

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1375 E. 19TH AVENUE return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. DENVER, CO 80218 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) COLIN QUINCY • The books are in the care of ▶ 36 SOUTH STATE STREET, SUITE 1600 - SALT LAKE CITY, UT 84111 Telephone No. ▶ 801-442-3491 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or tax year beginning ___ , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b 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. 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

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

Form 8868 (Rev. 1-2022)

Form **990**

** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

2022 Open to Public

Department of the Treasury Internal Revenue Service 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.

Intern	al Rever	ue Service GO to www.irs.gov/F	orm990 for instructions and t	ne latest i	niormation.	Inspection
A F	or the	2022 calendar year, or tax year beginning	and	ending		
B c	heck if	C Name of organization			D Employer identif	fication number
	Addres change Name	SAINT JOSEPH HOSPITAL FOUNDATION				
	_change	Doing business as			84-0735096	5
	Initial	Number and street (or P.O. box if mail is not del	Room/suite	E Telephone numb	er	
	Final return/	1375 E. 19TH AVENUE	(303)812-64	37		
	termin- ated	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts \$	5,340,515.
	Ameno return	DENVER, CO 80218			H(a) Is this a group	
	Application	F Name and address of principal officer: 1251	E MCKAY		for subordinate	es? Yes X No
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	included? Yes No
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1) (or 52	If "No," attach	a list. See instructions
	Vebsit				H(c) Group exempti	on number
K F	orm of	organization: X Corporation Trust As	sociation Other	L Year	r of formation: 1977	M State of legal domicile; CO
Pa	rt I	Summary				
•	1	Briefly describe the organization's mission or most	significant activities: WE REVI	EAL AND	FOSTER GOD'S	
Governance		HEALING LOVE BY IMPROVING THE HEALTH	OF THE PEOPLE AND COMMU	NITIES		
r	2	Check this box if the organization disco	ntinued its operations or dispos	ed of more	e than 25% of its net as	ssets.
ove	3	Number of voting members of the governing body	(Part VI, line 1a)		3	25
Ğ	4	Number of independent voting members of the gov	verning body (Part VI, line 1b)		4	22
es &	5	Total number of individuals employed in calendar y	ear 2022 (Part V, line 2a)		5	0
Ζţ	6	Total number of volunteers (estimate if necessary)			6	38
Activities &	7 a	Total unrelated business revenue from Part VIII, co	lumn (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form	990-T, Part I, line 11			
					Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)			4,437,711	4,748,305.
	9	Program service revenue (Part VIII, line 2g)			0 .	
ě	10	nvestment income (Part VIII, column (A), lines 3, 4,	and 7d)		1,144,806	508,933.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c	9c, 10c, and 11e)		-13,265	ļ
	12	Total revenue - add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,569,252	5,243,377.
	13	Grants and similar amounts paid (Part IX, column (3,262,338	4,227,668.	
	14	Benefits paid to or for members (Part IX, column (A		0 .		
S		Salaries, other compensation, employee benefits (F			517,408	. 585,026.
Expenses	16a	Professional fundraising fees (Part IX, column (A), li	ne 11e)		0 .	0.
ж		Total fundraising expenses (Part IX, column (D), line		627.		
Ω̈́	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		494,952	
	18	Total expenses. Add lines 13-17 (must equal Part เว	K, column (A), line 25)		4,274,698	
		Revenue less expenses. Subtract line 18 from line	12		1,294,554	
t Assets or d Balances				В	eginning of Current Year	
sets	20	Total assets (Part X, line 16)			18,186,353	
t As					2,611,995	
Electric Services		Net assets or fund balances. Subtract line 21 from	line 20		15,574,358	. 13,313,401.
	rt II	Signature Block				
		ties of perjury, I declare that I have examined this return,			•	ny knowledge and belief, it is
rue,	correc	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	iich prepare	r has any knowledge.	
		Signature of officer			l Date	
Sigr		·			Date	
Her	е	LESLIE MCKAY, EXECUTIVE DIRECTOR				
		Type or print name and title		Т	Date Check	PTIN
n		Print/Type preparer's name	Preparer's signature		if	
Paid			self-empl	oyed		
	arer	Firm's name			Firm's EIN	
use	Only	Firm's address				
					Phone no.	
viay	the IF	S discuss this return with the preparer shown abo	ve? See instructions			Yes X No

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE	
	PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND	
	VULNERABLE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	. — —
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	ov expenses.
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	•
	revenue, if any, for each program service reported.	oxponeco, and
 4а	4 00F CC0	
та	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. MERGED, CREATING A MODEL	
	HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE	
4b	(Code:) (Expenses \$)
4-		
4c	(Code:) (Expenses \$,
_		
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	4.046.244	
<u></u>	1 V	222

84-0735096 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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?			٠,,
	If "Yes," complete Schedule D, Part IV	9_		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Λ	
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. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
а		110		x
b	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	1		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	l		,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Λ
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	⊢"		
.5	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	
	•		200	

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			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х				
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete						
	Schedule J	23	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		Х			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х			
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		Х			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,						
	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If						
	"Yes," complete Schedule L, Part IV	28a		Х			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х			
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If						
	"Yes," complete Schedule L, Part IV	28c		Х			
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		Х			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete						
	Schedule N, Part II	32		Х			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			1			
	Part V, line 1	34	Х	<u> </u>			
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			1			
	If "Yes," complete Schedule R, Part V, line 2	36		X			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l _			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X			
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1			
Pai	Note: All Form 990 filers are required to complete Schedule 0	38	X	Ь			
Га				х			
	Check if Schedule O contains a response or note to any line in this Part V						
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No			
1a b							
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
U	(gambling) winnings to prize winners?	1c					
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Form 990 (2022)

SAINT JOSEPH HOSPITAL FOUNDATION

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

					Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a	0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0 .		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	nt)?	4a		Х			
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Form 114, Report of Foreign Bank and Financial Actions for FinCEN Foreign Bank and Financial Actions for	ccoun	ts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х			
С	, , , , , , , , , , , , , , , , , , , ,								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization solicit						
	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contributi								
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X				
b				7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-		_		v			
	to file Form 8282?	1	1	7c		Х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e					
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year pay promiume directly or indirectly on a personal benefit contract?								
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
9 h	If the organization received a contribution of qualified intellectual property, did the organization file of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization received a contribution of cars, airplanes, air			7g 7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			/!!					
Ü				8					
9	Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
b									
10									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the	۱	I						
	organization is licensed to issue qualified health plans	13b							
C	Enter the amount of reserves on hand	13c		44-		Х			
14a				14a		Δ.			
	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 4960 tax on payment(s) of more than \$1,000,000 in remune			14b					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner			15		Х			
	excess parachute payment(s) during the year? If "Ves " see the instructions and file Form 4720. Schedule N.			15		21			
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	ne?	16		х			
10	If "Yes," complete Form 4720, Schedule O.	. 11 1001		10		-3			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitie							
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17					
	If "Yes," complete Form 6069.								
	,				000	(0000)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 25							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b	Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(mile decision in equation in extra section in the equation in		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	a Did the organization have a written conflict of interest policy? If "No," go to line 13							
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		х				
	Other officers or key employees of the organization	15b		х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		х				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
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, and 990-T (section 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 Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 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 books and records							
_0	COLIN QUINCY - 801-442-3491							
	36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111							

