

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

<u>must use</u>	Form 7004 to request an extension of time to file income	e tax retur	ns.							
<u>Part I - Id</u>	lentification									
Type or	Name of exempt organization, employer, or other filer	, see instru	uctions.	Taxpayer	r identification n	umber (TIN)				
Print										
	ST. MARY'S HOSPITAL FOUNDAT	ION			23-7001	007				
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 2635 N. 7TH. STREET	ee instruct	ions.							
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION , CO 81501									
Enter the	Return Code for the return that this application is for (file	e a separat	te application for each return)			01				
Applicati	on Is For	Return Code	Application Is For			Return				
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09				
	20 (individual)	03	Form 5227			10				
Form 990		04	Form 6069			11				
)-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12				
	I-T (trust other than above)	06	Form 5330 (individual)			13				
	I-T (corporation)	07	Form 5330 (other than individual)			14				
Form 104		08								
	ou enter your Return Code, complete either Part II or Part		Lincluding signature is applicable o	nly for an	extension of					
	e Form 5330.	enner aren		ing for an						
	pplication is for an extension of time to file Form 5330, y	ou must e	nter the following information							
	n Name		· ·							
	n Number									
	n Year Ending (MM/DD/YYYY)									
	utomatic Extension of Time To File for Exempt Organi	izatione (e	see instructions)							
The bo	poks are in the care of COLIN QUINCY - 36		H STATE STREET SU	דיד 1	600 - SA	<u></u>				
THE DC	LAKE CITY, UT 841			<u> </u>		<u>т</u>				
Toloph	none No. 801-442-3491		Fax No.							
-	brganization does not have an office or place of business	in the Uni								
	is for a Group Return, enter the organization's four-digit (
	. If it is for part of the group, check this box									
box [quest an automatic 6-month extension of time until NO									
	·			e the exem	ipt organization	return for				
	organization named above. The extension is for the orga	anization's	return for:							
X										
	tax year beginning	, 20	, and ending		<u> </u>	, 20				
2 If th	he tax year entered in line 1 is for less than 12 months, cl] Change in accounting period	heck reaso	on: Initial return	Final retur	n					
3a lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less							
any	nonrefundable credits. See instructions.			3a	\$	0.				
b lfth	nis application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and							
<u>e</u> sti	imated tax payments made. Include any prior year overp	<u>ayment all</u>	owed as a credit	3b	\$	0.				
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by							
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.				
				•	 					

