STE]											
213, CHICAGO, IL 60607	INNOVATION	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
HEALTHBOX SALT LAKE CITY I,												
LLC - 46-5338772, 33 WEST]											
MONROE STREET, STE 1700,]											
CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
INTERMOUNTAIN VENTURES FUND,												
LLC - 84-4037085, 36 SOUTH]											
STATE, SUITE 2200, SALT LAKE]											
CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
PELION OPPORTUNITY FUND III,												
LLC - 84-2757193, 2750 E	1											
COTTONWOOD PARKWAY, STE 600,	1											
SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
AACP KOREA BUYOUT INVESTORS												
II, LP - 82-4971663, ONE	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
AACP SPECIAL SITUATIONS II,												
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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop ate alloc	ortion- ations?	(i) Code V-UBI amount in box 20 of Schedule	managi partne	?
AACP KOREA BUYOUT INVESTORS		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	0
IV, LP - 98-1549044, ONE	-										
EMBARCADERO, 16TH FLOOR, SAN	-	CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		x	N/A	x	N/A
		TOUNNDO	N/A	N/A	N/A	N/A		A	N/A		N/A
LOGAN SURGERY CENTER, LLC -	-										
86-1965725, 1300 NORTH 500	-										
EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ST. GEORGE SURGERY CENTER,											
LLC - 85-3880188, 652 SOUTH	1										
MEDICAL CENTER DRIVE, ST.	1										
GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SALTZER ASC TEN MILE, LLC -											
	1										
WAY, SUITE 120, MERIDIAN, ID	1										
83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		x	N/A	x	N/A
NORTHPOINTE SURGICAL CENTER,											
LLC - 46-1487986, 2326 NORTH	1										
400 EAST, STE 100, TOOELE, UT	1										
84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A	x	N/A
HW AE CO-INVESTMENT PARTNERS,											
LP - 87-3405511, 2500 N.	1										
MILITARY TRAIL #470, BOCA	1										
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		х	N/A	x	N/A
MURRAY SURGERY CENTER, LLC -											
87-3940183, 5848 SOUTH]										
FASHION BOULEVARD, MURRAY, UT]										
84107	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A	x	N/A
PROVO SURGERY CENTER, LLC -											
87-3623664, 1157 NORTH 300	1										
WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		Х	N/A	X	N/A

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h) Disproportion-		(i) Code V-UBI	(j) General	(k) or Percentage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes	ations?	amount in box 20 of Schedule K-1 (Form 1065)	managi partne Yes N	?
SARATOGA SPRINGS SURGERY		oounity)						110			
CENTER, LLC - 87-3875864, 36											
SOUTH STATE, SUITE 2200, SALT	1										
LAKE CITY, UT 84111	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
PARK CITY SURGERY CENTER, LLC											
- 84-4898736, 900 ROUND	1										
VALLEY DRIVE, PARK CITY, UT	1										
84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A	x	N/A
PARK CITY SURGICAL CENTER											
REAL ESTATE, LLC -	1										
86-2568233, 900 ROUND VALLEY											
DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		х	N/A	x	N/A
CDHC 3, LLC - 87-3215157	1										
265 N. COUNTRY MANOR LANE	1										
ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
ARK GLOBAL EMERGING											
COMPANIES, LP - 82-3044843,											
22 EAST 100 SOUTH, 3RD FLOOR,											
SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		х	N/A	x	N/A
PELION OPPORTUNITY FUND IV,											
LLC - 85-3909188, 14761 S.											
FUTURE WAY, SUITE 500, SALT											
LAKE CITY, UT 84020	INVESTMENTS	UT	N/A	N/A	N/A	N/A		х	N/A	x	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) tion
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(i contr	b)(13) rolled
u u u u u u u u u u u u u u u u u u u		foreign country)		or trust)		assets		Yes	ity? No
HEALTHCARE CAPTIVE INSURANCE COMPANY -									
20-1937561, 36 SOUTH STATE, SUITE 2200, SALT									
LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A	x	
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									
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									
SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A	x	
CAN YOU PLAY?, INC 88-0846977									
1541 SOUTH 120 EAST									
FARMINGTON, UT 84025	SOFTWARE DEVELOPMENT	UT	N/A	C CORP	N/A	N/A	N/A	x	
CARENT LABORATORY SOLUTIONS, LLC -									
32-0557616, 22240 COUNTRY ROAD 39, LASALLE,									
CO 80645	MEDICAL LABORATORY	со	N/A	C CORP	N/A	N/A	N/A	x	
	1								
	1								
	1								
	1								
	1								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)	<u>1</u> e		_
f Dividends from related organization(s)			
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)			
i Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
o Sharing of paid employees with related organization(s)			
p Reimbursement paid to related organization(s) for expenses	1 p		
q Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	<u>1r</u>		
s Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAINT JOSEPH HOSPITAL, INC.	В	1,769,768.	COST
(2) SAINT JOSEPH HOSPITAL, INC.	с	1,892,886.	COST
(3) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.	м	402,130.	FMV
<u>(4)</u>			
(5)			
(6)			

Schedule R (Form 990) 2023 SAINT JOSEPH HOSPITAL FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	Are Partne 501(org Yes	(f) Share of total income	(g) Share of end-of-year assets	(r Dispr tior allocat Yes	opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne Yes N	or Percentage ownership

Schedule R (Form 990) 2023

Part VII | Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

332165 09-28-23

SAINT JOSEPH HOSPITAL FOUNDATION

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - FRONT RANGE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

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

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

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

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

332165 09-28-23

Part VII Supplemental Information

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

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

332165 09-28-23

Schedule R (Form 990) 2023

08351112 146781 84-0735096

SAINT JOSEPH HOSPITAL FOUNDATION

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831

332165 09-28-23