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

Employees, and Independent Contractors

X

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MEGAN MAHNCKE	1.00									
DIRECTOR	56.00	Х						0.	896,080.	170,062.
(2) JAMESON SMITH	1.00	1								
DIRECTOR	53.00	Х						0.	789,196.	240,721.
(3) RICKI KELLY	0.00	1								
FORMER OFFICER	51.00						Х	0.	312,587.	83,086.
(4) MARSHALL GOTTESFELD, MD	1.00	1								
DIRECTOR	50.00	Х						0.	338,362.	19,798.
(5) LESLIE MCKAY	50.00	1								
EXEC DIR FOUNDATION	0.00			Х				0.	175,867.	24,432.
(6) CHRISTY CHAUDHURI, MD	1.00	1								
DIRECTOR	0.00	Х						0.	7,708.	0.
(7) L. ROGER HUTSON	1.00	1								
DIRECTOR	0.00	Х						286.	0.	0.
(8) JOHN ALLBERY	1.00	1								
DIRECTOR 1/1-12/8/22	0.00	Х						280.	0.	0.
(9) MARY STUART	3.00	1								
BOARD CHAIR	0.00	Х		Х				157.	0.	0.
(10) CHRISTOPHER BATES, MD	1.00	1								
DIRECTOR	0.00	Х						89.	0.	0.
(11) NORM FRANKE	1.00	1								
DIRECTOR	0.00	Х						78.	0.	0.
(12) KATIE BEHNKE	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(13) DAVID BURNETT	1.00	1								
DIRECTOR 1/1-6/30/22	0.00	Х						0.	0.	0.
(14) LINDA CHILDEARS	1.00	1								
DIRECTOR	0.00	Х						0.	0.	0.
(15) JAY COUGHLON	1.00	1								
DIRECTOR	0.00	Х				_		0.	0.	0.
(16) MARK CORDOVA	1.00	1								_
DIRECTOR 6/1-12/31/22	0.00	Х				_		0.	0.	0.
(17) JULIE DAVIS RATNER	1.00	ļ_								_
DIRECTOR	0.00	Х						0.	0.	0. Form 990 (2022)

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Form 990 (2022) SAINT JOSEPH	H HOSPITAL F	OUN	DAT	ION					84-073509	6 Page 8
Part VII Section A. Officers, Directors, Tru	stees, Key Em	oloy	ees,	anc	l Hi	ghes	t Co	ompensated Employee	s (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more than or pox, unless person is both officer and a director/truster			than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) CHRIS DUNNE	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(19) DAVID-JACQUES FARAHI	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(20) LINDSAY FILSINGER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(21) MICHAEL GELDART	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(22) RYAN HARRIS	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(23) JOHN IKARD	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(24) STEVE LOGAN	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(25) JUSTIN MCMORROW	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(26) SEAN MCNICHOLAS	1.00									
DIRECTOR	0.00	х						0.	0.	0.
1b Subtotal								890.	2,519,800.	538,099.
c Total from continuation sheets to Part V							0.	0.	0.	
d Total (add lines 1b and 1c)								890.	2,519,800.	538,099.
Total number of individuals (including but								ceived more than \$100	000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

Nam	(A) e and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independen				

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

rm 990 SAINT JOSEP										
	rustees, Key Er	nplo	yee	s, aı	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) Name and title	(B) Average	(5)		Pos	C) ition		LΛ	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
7) LINDA OSTERLUND, PHD	1.00									
RECTOR	0.00	Х						0.	0.	
8) MICHAEL PODOLAK, MD	1.00									
RECTOR	0.00	Х						0.	0.	
9) STEVEN ZIEGLER	1.00								0	
RECTOR	0.00	Х						0.	0.	
		1								
		-								
		1								
		1								
		1								
		1								
		}								
	+									
		1								
			\vdash							
		1								

84-0735096

Form 990 (2022) SAINT JOSE Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
SΩ	1:	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b					
2 5		Fundraising events 1c	106,813.				
ffs,		d Related organizations 1d	1,110,894.				
ij gi			1,256,446.				
ns, Sim		Government grants (contributions)	1,230,440.				
e ë	1	All other contributions, gifts, grants, and	0 074 150				
혈된		similar amounts not included above 1f	2,274,152.				
펄		Noncash contributions included in lines 1a-1f 1g \$	14,700.				
<u>ŏ</u> <u>ĕ</u>		n Total. Add lines 1a-1f		4,748,305.			
			Business Code				
ė	2 :	a					
Program Service Revenue	- 1						
Se		·					
an		d					
P. G.		•					
Pr	1	All other program service revenue					
		Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		161,603.			161,603.
	4	Income from investment of tax-exempt bond pr		,			,
	5	Royalties	000000				
	J	(i) Real	(ii) Personal				
	6		()				
		· · · · · · · · · · · · · · · · · · ·					
		Net rental income or (loss)	(ii) Other				
	7 3		(ii) Other				
		assets other than inventory 7a 347,330.					
		Less: cost or other basis					
Jue		and sales expenses 7b 0.					
ě		Gain or (loss) 7c 347,330.					
ther Revenue		d Net gain or (loss)		347,330.			347,330.
je	8	Gross income from fundraising events (not					
ō		including \$ 106,813. of					
		contributions reported on line 1c). See					
		Part IV, line 18	83,277.				
	ı	Less: direct expenses 8b	97,138.				
		Net income or (loss) from fundraising events		-13,861.			-13,861.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 199a					
	ı	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	Gross sales of inventory, less returns					
		and allowances 10a					
	ı	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
		, ,	Business Code				
Miscellaneous Revenue	11 :	a					
ne							
ella ¥ei							
SS B		All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		5,243,377.	0.	0.	495,072.

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

D	Check if Schedule O contains a respons	(A)	(B)	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,165,643.	4,165,643.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	62,025.	62,025.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	187,783.	150,227.	18,778.	18,778
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	317,500.	254,000.	31,750.	31,750
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	12,031.	9,625.	1,203.	1,203
9	Other employee benefits	32,021.	25,617.	3,202.	3,202
10	Payroll taxes	35,691.	28,553.	3,569.	3,569
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	24 222			
f	Investment management fees	21,089.	21,089.		
g	Other. (If line 11g amount exceeds 10% of line 25,	2 22	4 500	20.4	004
	column (A), amount, list line 11g expenses on Sch 0.)	2,237.	1,789.	224.	224
12	Advertising and promotion	31,598.	25,278.	3,160.	3,160
13	Office expenses	17,204.	13,764.	1,720.	1,720
14	Information technology				
15	Royalties				
16	Occupancy	50 060	47 174	F 907	5 007
17	Travel	58,968.	47,174.	5,897.	5,897
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	55,101.	44,081.	F F10	E E10
19	Conferences, conventions, and meetings	33,101.	44,001.	5,510.	5,510
20	Interest				
21	Payments to affiliates				
2	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SHARED SERVICES - ADMIN	239,572.		239,572.	
b	SUPPLIES	33,312.	26,650.	3,331.	3,331
С	AWARDS AND RECOGNITON	30,238.	24,190.	3,024.	3,024
d	BANK CHARGES	27,355.	27,355.		
е	All other expenses	31,585.	19,284.	11,042.	1,259
25	Total functional expenses. Add lines 1 through 24e	5,360,953.	4,946,344.	331,982.	82,627
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Part X | Balance Sheet

		Check if Schedule O contains a response or no	te to ar	ny line in this Part X	T		<u></u>	
						(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			L		1	
	2	Savings and temporary cash investments	1,981,742.	2	1,055,557.			
	3	Pledges and grants receivable, net	2,222,307.	3	2,591,226.			
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current o						
		trustee, key employee, creator or founder, subs	tantial (contributor, or 35%				
		controlled entity or family member of any of the	se pers	sons			5	
	6	Loans and other receivables from other disqual			····· [
		under section 4958(f)(1)), and persons describe			[6	
S	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
As	9	D :1			- 1		9	
		Land, buildings, and equipment: cost or other			·····			
		basis. Complete Part VI of Schedule D	10a		0.			
	b	Less: accumulated depreciation			\neg	0.	10c	
	11					13,982,304.	11	10,372,857.
	12	Investments - other securities. See Part IV, line				, ,	12	, ,
	13	Investments - program-related. See Part IV, line					13	
	14	Intangible assets			14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equ				18,186,353.	16	14,019,640.
	17					37,327.	17	85,930.
	18	Grants payable		, -	18	, .		
	19	Deferred revenue					19	
	20	T 10 10 100			- 1		20	
	21	Escrow or custodial account liability. Complete		of Schedule D	Г		21	
	22	Loans and other payables to any current or forr					21	
Liabilities	22	trustee, key employee, creator or founder, subs						
≣		controlled entity or family member of any of the			- 1		22	
<u>Lia</u>	22				Г		23	
	23 24	Secured mortgages and notes payable to unrel. Unsecured notes and loans payable to unrelate			'''' Г		24	
	25	Other liabilities (including federal income tax, pa			├		24	
	23							
		parties, and other liabilities not included on line of Schedule D	5 17-24). Complete Fait X		2,574,668.	25	620,309.
	26	•••••			├	2,611,995.	26	706,239.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, che		re X		2,011,333.	20	700,233.
S		and complete lines 27, 28, 32, and 33.	eck Hei	e <u></u>				
ű	27	All and the second second			- 1	1,170,170.	27	243,196.
aa	27					14,404,188.	28	13,070,205.
В	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9			·····	11,101,100.	20	13,070,203.
Ë		_	200, CII	eck liefe				
Net Assets or Fund Balances	00	and complete lines 29 through 33.					00	
sts	29	Capital stock or trust principal, or current funds		not fund			29	
SSE	30	Paid-in or capital surplus, or land, building, or e					30	
et A	31	Retained earnings, endowment, accumulated in				15,574,358.	31	12 212 ///1
ž	32	Total liebilities and get assets (fund balances				18,186,353.	32	13,313,401.
	33	Total liabilities and net assets/fund balances				10,100,353.	33	14,019,640.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,243,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5 ,	,360,	953.
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-117,	576.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	,574,	358.
5	Net unrealized gains (losses) on investments	5	-2	,103,	381.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		-40,	000.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	13	,313,	401.
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>
				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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis				
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 School	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number

		SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096					84-0735096			
Pa	rt I	Reason for Public (Charity Status.	All organizations must o	omplete th	nis part.) S	ee instructions	3.		
The 1 2 3	organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiz city, and state:	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,	
5		An organization operated for section 170(b)(1)(A)(iv).		lege or university owned	l or operate	ed by a go	vernmental ur	nit describe	ed in	
6		A federal, state, or local go		ental unit described in	section 17	70(b)(1)(A)	(v).			
7	X	An organization that norma section 170(b)(1)(A)(vi). (C	lly receives a substar					e general _l	public described in	
0				4VAVvi) (Complete Don	• II \					
8	H	A community trust describe								
9		An agricultural research orgor university or a non-land-quiniversity:				-		-	-	
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontribution	ns, membershi	p fees, an	d gross receipts from	
		activities related to its exen								
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	anization a	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)							
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	ne functior	ns of, or to car	ry out the	purposes of one or	
		more publicly supported or	ganizations describe	d in section 509(a)(1) d	r section :	509(a)(2).	See section 5	09(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	supporting organizatior	n and com	plete lines	12e, 12f, and	12g.		
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	orted orga	anization(s), ty	pically by	giving	
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustee	s of the su	upporting	
		organization. You must o	complete Part IV, Se	ctions A and B.						
b		Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization	n(s), by hav	ving	
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the sup	oorted	
		organization(s). You mus	t complete Part IV,	Sections A and C.						
С		Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	and functionall	y integrate	ed with,	
		its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	ith its support	ted organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	uirement and	an attentiv	veness	
		requirement (see instruct	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.			
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				_
f	Ente	er the number of supported o	organizations							_
g		vide the following information								_
	((i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	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)
										_
T-4-										_

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6,951,095.	10,959,888.	3,332,373.	4,437,711.	4,748,305.	30,429,372.
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	6,951,095.	10,959,888.	3,332,373.	4,437,711.	4,748,305.	30,429,372.
	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)						8,104,653.
6	Public support. Subtract line 5 from line 4.						22,324,719.
	etion B. Total Support						,,,
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	6,951,095.	10,959,888.	3,332,373.	4,437,711.	4,748,305.	30,429,372.
	Gross income from interest,	, , ,	, , .	, , .	, , .	, , ,	, , ,
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,847.	220,952.	235,572.	308,639.	161,603.	952,613.
0		25,017.	220,332.	233,372.	300,033.	101,003.	332,013.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	43,187.	38,674.	61,197.	64,113.	83,277.	290,448.
	assets (Explain in Part VI.)	45,107.	30,074.	01,197.	04,113.	03,277.	31,672,433.
	Total support. Add lines 7 through 10		ì			40	31,072,433.
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	•				. , . ,	
Sac	organization, check this box and stop etion C. Computation of Public						
	Public support percentage for 2022 (li			olumn (f))		14	70.49 %
						15	,,,
	Public support percentage from 2021 33 1/3% support test - 2022. If the o						70
10a							
L	stop here. The organization qualifies a		-				
D	33 1/3% support test - 2021. If the o						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=	-	_	
	meets the facts-and-circumstances tes					7 U 4F i	
b	10% -facts-and-circumstances test	_					IU% Or
	more, and if the organization meets th				-		
40	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n ala not check a b	oox on line 13, 16a	i, 16b, 1/a, or 17b,	, cneck this box ar		(Form 990) 2022

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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.)

Sed	etion A. Public Support	clow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7 <i>a</i>	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.)						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) = 3 · 3	(2) 20:0	(0) = 0 = 0	(4,) = 0 = 1	(0) = 0 = 0	(1) 1010.
	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						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
	check this box and stop here						
	ction C. Computation of Publi					 	
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					T .= I	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	% 7 : t
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	in did not check a	hox on line 14 19	a or 19h check th	ns hox and see in	structions	1 1

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
За		
Ja		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
o		
8		
9a		
9b		
9с		
10a		
10b		<u> </u>
ule A (Forn	n 990)	2022

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Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	· · · · · · · · · · · · · · · · · · ·	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structior		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		O.L.		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	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				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	d Type III supporting orga	nization (see		
	instructions).	, ,		·		

Par	t V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6	Other distributions (describe in Part VI). See instructions.		6	i
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 2022 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
		(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
<u>a</u>	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
<u>e</u>	From 2021			
f_	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2022 distributable amount			
<u>_i</u>	Carryover from 2017 not applied (see instructions)			
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>	Excess from 2018			
<u>b</u>	Excess from 2019			
c	Excess from 2020			
d	Excess from 2021			
_	Evoese from 2022			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
FUNDRAISING EVENT EXCLUDING CHARITABLE CONTRIBUTIONS
2018 AMOUNT: \$ 43,187.
2019 AMOUNT: \$ 38,674.
2020 AMOUNT: \$ 61,197.
2021 AMOUNT: \$ 64,113.
2022 AMOUNT: \$ 83,277.

SAINT JOSEPH HOSPITAL FOUNDATION

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

Name of the organization

SAINT JOSEPH HOSPITAL FOUNDATION

84-0735096

Organization type (check one):						
Filers of:	Secti	on:				
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				
Note: Only a	a section 501(c)(7), (8),	ed by the General Rule or a Special Rule. or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule	е					
	-	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ntributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rule	es					
sec	tions 509(a)(1) and 170 atributor, during the yea	bed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under $D(b)(1)(A)(vi)$, that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ar, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Complete Parts I and II.				
con liter	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.					
yea is c pur	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$					
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 2 Name of organization Employer identification number SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096

Part I	Contributors (see instructions). Use duplicate copies of Part I if ad	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$	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		\$ \$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	### Total contributions	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
5	Name, audiess, and ZIF + +	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096

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

Page 3

Schedule B (Form 990) (2022)

iame oi oi	rganization			Employer identification number			
	SEPH HOSPITAL FOUNDATION			84-0735096			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	through (e) and the following lin	e entry. For organizations				
	completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional states.	haritable, etc., contributions of \$1,00; space is needed.	O or less for the year. (Enter th	is info. once.) $\Phi_{$			
(a) No. from	(b) Purpose of gift		(4	Description of how gift is hold			
Part I	(b) Furpose or grit	(c) Use of gift	(u) Description of how gift is held			
		(e) Transfer o	f gift				
	Transferee's name, address, a	nd 7 ID + 4	Polationship	of transferor to transferee			
ŀ	mansieree's name, address, a	IU ZIF + 4	neiationsnip	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, and ZIP + 4 Relationship of transferor to transferee						
ŀ	Transferee's name, address, a	Transferee's name, address, and ZIP + 4					
(a) No.		<u> </u>	<u> </u>				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
ŀ		(e) Transfer o	f aift				
	(e) Hansier or grit						
-	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							
ŀ		(a) Transfer s	£ a:i6b				
		(e) Transfer o	r girt				
	Transferee's name, address, a	nd ZIP + 4	Relationship	of transferor to transferee			
		_					
J							