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

	0	20	Return of Organ	-			0000
Forn	, 9 9	90	Under section 501(c), 527, or 4947	(a)(1) of the Internal Revenue	Code (exc	ept private foundation	
Depar	tment of	the Treasury us Service	Do not enter social sec	urity numbers on this form a orm990 for instructions and t	s it may be the latest ir	made public. formation.	Open to Public Inspection
			lar year, or tax year beginning		ending		
Bo	heck if	C Name of	f organization			D Employer identifi	ication number
	Addres	ST.	MARY'S HOSPITAL FOU	JNDATION			
	Name change	Doing b	usiness as		192 - 2 2	23-70010	
	Initial return	Number	r and street (or P.O. box if mail is not de	ivered to street address)	Room/suite	E Telephone number 801-842-	er .7951
]Final return/ termin-		N. 7TH. STREET			G Gross receipts \$	5,826,879.
_	ated Amend return	od GRAN		501		H(a) Is this a group r	return
	Applica	F Name a	nd address of principal officer: CAR	MEN SHIPLEY			s? Yes 🔀 No
	pendin	SAME	AS C ABOVE			H(b) Are all subordinates i	
<u> T</u>	ax-exe		X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	H(c) Group exemption	a list. See instructions on number 0928
	<u>/ebsit</u>			BSITE ADDRESS	I Vear		M State of legal domicile, CO
	rt I	Summary		L			
	1	Briefly describ	be the organization's mission or most	significant activities: WE R	EVEAL	AND FOSTER	GOD'S
nce		HEALING	LOVE BY IMPROVING	THE HEALTH OF 1	HE PEC	JPLE AND COM	MONTIES
Governance		Check this bo		ntinued its operations or dispo			
ove			ting members of the governing body				0.0
			dependent voting members of the gov				0
es			of individuals employed in calendar y				70
Activities &			of volunteers (estimate if necessary)				0
Act			ed business revenue from Part VIII, co I business taxable income from Form				0
-	b	Net unrelated	Dusiness taxable income from Form	330 ⁻¹ , Parti, interr		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			5,363,595.	5,257,463.
ant						0.	
Revenue			come (Part VIII, column (A), lines 3, 4		203,275.		
R			e (Part VIII, column (A), lines 5, 6d, 8c			-56,049.	
	12	Total revenue	- add lines 8 through 11 (must equal	Part VIII, column (A), line 12)		5,510,821.	
			imilar amounts paid (Part IX, column (4,463,998.	
	14	Benefits paid	to or for members (Part IX, column (A	v), line 4)		560,121.	
Se	15	Salaries, othe	er compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	-
penses	16a	Professional f	fundraising fees (Part IX, column (A), I sing expenses (Part IX, column (A), I	ine 11e)	02.	0.	
Exp					430,531.	555,977.	
	17	Other expens	ses (Part IX, column (A), lines 11a-11d es. Add lines 13-17 (must equal Part I		5,454,650.		
			es. Add lines 13-17 (inust equal Part i expenses. Subtract line 18 from line			56,171.	
28		Nevenue lesa	expenses. Subtract mile to ment mile		B	eginning of Current Year	End of Year
ets c	20	Total assets ((Part X, line 16)			20,470,965.	
et Assets or nd Balances	21	Total liabilities	s (Part X, line 26)			1,570,330.	
27	22		fund balances. Subtract line 21 from	line 20		18,900,635.	21,096,469.
Pa	rt II	Signatur	e Block	to the transmission appoint	o and statom	ante and to the hest of m	ov knowledge and belief, it is
Und	er pena	Ities of perjury,	, I declare that I have examined this return	, including accompanying scheduk	hich prepare	has any knowledge.	iy kilo mougo and bened it io
true,	COLLEC		e. Declaration of preparer (other than office	er / is based on all information of w		IN HERE 11/01	124
Sigr		Signature of o				Date	
Her		CARMEN	SHIPLEY, EXECUTIVE	DIRECTOR			
			name and title			<u></u>	
		Print/Type pre	eparer's name	Preparer's signature		Date Check	PTIN
Paid	ŧ			<u> </u>		self-empl	loyed
	arer	Firm's name				Firm's EIN	······································
Use	Only	Firm's addres	s			Dhane no	
						Phone no.	Yes No
May	the If	RS discuss thi	is return with the preparer shown abo	ver see instructions	12-21-22	<u></u>	Form 990 (2023)
LHA	\ For	Paperwork F	Reduction Act Notice, see the separate SDULE O FOR ORGANIZ	ATTON MISSTON S	12-21-23 FATEME	NT CONTINUA	
	5	DE SURE					

1 OMP No 1545-0047

	990 (2023) ST. MARY'S HOSPITAL FOUNDATION	23-7001007	Page
Pai	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:		[<u>A</u>
•	WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE	HEALTH OF T	ΉE
	PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARD		
	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	XNC
~	If "Yes," describe these new services on Schedule O.		XN
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O.	Yes	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r	measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	• •	
	revenue, if any, for each program service reported.		
4a			0.
	THE PROMISE OF HEALTHCARE PHILANTHROPY IS THE ABILITY TO		S
	AND THE POWER TO SAVE LIVES. THE ST. MARY'S HOSPITAL FOUR		
	DEVELOPS THE RESOURCES THAT HELP KEEP AND EXPAND THIS PROPER WHO TRUST ST. MARY'S HOSPITAL AND MEDICAL CENTER,		
	FOR THEM. IT IS COMMITTED TO ADVANCING THE PROMISE OF LI	-	KE
	PHILANTHROPY. THE FOUNDATION'S FUNDRAISING EFFORTS ENSURI		
	HOSPITAL IS ABLE TO MEET THE COMMUNITY'S HEALTHCARE NEEDS		
	ST. MARY'S HOSPITAL FOUNDATION WAS PART OF THE SISTERS OF		
	LEAVENWORTH HEALTH SYSTEM. ON APRIL 1, 2022, INTERMOUNTA		RE,
	INC. AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM		
	AFFILIATED, CREATING A MODEL HEALTH SYSTEM THAT PROVIDES		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue\$	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses 4,300,793.)	
4e	Total program service expenses 4,300,793.		990 (202
2000	SEE SCHEDULE O FOR CONTINUATION(S		202
5∠UU2	2 12-21-23 SEE SCHEDULE O FOR CONTINUATION (S	· /	
11	.08 146781 23-7001007 2023.05000 ST. MARY'S HOS	PITAL FOUND	23-7