Page 4

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

_	SAINT JOSEPH HOSPITAL FOUNDA		84-0735096
Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Par		anization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		,
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	· —	a certified historic structure
	Preservation of open space		a continea meterie caractare
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
a	-		
b			
	Number of conservation easements on a certified historic stru	cture included in (a)	
C	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired at		
u		• • •	04
2	historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ease		
5	Does the organization have a written policy regarding the peri		□ v □ N.
•	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing consi	ervation easements during the year
_	Associated and a second transport to the second transport transport transport to the second transport transpor		San and the state of the state
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservat	ion easements during the year
•	December 2011) (4) (D) (')
8	Does each conservation easement reported on line 2(d) above	• •	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	·	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial stateme	nts that describes the
Dai	organization's accounting for conservation easements. † III Organizations Maintaining Collections of	Art Historical Treasures or Otl	par Similar Assats
rai			iei Siiiliai Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	·	
	of art, historical treasures, or other similar assets held for publications and the similar assets held for publications are similar assets.		
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financial	gain, provide
	the following amounts required to be reported under FASB AS	_	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

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

Schedule D (Form 990) 2022 SAINT JOSEPH HOS	PITAL FOUNDATION		84-0735096	Page 3
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				
(0)				
(A) Other				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.				
	F 000 P+ IV I'	Man One Ferra 200 Best V. Ben 40		
Complete if the organization answered "Yes"				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	end-of-year market	value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
(a)	Description		(b) Book	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)			
Part X Other Liabilities.			•	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.	
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2) INTERCOMPANY PAYABLE				545,836.
(3) ANNUITIES PAYABLE				74,473.
(4)				,
(5)				
(6)			1	
• •				
(7)				
(8)				
(9)				

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) 2022

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

84-0735096

Pai	rt XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.					
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements	S	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							
С	Recoveries of prior year grants							
d	Other (Describe in Part XIII.)							
е	Add lines 2a through 2d		2e					
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIII.)	4b						
С	Add lines 4a and 4b		4c					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, lin	e 12.)	5					
Pa	rt XII Reconciliation of Expenses per Audited Financia		s per Return.					
	Complete if the organization answered "Yes" on Form 990, Part		<u> </u>					
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						
a	Donated services and use of facilities							
b	Prior year adjustments							
С	Other losses							
d	Other (Describe in Part XIII.)	· · · · · · · · · · · · · · · · · · ·						
e	Add lines 2a through 2d							
3	Subtract line 2e from line 1		3					
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 4- 1						
a	Investment expenses not included on Form 990, Part VIII, line 7b							
b	Other (Describe in Part XIII.) Add lines 4a and 4b		40					
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. II.							
Pa	rt XIII Supplemental Information.	ne 18.)						
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a	and 4: Part IV. lines 1b and 2b: Par	t V. line 4: Part X. line 2: Part XI.					
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi		,					
		,						
PART	7 V, LINE 4:							
THE	FOUNDATION'S TEMPORARY ENDOWMENT FUNDS AND EARNINGS F	ROM THE PERMANENT						
ENDO	OWMENT FUNDS SUPPORT THE SAINT JOSEPH HOSPITAL IN AREA	S INCLUDING						
ASSC	OCIATE EDUCATION, CARDIOVASCULAR, MOM/BABY & PEDIATRIC	S, ONCOLOGY,						
SPIF	RITUAL CARE, AND OTHER SERVICES AND PROGRAMS.							

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	PH HOSPITAL FOUNDATION					Employer ide 84-073509	ntification number
	Complete if the organization answer	ared "V	os" or	Form 990 Part IV I	ina 1		
required to complete this part		reu i	65 UI	11 01111 990, Fait IV, 1	iiie i	7.101111 990-LZ	mers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Poly If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the 	e Solicita f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p	tion of tion of fundra (includant	non-g gover aising ding of onal fi	overnment grants nment grants events fficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have o	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
List all states in which the organizatio or licensing.	n is registered or licensed to solicit (utions	or has been notified	it is e	exempt from re	gistration
LHA For Paperwork Reduction Act Noti	ce see the Instructions for Form (990 or	990-5	7		Schadula	G (Form 990) 2022

Pa	ırt l	Fundraising Events. Complete if the of fundraising event contributions and great productions.				
		or rainaraion ig o rom outrina and a la gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			GOLF TOURNAMENT	LIGHT OF THE CITY		col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	179,180.	10,910.		190,090.
	2	Less: Contributions	96,325.	10,488.		106,813.
	3	Gross income (line 1 minus line 2)	82,855.	422.		83,277.
	4	Cash prizes				
Š	5	Noncash prizes	29,725.			29,725.
xpense	6	Rent/facility costs	54,105.			54,105.
Direct Expenses	7	Food and beverages				
	8	Entertainment Other direct expenses		1,283.		13,308.
	10					97,138.
	11	Net income summary. Subtract line 10 from li				-13,861.
Pa	ırt l	Gaming. Complete if the organization				
		\$15,000 on Form 990-EZ, line 6a.	1	T		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
R	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
а	ls t	ter the state(s) in which the organization conducted organization licensed to conduct gaming action." explain:	ctivities in each of these	states?		Yes No
		ere any of the organization's gaming licenses re Yes," explain:				Yes No
0000		1.97.99			Caha	edule G (Form 990) 2022

Sch	edule G (Form 990) 2022 SAINT JOSEPH HOSPITAL FOUNDATION 84	-0/35096	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
			_
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	Ye	s No
h	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	16	5 NO
U	organization's own exempt activities during the tax year \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III. lines	9. 9b. 10b.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , , , , , , ,

Schedule G	G (Form 990) SAIN	I JOSEPH HOSPITAL FOUNDATION	84-0735096	Page 4
Part IV	SAIN (Form 990) SAIN Supplemental Information	n (continued)		<u> </u>
		(continued)		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

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

Attach to Form 990.

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

2022
Open to Public

Inspection

Name of the organization SAINT JOSEPH	Employer identification number 84-0735096						
Part I General Information on Grants a							01 0,0000
Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro	stance? ocedures for monit	oring the use of grant	funds in the United	l States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than s					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SAINT JOSEPH HOSPITAL, INC. 1375 E. 19TH. AVENUE							
DENVER, CO 80218	84-0417134	501(C)(3)	4,165,643.	0.			OPERATIONAL SUPPORT
2 Enter total number of section 501(c)(3) a	nd government or	uganizations listed in th	ne line 1 table	<u> </u>	I	I	1.
3 Enter total number of other organization	s listed in the line	- 1 table					

Schedule I (Form 990) 2022 SAINT JOSEPH HOSPITAL	FOUNDATION				84-0735096	Page
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of nonc	cash assistance
SCHOLARSHIPS	28	60,025.	0.			
HUMANITARIAN GRANTS	2	2,000.	0.			
Part IV Supplemental Information. Provide the information req	juired in Part I, lir	ne 2; Part III, column	(b); and any other ac	dditional information.		
PART I, LINE 2:						
DESCRIPTION OF ORGANIZATION'S PROCEDURES FOR MONITOR	ORING THE USE	E OF GRANTS;				
SAINT JOSEPH HOSPITAL FOUNDATION RAISES FUNDS TO ST		FABLE CARE				
AND SERVICES, INCLUDING MEDICAL SERVICES FOR THE U						
UNDERINSURED, STAFF AND PATIENT EDUCATION, AND THE						
JOSEPH HOSPITAL, INC. (THE HOSPITAL). THE SAINT JO						
WORKS CLOSELY WITH THE HOSPITAL TO ENSURE THAT GRAD						
INTENDED PURPOSE AND HONOR THE DONOR'S INTENT. CHA	RITY CARE PRO	OGRAM			Oak a da la l	I (Farra 000) 0000

22

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Name of the organization

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

SAINT JOSEPH HOSPITAL FOUNDATION

84-0735096 **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 2 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х a Receive a severance payment or change-of-control payment? 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b х c Participate in or receive payment from an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 5 contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation 6 contingent on the net earnings of: Х a The organization? 6a Х **b** Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III Х 7 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the Х initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

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-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MEGAN MAHNCKE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	473,771.	391,051.	31,258.	141,612.	28,450.	1,066,142.	29,019.
(2) JAMESON SMITH	(i)	0.	0.	0.	0.	0.	0.	0.
l l	(ii)	537,248.	174,872.	77,076.	215,149.	25,572.	1,029,917.	72,440.
(3) RICKI KELLY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	208,955.	102,789.	843.	64,637.	18,449.	395,673.	0.
(4) MARSHALL GOTTESFELD, MD	(i)	0.	0.	0.	0.	0.	0.	0.
l l	(ii)	334,687.	0.	3,675.	16,705.	3,093.	358,160.	0.
(5) LESLIE MCKAY	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	156,072.	18,920.	875.	14,092.	10,340.	200,299.	0.
	(i)							
((ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 SCL HEALTH AND ALL OF ITS

AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF

THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO

INTERMOUNTAIN HEALTH CARE INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO

COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW

IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE

PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF

INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH

THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING

FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE

COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON

CURRENT COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING

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.

COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES

COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR

FUNCTIONALLY COMPARABLE POSITIONS. THE AVAILABILITY OF SIMILAR SERVICES IN

THE GEOGRAPHIC AREA SERVED BY INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT

COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM, CONSISTENT WITH THE

PAY PHILOSOPHY SET BY INTERMOUNTAIN HEALTH CARE INC.'S BOARD. THE COMMITTEE

EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND

APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO

COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.

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

FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR

MANAGEMENT.

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES

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

6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

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

MANAGEMENT IS REASONABLE. APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4B:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS

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

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN OUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

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

EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

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

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

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

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

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE. SO THE COMMITTEE

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

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

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

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

EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014

PRIOR TO 2014. THE RELATED ORGANIZATION'S NODC SERP PLAN PROVIDED A BENEFIT

TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION.

THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER.

THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013.

FOR AMOUNTS CONTRIBUTED TO THE NODC SERP PLAN PRIOR TO 2014 VESTED AMOUNTS

ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN

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

INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO

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

RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

IN 2019. THE RELATED ORGANIZATION CONSOLIDATED FOUR NON QUALIFED DEFERRED

COMPENSATION PLANS INTO ONE PLAN. AS PART OF THIS EFFORT. ALL VESTED

BALANCES FROM THE SERP PLANS PRIOR TO 2014 WERE PAID TO THE PARTICIPANTS IN

2020. THERE ARE NO REMAINING PARTICIPANTS IN THE LEGACY PLANS.

NQDC SERP PLANS STARTING IN 2014

STARTING IN 2014. THE RELATED ORGANIZATION'S 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.

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN

PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2022. VESTED

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

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

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

RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NODC SERP PLANS IN 2022 WERE: MEGAN MAHNCKE

- \$29,019, JAMESON SMITH - \$72,440.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J. DEFERRED COMPENSATION

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

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

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

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

RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY

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

INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN

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

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

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

REPORTING REQUIREMENTS THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO

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

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

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

PART I, LINE 7:

OTHER NON-FIXED PAYMENTS

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

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

ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS

CHARITABLE MISSION AND STRATEGIC IMPERATIVES.

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

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

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

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

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

SAFETY AND PATIENT EXPERIENCE AND FULFILLMENT OF OUR MISSION.

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

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

SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE

WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN

YEAR.

THE AT RISK COMPENSATION PLAN SHALL BE INTERPRETED, APPLIED AND

ADMINISTERED AT ALL TIMES IN ACCORDANCE WITH CODE SECTION 409A AND GUIDANCE

ISSUED THEREUNDER. THE HEALTH CARE SYSTEM RESERVES THE RIGHT TO AMEND OR

TERMINATE THIS PLAN AT ANY TIME FOR ANY REASON.

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

ON APRIL 1, 2022, INTERMOUNTAIN HEALTH CARE, INC. AND SISTERS OF

CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH) MERGED.

CREATING A MODEL HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY. ACCESSIBLE.

AND AFFORDABLE HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA

COLORADO MONTANA WYOMING AND KANSAS. THE ORGANIZATION EMPLOYS

NEARLY 60,000 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL

HOSPITAL). AND RUNS HUNDREDS OF CLINICS. WHILE PROVIDING HEALTH

INSURANCE TO OVER ONE MILLION PEOPLE IN UTAH AND IDAHO. INTERMOUNTAIN

HEALTH CARE, INC. AND RELATED TAX-EXEMPT ORGANIZATIONS ADHERE TO

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

GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN KEEPING

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

INTERMOUNTAIN HEALTH CARE, INC.'S BOARD COMPENSATION COMMITTEE

(COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION

ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE

COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING

SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF

COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE.

APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

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

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

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

ACCOUNT ALLOWANCE OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES

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

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

PROFESSIONAL ADMINISTRATIVE AND OTHER SUCH SERVICES.

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection **Employer identification number**

SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE, 990, PART I, LINE J WEBSITE: WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL-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 NEARLY 60,000 CAREGIVERS OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN UTAH AND IDAHO. AS PART OF INTERMOUNTAIN HEALTH (INTEGRATED HEALTH SYSTEM) SAINT JOSEPH 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 MEDICINE INTERNAL MEDICINE GENERAL SURGERY AND OBSTETRICS/GYNECOLOGY TO UNINSURED OR UNDERINSURED, LOW-INCOME INDIVIDUALS AND FAMILIES IN THE DENVER AREA,

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

Employer identification number Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 BEHAVIORAL HEALTH: DONORS FUND INTEGREATED CARE, ESPECIALLY FOR PREGNANT AND POSTPARTUM WOMEN, AND NO-COST SUICIDE PREVENTION PROGRAMMING FOR AT-RISK PATIENTS. WOMEN & INFANTS CARE: OUR DONORS INVEST IN PROGRAMS THAT SUPPORT WOMEN AND CHILDREN AT ALL STAGES OF LIFE. FUNDS SUPPORT THE NEONATAL INTENSIVE CARE UNIT, FOURTH TRIMESTER CARE FOR POSTPARTUM WOMEN, AND FUND REUNIONS OF PARENTS AND CHILDREN WHO RECEIVED CARE IN THE NICU. CARDIOVASCULAR & RESPIRATORY CARE: DONORS SUPPORT INNOVATION AND EDUCATION FOR THOSE WORKING AND RECEIVING CARE IN THE CARDIOVASCULAR AND RESPIRATORY UNITS. DONOR FUNDS HAVE CREATED A CARDIAC INTENSIVE CARE UNIT, CARDIOVASCULAR LECTURESHIP SERIES, AND A RESPIRATORY INSTITUTE TO SUPPORT PATIENTS IN MANAGING CHRONIC RESPIRATORY DISEASES. MEDICAL EDUCATION: SCHOLARSHIP AND EDUCATION FUNDS SUPPORT QUALIFIED SAINT JOSEPH HOSPITAL, CAREGIVERS, NURSES, ALLIED HEALTH PROFESSIONALS, AND PHYSICIANS TO OBTAIN ADVANCED EDUCATION AND TRAINING IN A VARIETY OF SPECIALTY AND CERTIFIED PROGRAMS. THESE FUNDS ALSO SUPPORT CONFERENCE ATTENDANCE, GRADUATE MEDICAL EDUCATION, THE SIMULATION LAB, AND WORKFORCE DEVELOPMENT PROGRAMS. ONCOLOGY & CANCER CARE: FINANCIAL NAVIGATION FOR ONCOLOGY PATIENTS ENSURES THEY IDENTIFY AND TAKE ADVANTAGE OF HEALTH INSURANCE, PATIENT 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

Schedule O (Form 990) 2022	Page 2
Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
IMPROVE SURVIVAL RATES.	
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 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:

Employer identification number Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 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 THE HEALTH CARE SYSTEM. THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS ARE ADDRESSED TO THE TAX DEPARTMENT PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY.