Form 990 (2023)					FOUNDATION
Part IV Checklist	t of Require	d Sched	ule	es	

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
~	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
0	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			<u></u>
8		8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		77	
	complete Schedule G, Part III	19	X	v
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	<u>990</u>	(2023)
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Form	990	(2023)
	330	

			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	X	
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in noncash 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		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
UL.		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		- 23
94	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34	х	
35 -	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	<u>55a</u>		
U		35b	х	
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	350	- 23	
36		26		x
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		37		x
20	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	31		- 23
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	х	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			X
			Vac	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0		Yes	No
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b U Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
33000			990	l (2023)
JJ2004	- 12-21-23 5	FOUL		12023)
	✓			

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form V-3, Transmittal of Wage and Tax Statements. 2a 0 0 b If a test one is reported on Ine 2a, dd the organization file all required federal employment tax returns? 2a 3a X b If a test one is reported on Ine 2a, dd the organization have an interaction on Schedule O 3b 4a X 3b X b If "Yes, 'Institute harve of the test one of 10, 100 or none during the year? 3a X b If "Yes, 'Institute harve of the test one of 10, 100 or none during the year? 3a X b If "Yes, 'Institute harve of the test one of 0, 100 or none during the year? 5a X b If "Yes, 'Institute harve of the organization have in tax party to a prohibited tax shells are year? 5a X b If "Yes, 'Institute harve of the organization in Tark Was or ta party to a prohibited tax shells that shell contributions? 5a X b If "Yes, 'Indicate the number of MIDBR 170 or 110, the form 808477 5a X c If "Yes, 'Indicate the number of Proms 82827 Midd and markes a conthation	Form	990 (2023) ST. MARY'S HOSPITAL FOUNDATION 23-7001	007	Р	age 5
2a Enter the number of employees reported on From W-3, Transmittal of Wege and Tax Statements, 2a 0 b If at least one is reported on line 2a, dd the organization file all required fedoral employment tax returns? 2a 2a b If at least one is reported on line 2a, dd the organization file an intervation on Scheduko 0 3a Xa b If Yes, 'Insai filted a form 990-Tor file year, dd the organization here an interval in or a signature or other subrolive or a file analysis. 3b 3a d At any line during the cadred year, dd the organization here an interval in or a signature or other subrolive or a file analysis. 3a X d If Yes, 'Insai filted a form ego country 5a Xa 5a Xa d If Yes, 'Insai filted a subrol in the organization hare an interval y greater than 3100,000, and did the organization hare an interval y greater than 3100,000, and did the organization subrol in any contributions or a problem tax subrol in the organization file form 88667. 5a X d If Yes, 'India etta a normally greater than 3100,000, and did the organization subrol in organization subrol in a subrol in organization subrol i	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
text bits text bits text bits text bits text bits text bits 3B Define organization have urrelated business gross income of \$1,000 or more during the year? text bits				Yes	No
b If a least one is responsed on line 2a, did the organization file all required basis approved an anglanization on Schedule 0 3a X 3a Diff the organization have unstation basis during the year? 3a X 4a At any time during the calendar year. did the organization have construe early and anglanization on Schedule 0 3a X 4a At any time during the calendar year. did the organization thave an interest in, or a signature or other authority over, a dination of the organization target in the same of the francial accounts (FEAR). 5a X 5b Dif orys, "anter the name of the freeign country with or as a bin account, security or a prohibited target the same of the francial accounts (FEAR). 5a X 5c Dif orys, scalab party offity the organization that if was or is a party to a prohibited target that social organization that was organization that was organization target and gradies contributions? 5a X 5c Dif orys, scalab party offity the unganization that was ore a party to a prohibited target that social organization angle contributions and party to a prohibited target that social organization arget that a promain gradie that arget that social organization angle contributions and party to a prohibited target that social organization angle contribution arget social party offy the donor of the vaganization the organization the organization the early and that was negured to the party? 7a X 6 If "Yes," indit the organization that was constal the	2a				
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that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17 If "Yes," complete Form 6069. 10	47				
If "Yes," complete Form 6069.	17		47		
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Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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X

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.