Schedule O (Form 990) 2022 Page **2**

Name of the organization **Employer identification number** SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 SAINT JOSEPH HOSPITAL FOUNDATION AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, OFFICERS AND DIRECTORS. PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS, OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS ARE ALL REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON HIRE/APPOINTMENT AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES. THESE STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP. THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR ADMINISTERING THOSE AFFAIRS. THE EXISTENCE OF ANY CONFLICTS OF INTEREST WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED. CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE PROHIBITED. ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON. THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING: BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS; SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS); EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES

Employer identification number Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES); MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT; DEPARTMENT DIRECTORS; AND OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE. UPON BECOMING AN INTERESTED PERSON AND ON AN ANNUAL BASIS. INTERESTED PERSONS ARE REQUIRED TO DISCLOSE ANY RELATIONSHIPS THAT CONSTITUTE OR MIGHT LEAD TO A CONFLICT OF INTEREST BY COMPLETING THE CURRENT CONFLICT OF INTEREST AND GIFT DISCLOSURE STATEMENT ("STATEMENT") AS APPROVED BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER. THE CHIEF INTEGRITY AND COMPLIANCE OFFICER WILL OVERSEE THE REVIEW OF THE STATEMENTS AND THE RESOLUTION OF ANY IDENTIFIED CONFLICTS OF INTEREST AND ALERT THE SUPERVISOR AND/OR BOARD CHAIR. WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL COMPLIANCE AND PRIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, COMPLETE A DISCLOSURE, AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT. WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR, EVEN IF THE CONFLICT OF

Employer identification number Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 INTEREST HAS BEEN PREVIOUSLY DISCLOSED. THE INTERESTED PERSON'S LOCAL COMPLIANCE AND PRIVACY OFFICER AND/OR SUPERVISOR/BOARD OR COMMITTEE CHAIR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS. UPON MAKING HIS OR HER DISCLOSURE. THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED. IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT. HOWEVER, IF AN INTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT; BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING; OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES. WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST. THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST

Employer identification number Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION 84-0735096 INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD COMMITTEE OR OTHER DECISION-MAKING BODY. MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR AUDIT AND COMPLIANCE COMMITTEES. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE HEALTH CARE SYSTEM'S TAX DEPARTMENT FOR COMPLIANCE WITH THE FORM 990 TAX RETURN. FORM 990, PART VI, SECTION B, LINE 15: FORM 990, PART VI, SECTION B (POLICIES) LINES 15(A) & 15(B) THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND

Schedule O (Form 990) 2022 Page **2**

Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
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 HEALT CARE, INC.'S BOARD, THE COMMITTEE EMPHASIZES THE	
IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE	_
WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION	
PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.	
AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE	
FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR	
MANAGEMENT.	
1) COMPENSATION COMMITTEE	
2) INDEPENDENT COMPENSATION CONSULTANT	
3) FORM 990 OF OTHER ORGANIZATIONS	
4) WRITTEN EMPLOYMENT CONTRACTS	
5) COMPENSATION SURVEYS AND STUDIES	_
6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE	_
THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO	
ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR	
MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY	_
PHILOSOPHY SET BY THE BOARD.	

Schedule O (Form 990) 2022	Page 2
Name of the organization SAINT JOSEPH HOSPITAL FOUNDATION	Employer identification number 84-0735096
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.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization SAINT JOSEPH HOSPIT	Em	Employer identification numb						
Part I Identification of Disregarded Entities. Comp	lete if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
(a)	(b)	(c)	(d)	(e)			(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state foreign country)			r assets Direct		controlling	g
Part II Identification of Related Tax-Exempt Organiorganizations during the tax year.	zations. Complete if the organization a	 answered "Yes" on Form 99	0, Part IV, line 34, b	pecause it had one	or more	related tax-ex	 empt	
(a)	(b)	(c)	(d)	(e)		(f)] ((g) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Dire	ct controlling entity	conf	trolled
				501(c)(3))			Yes	No
SISTERS OF CHARITY OF LEAVENWORTH HEALTH	MANAGEMENT OF RELATED TAX				L			
SYSTEM, INC 23-7379161, 500 ELDORADO	EXEMPT HOSPITALS AND					OUNTAIN		
BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE SERVICES	KANSAS	501(C)(3)	LINE 12B, II			<u>, </u>	Х
SCL HEALTH FOUNDATION - 82-3290526					SISTER			
500 ELDORADO BLVD., SUITE 4300	SUPPORT RELATED TAX EXEMPT				CHARIT	Y OF		

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

SUITE 4300

SEE PART VII FOR CONTINUATIONS

ORGANIZATIONS

MEDICAL RESEARCH

SUPPORTING ORGANIZATION

Schedule R (Form 990) 2022

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BROOMFIELD, CO 80021

BROOMFIELD, CO 80021

500 ELDORADO BLVD.

BROOMFIELD, CO 80021

INTEGRITY HEALTH - 47-4520350

SCL HEALTH RESEARCH INSTITUTE, INC. -

85-2014794, 500 ELDORADO BLVD., SUITE 4300

COLORADO

COLORADO

COLORADO

501(C)(3)

501(C)(3)

501(C)(3)

LINE 7

LINE 4

III-FI

LINE 12C,

LEAVENWORTH

SISTERS OF

CHARITY OF

SISTERS OF CHARITY OF

EAVENWORTH

LEAVENWORTH

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	Section 5	3) 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	contr	olled
or related organization		Toreign country)		501(c)(3))	,	Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION -						163	NO
84-0482695, 1600 PRAIRIE CENTER PARKWAY,							
BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	х	
PLATTE VALLEY MEDICAL CENTER FOUNDATION -					BRIGHTON		
74-2255936, 1600 PRAIRIE CENTER PARKWAY,	7				COMMUNITY		
BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	HOSPITAL	х	
MOUNT ST. VINCENT HOME, INC 84-0405260					SISTERS OF		
4159 LOWELL BOULEVARD	7				CHARITY OF		
DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	LEAVENWORTH	х	
NJH-SJH, INC 47-1194849	MANAGEMENT OF RELATED TAX				SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	EXEMPT HOSPITALS AND				CHARITY OF		
DENVER, CO 80211	HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	LEAVENWORTH	х	
SAINT JOSEPH HOSPITAL, INC 84-0417134					SISTERS OF		
1375 EAST 19TH AVENUE					CHARITY OF		
DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	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	х	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION -							
84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
CO 80026	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	х	
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.	х	
ST. MARYS HOSPITAL & MEDICAL CENTER, INC					SISTERS OF		
84-0425720, 2635 NORTH 7TH STREET, GRAND					CHARITY OF		
JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	Х	
ST. MARYS HOSPITAL FOUNDATION - 23-7001007					ST. MARYS		
2635 NORTH 7TH STREET					HOSPITAL &		
GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	MEDICAL CENTER,	х	
CARITAS CLINICS, INC 48-1009910					SISTERS OF		
818 NORTH 7TH STREET					CHARITY OF		
LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	Х	
MARIAN CLINIC, INC 48-1046905					SISTERS OF		
3164 SE 6TH AVENUE	_				CHARITY OF		
TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	Х	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5	
of related organization		foreign country)	section	status (if section	entity	organiz	zation?
HOLY ROSARY HEALTHCARE - 81-0231792				501(c)(3))	SISTERS OF	Yes	No
2600 WILSON STREET	-				CHARITY OF		
MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	х	
HOLY ROSARY HEALTHCARE FOUNDATION, INC	HOSTITAL BERVICES	HONTANA	501(0/(3/	DINE 3	DEAVENWORTH	Λ	
20-2270238, 2600 WILSON STREET, MILES CITY,	1				HOLY ROSARY		
MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE	х	
ST. JAMES HEALTHCARE - 81-0231785	DOTTONITING GROWINIZHTION		301(0)(3)	1211, 1	SISTERS OF		
400 SOUTH CLARK STREET	1				CHARITY OF		
BUTTE MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	х	
ST. JAMES HEALTHCARE FOUNDATION, INC							
65-1202190, 400 SOUTH CLARK STREET, BUTTE,	1				ST. JAMES		
MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HEALTHCARE	х	
SCL HEALTH - MONTANA - 81-0232124				,	SISTERS OF		
1233 NORTH 30TH STREET	1				CHARITY OF		
BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	х	
ST. VINCENT HEALTHCARE FOUNDATION, INC							
81-0468034, 1106 NORTH 30TH STREET,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH -		
BILLINGS, MT 59101	ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	MONTANA	х	
INTERMOUNTAIN HEALTH CARE, INC 87-0269232							
36 SOUTH STATE, SUITE 2200]						
SALT LAKE CITY, UT 84111	HOLDING COMPANY	UTAH	501(C)(3)	LINE 12B, II	N/A		Х
INTERMOUNTAIN COMMUNITY CARE FOUNDATION,							
INC 94-2853320, 36 SOUTH STATE, SUITE					INTERMOUNTAIN		
2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	HEALTH CARE, INC.	х	
SELECTHEALTH, INC 87-0409820							
5381 GREEN STREET	DELIVERY OF HEALTH				INTERMOUNTAIN		
MURRAY, UT 84123	BENEFITS	UTAH	501(C)(4)		HEALTH CARE, INC.	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.	Х	
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.	Х	
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC.]				INTERMOUNTAIN		
- 00-0160881, 6355 SOUTH BUFFALO, LAS VEGAS,	_				HEALTH SERVICES,		
NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INC.	Х	

(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		g) 512(b)(13 rolled zation?
				501(c)(3))		Yes	No
HC HEALTH SERVICES, INC 94-2854057							
6 S STATE STREET, SUITE 2200					INTERMOUNTAIN		
ALT LAKE CITY, UT 84111	HEALTHCARE	UTAH	501(C)(3)	LINE 3	HEALTH CARE, INC.	Х	

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	1)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	alloca		Code V-UBI amount in box 20 of Schedule	mana	iging ner?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
SCLH-GI ENDOSCOPY HOLDINGS,												
LLC - 81-2979243, 382 S.												
ARTHUR AVENUE, LOUISVILLE, CO												
80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		x	N/A		x	N/A
SCLTDI JV, LLC - 47-2294770												
4200 SIX FORKS ROAD, SUITE 100												
RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		x	N/A		x	N/A
ATHLETIC MEDICINE &												
PERFORMANCE, LLC (SVB IS												
PARTNER) - 27-2270640, 1144	PHYSICAL											
NORTH 28TH STREET, BILLINGS,	THERAPY	MT	N/A	N/A	N/A	N/A		x	N/A		х	N/A
												_
SUMMIT SURGERY CENTER, LLC -												
81-0536068, 434 SOUTH CLARK]											
STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A		Х	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)	(b)	(c)	(d)	(e) (f)		(g)	(h)	()	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(b contr	b)(13) rolled tity?
		country)		·				Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069	_								ĺ
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	1261243								
500 ELDORADO BLVD., SUITE 4300	REAL ESTATE								
BROOMFIELD, CO 80021	MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A		х
LEAVEN INSURANCE COMPANY, LTD 98-0370522									
23 LIME TREE BAY AVENUE, WEST BAY ROAD		CAYMAN							
GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A		Х
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,									
INC 46-3632053, 500 ELDORADO BLVD.,									
SUITE 4300, BROOMFIELD, CO 80021 HEALTHCARE		MT	N/A	C CORP	N/A	N/A	N/A		Х
SELECTHEALTH BENEFIT ASSURANCE COMPANY -									
87-0497549, 5381 GREEN STREET, MURRAY, UT	DELIVERY OF HEALTH								
84123	BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A		Х

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(H	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI	General	or Percentage
of related organization		(state or	entity	(related, unrelated, excluded from tax under	income	end-of-year	ate alloc	cations?	amount in box 20 of Schedule	managii partner	
		foreign country)		sections 512-514)		assets	Yes	No		Yes N	0
GRAND VALLEY SURGICAL CENTER,											
LLC - 84-1505075, 710]										
WELLINGTON AVENUE, SUITE 21,]										
GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
HEALTHCARE MANAGEMENT, LLC -											
84-1238904, P.O. BOX 1929,	MANAGEMENT										
GRAND JUNCTION, CO 81502	SERVICES	CO	N/A	N/A	N/A	N/A		x	N/A	х	N/A
MONUMENT HEALTH, LLC											
47-4424617, 744 HORIZON CT.,]										
STE. 260, GRAND JUNCTION, CO	HEALTH CARE										
81506	NETWORK	CO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
PAVILION IMAGING, LLC -											
03-0516198, 750 WELLINGTON]										
AVENUE, GRAND JUNCTION, CO]										
81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SAN JUAN CANCER CENTER, LLC -											
20-2856331, 600 SOUTH 5TH]										
STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
CAREFLIGHT OF THE ROCKIES,											
LLC - 47-3525381, 500											
ELDORADO BLVD., SUITE 4300,	MEDICAL AIR										
BROOMFIELD, CO 80021	TRANSPORT	CO	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MED-MAP, LLC - 81-0491356]										
P.O. BOX 1295	RENTAL REAL										
BILLINGS, MT 59103	ESTATE	MT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
YELLOWSTONE SURGERY CENTER,											
LLC - 72-1519467, 1144 NORTH]										
28TH STREET, BILLINGS, MT]										
59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
GALLATIN VALLEY SURGERY											
CENTER, LLC - 88-2505265,	1										
2825 WEST MAIN STREET, SUITE	1										
C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A	х	N/A

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal	Direct controlling	Predominant income	Share of total	Share of	Disprop		Code V-UBI	Genera	or Percentage
of related organization		domicile (state or	entity	(related, unrelated,	income	end-of-year	ate alloc		amount in box	manag partne	^{ng} l ownership
		foreign country)		excluded from tax under sections 512-514)		assets	Yes	No	20 of Schedule K-1 (Form 1065)	Yes	
FIRST FLIGHT OF WYOMING, LLC				,							
- 92-1785143, 500 ELDORADO	1										
BLVD., SUITE 4300,	MEDICAL AIR										
BROOMFIELD, CO 80021	TRANSPORT	СО	N/A	N/A	N/A	N/A		x	N/A	x	N/A
MCKAY DEE SURGICAL CENTER,											
LLC - 26-0286308, 3895	1										
HARRISON BLVD, STE 200,	1										
OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
GRANDEUR PEAK INTERNATIONAL											
STALWARTS, LP - 47-5468723,	1										
136 S. MAIN STREET, STE 720,]										
SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
INNOVATION FUND HOLDINGS											
COMPANY, LLC - 47-1525723,]										
1000 WEST FULTON STREET, STE]										
213, CHICAGO, IL 60607	INNOVATION	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
HEALTHBOX SALT LAKE CITY I,											
LLC - 46-5338772, 33 WEST											
MONROE STREET, STE 1700,											
CHICAGO, IL 60603	INNOVATION	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
INTERMOUNTAIN VENTURES FUND,											
LLC - 84-4037085, 36 SOUTH											
STATE, SUITE 2200, SALT LAKE											
CITY, UT 84111	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
PELION OPPORTUNITY FUND III,											
LLC - 84-2757193, 2750 E											
COTTONWOOD PARKWAY, STE 600,											
SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
AACP KOREA BUYOUT INVESTORS											
II, LP - 82-4971663, ONE											
EMBARCADERO, 16TH FLOOR, SAN		CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		x	N/A	x	N/A
AACP SPECIAL SITUATIONS II,											
LP - 83-2883726, ONE]										
EMBARCADERO, 16TH FLOOR, SAN		CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		х	N/A	х	N/A

C			<u> </u>	I	· 			1		I	_	
Control Cont	(a)	1			(e)	(f)		(I	h)	(i)	(j)	(k)
Company Comp		Primary activity	domicile					1			Genera	or Percentage
ANCE ROSEA BUTOUT INVESTMENTS IV, LF - 98-1549044, ONE BEARACADERO, 16TH FLOOR, SAN FRANCISCO, CA 74111 INVESTMENTS ISLANDS N/A N/A N/A N/A N/A N/A N/A N/	of related organization		foreign	Critity	excluded from tax under	moonic				20 of Schedule	partne	?
EMBARCADERO, 16TH FLOOR, SAN CATMAN FRANCISCO, CA 94111 INVESTMENTS ISLANDS N/A N/A N/A N/A N/A X N/A			country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	lo
EMBARCADERO, 15TH PLOOR, SAN		4										
FRANCISCO, CA 94111		4										
Cornel Strokery Center, LLC		4										
86-196725, 1300 NORTH 500 EAST, LOGAN, UT 84341 DP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A	FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A		X	N/A	X	N/A
86-196725, 1300 NORTH 500 EAST, LOGAN, UT 84341 DP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A		4										
EAST, LOGAN, UT 84341 OP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A X N/A X N/A ST. GEORGE SURGERY CENTER, LLC - 85-362664, 1157 NORTH DICOR. BEDICAL CENTER DRIVE, ST. OP SURGERY UT N/A N/A N/A N/A N/A X N/A		4										
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 552 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790		4										
LIC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD MAY, SUITE 120, MERIDIAN, ID 83642 OP SURGERY ID N/A N/A N/A N/A N/A X N/A X N/A NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOGOLLE, UT 84074 OP SURGERY UT N/A N/A N/A N/A N/A X N/A MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3340183, S848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300		OP SURGERY	UT	N/A	N/A	N/A	N/A	-	X	N/A	X	N/A
MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790 DP SURGERY UT N/A N/A N/A N/A N/A X N/A SALTIZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, WERIDIAN, ID PSURGERY DP SURGERY ID N/A N/A N/A N/A N/A X N/A X N/A NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOGLE, UT 84074 DP SURGERY UT N/A N/A N/A N/A N/A N/A X N/A X N/A WAR CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A N/A N/A X N/A WAR CO-INVESTMENT FARTHERS DE N/A N/A N/A N/A N/A X N/A WAR SALTER ASCANGERMYICH OPPORTUNITIES FUND, LP - 85-3342801, 5 GREENWICH OPPORTUNITIES FUND, LP - 85-342801, 5 GREENWICH OPPORTED PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-340183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 DP SURGERY UT N/A N/A N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300		_										
Secret S		1										
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	· · · · · · · · · · · · · · · · · · ·	_										
84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642 OP SURGERY ID N/A N/A N/A N/A N/A X N/A X N/A NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N, MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PROVO SURGERY CENTER, LLC - 87-362664, 1157 NORTH 300	GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A	X	N/A
WAY, SUITE 120, MERIDIAN, ID 83642	SALTZER ASC TEN MILE, LLC -											
83642	84-5119941, 875 S VANGUARD											
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	WAY, SUITE 120, MERIDIAN, ID											
LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		x	N/A	х	N/A
## 400 EAST, STE 100, TOOELE, UT ## 4074	NORTHPOINTE SURGICAL CENTER,	_										
84074	LLC - 46-1487986, 2326 NORTH	_										
HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	400 EAST, STE 100, TOOELE, UT]										
LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/	84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A	x	N/A
MILITARY TRAIL #470, BOCA RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A N/A X N/A PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	HW AE CO-INVESTMENT PARTNERS,											
RATON, FL 33431 INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	LP - 87-3405511, 2500 N.											
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	MILITARY TRAIL #470, BOCA											
OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	PERFORMANCE EQUITY GROWTH											
OFFICE PARK, THIRD FLOOR, INVESTMENTS DE N/A N/A N/A N/A X N/A X N/A X N/A X N/A MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	OPPORTUNITIES FUND, LP -]										
MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	85-3942801, 5 GREENWICH	1										
87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A		x	N/A	x	N/A
FASHION BOULEVARD, MURRAY, UT 84107 OP SURGERY UT N/A N/A N/A N/A X N/A PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	MURRAY SURGERY CENTER, LLC -											
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	87-3940183, 5848 SOUTH	1										
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300	FASHION BOULEVARD, MURRAY, UT	1										
87-3623664, 1157 NORTH 300	84107	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
87-3623664, 1157 NORTH 300			1									
	PROVO SURGERY CENTER, LLC -	1										
WEST, PROVO, UT 84604 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A	87-3623664, 1157 NORTH 300	1										
	WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		x	N/A	x	N/A

Name, address, and EIN of related organization Primary activity Predominant income (related, unrelated, excluded from tax under sections 512-514) SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A N/A N/A PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT	(1-)
of related organization of related, unrelated, excluded from tax under set allocations? Yes No No of related, unrelated, excluded from tax under set allocations? Yes No of Schedule, K-1 (Form 1065) of Schedule, K-1	(k)
SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A N/A X N/A X N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	nership
SARATOGA SPRINGS SURGERY CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	•
CENTER, LLC - 87-3875864, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N/A PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	
SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A N/A X N/A	
LAKE CITY, UT 84111 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	
PARK CITY SURGERY CENTER, LLC - 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N, PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	N/A
- 84-4898736, 900 ROUND VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	
VALLEY DRIVE, PARK CITY, UT 84060 OP SURGERY UT N/A N/A N/A N/A N/A X N	
84060 OP SURGERY UT N/A N/A N/A N/A X N/A X N/A X N/A X N/A PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	
PARK CITY SURGICAL CENTER REAL ESTATE, LLC -	N/A
REAL ESTATE, LLC -	
	N/A
2.12.2, 2.11.11 2.2.2, 0.2 2.2.0.2.11	
CDHC 3, LLC - 87-3215157	
265 N. COUNTRY MANOR LANE	
	N/A
ARK GLOBAL EMERGING	
COMPANIES, LP - 82-3044843,	
22 EAST 100 SOUTH, 3RD FLOOR,	
	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) etion (b)(13) rolled tity?
		country)		J. 1. 25.4		4,000,0		Yes	No
HEALTHCARE CAPTIVE INSURANCE COMPANY -	4								
20-1937561, 36 SOUTH STATE, SUITE 2200, SALT	4				_				
LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
NAVICAN GENOMICS, INC 81-4153832	4								
36 SOUTH STATE, SUITE 2200	4								
SALT LAKE CITY, UT 84111	CANCER TREATMENT	DE	N/A	C CORP	N/A	N/A	N/A		Х
ALLUCEO, INC 82-4614934	1								
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		Х
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		Х
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		х
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		х
CULMINATION BIO, INC 36-5016511									
36 SOUTH STATE, SUITE 2200	1								
SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A		Х
	-								
									_
									<u> </u>

art V	Transactions With Related Organizations.	Complete if the organization answered '	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Not	bte: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions with one	or more re	lated organizations listed in	n Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity										
b	b Gift, grant, or capital contribution to related organization(s)				1b	Х					
c Gift, grant, or capital contribution from related organization(s)											
	d Loans or loan guarantees to or for related organization(s)				1d		Х				
	Loans or loan guarantees by related organization(s)				1e		Х				
f	f Dividends from related organization(s)				1f		х				
	g Sale of assets to related organization(s)				1g		Х				
h	h Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
i	j Lease of facilities, equipment, or other assets to related organization(s)				1i		Х				
•	,										
k	k Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
 k Lease of facilities, equipment, or other assets from related organization(s) I Performance of services or membership or fundraising solicitations for related organization(s) 											
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1m 1n		Х				
					10		х				
٠	5 Chairing of paid employees with totated organization(s)				10						
n	Reimbursement paid to related organization(s) for expenses				1p		х				
	Reimbursement paid by related organization(s) for expenses				1a		х				
ч	1 Helihoursement paid by related organization(s) for expenses				19						
_	Other transfer of each or preparty to related organization(e)				1r		х				
					1s		Х				
<u>ာ</u>					15	<u> </u>					
	(a) (I Name of related organization Trans	f cash or property to related organization(s) f cash or property from related organization(s) any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a) (b) (c) (d) Transaction Amount involved Method of determining amount involved type (a·s)		olved							
	-		, another my or oc	Method of determining amount in	01100						
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6)											

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partner	(k) Percentage ownership
			,	100 140		100	140	100	
									000) 0000

NJH-SJH, INC.

NAME OF RELATED ORGANIZATION:

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831