				~ ~ (Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		23			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the			····· [
	of officers, directors, trustees, or key employees to a management company or other person?				3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 9				4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass				5		x
6	Did the organization have members or stockholders?				6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or ap				<u> </u>		
74	more members of the governing body?				7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····	10		
D					76	х	
~	persons other than the governing body?			·····	7b	~	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		0		-	v	
а	The governing body?				8a	X	
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 read						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code.)				
				ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	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				11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			[
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Y						
Ū	on Schedule O how this was done	,			12c	х	
13				ſ	13	X	
14				F	14	X	
	Did the organization have a written document retention and destruction policy?			·····	14	- 23	
15	Did the process for determining compensation of the following persons include a review and approva	i by ind	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						v
	The organization's CEO, Executive Director, or top management official			·····	15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	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 filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 990- ⁻	T (section 50	1(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.		,				
	Own website Another's website X Upon request Other (explain	on Sch	nadula ()				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	cv and	finan	rial	
	statements available to the public during the tax year.		interest poli	oy, and	man	2101	
20		ko ord	rocordo				
20	State the name, address, and telephone number of the person who possesses the organization's boc $COLTN OUTNOV = 801 - 442 - 3491$	iks and	records				
	COLIN QUINCY - 801-442-3491	TTM	0/111				
	36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY,	UT	84111				
					Form		

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

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

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

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

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

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

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

(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do		Pos		۱ than d	ne	Reportable	Reportable	Estimated		
	hours per	box	, unles	ss pei	rson i	n is both an		compensation	compensation	amount of		
	week		officer and a					or/trus	iee)	from	from related	other
	(list any	rector						the	organizations	compensation		
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the		
	related organizations	ustee	trust		66	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related		
	below	lual tr	tional		nploy	st con yee	L	1099-1120)		organizations		
	line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo		
(1) BRYAN JOHNSON	1.00				-		<u> </u>					
DIRECTOR/SMHMC CEO	54.00	х						0.	684,612.	282,612.		
(2) ASHLEY THUROW	1.00											
DIRECTOR/SMHMC VP FIN 4/1-12/31/23	51.00	Х						0.	222,175.	73,140.		
(3) TERRI CHINN	1.00											
DIRECTOR/SMHMC VP FIN 1/1-3/20/23	50.00	Х						0.	265,674.	10,736.		
(4) CARMEN SHIPLEY	50.00											
EXECUTIVE DIRECTOR	0.00	Х		X				0.	153,789.	52,722.		
(5) KIM ALEXANDER	1.00								0	0		
DIRECTOR	0.00	X						0.	0.	0.		
(6) MIKE BLACKBURN	1.00								0	0		
DIRECTOR (7) JOE BREMAN	0.00	X						0.	0.	0.		
(7) JOE BREMAN CHAIR	1.00	х		x				0.	0.	0.		
(8) CLARA BROWN SHAFFER	1.00	^		^	<u> </u>			0.	0.	0.		
VICE CHAIR	0.00	x		x				0.	0.	0.		
(9) NANCY CUMMINGS	1.00											
DIRECTOR	0.00	x						0.	0.	0.		
(10) TYLER DAHL	1.00											
DIRECTOR	0.00	х						0.	0.	0.		
(11) BOBBIE DANIEL	1.00											
DIRECTOR	0.00	х						0.	0.	0.		
(12) FRANK DESANTIS	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(13) JEFF FUNDERBURK	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(14) DAVE HUERKAMP	1.00											
DIRECTOR	0.00	Х						0.	0.	0.		
(15) ADAM KINSEY	1.00									_		
DIRECTOR	0.00	Х						0.	0.	0.		
(16) SANDRA LEGG	1.00											
DIRECTOR	0.00	Х			<u> </u>			0.	0.	0.		
(17) MARC MCATLIN	1.00								•	•		
DIRECTOR	0.00	Х						0.	0.	0.		

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Form 990 (2023)

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Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	an	d Hi	ghes	st C	ompensated Employee	s (continued)	
(A)	(B)			(C)			(D)	(E)	(F)
Name and title	Average		not cł	heck		than o		Reportable	Reportable	Estimated
	hours per week officer and a director/trustee)						compensation	compensation	amount of	
	(list any	tor						- from the	from related organizations	other compensation
	hours for	· direc				pg -		organization	(W-2/1099-MISC/	from the
	related	stee or	ustee			ensat		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	al trus	onal tr		loyee	comp		1099-NEC)		and related
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(18) KENDRA MCDANIEL	1.00	-	드	Ð	_ ×	프님	9			
SECRETARY	0.00	х		х				0.	0.	0.
(19) MICHELLE REPLOGLE	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(20) ANTHONY RESTIVO	1.00								v .	
DIRECTOR	0.00	х						0.	0.	0.
(21) MONIQUE SERRA	1.00									
DIRECTOR	0.00	х						0.	0.	0.
(22) JOSH SMITH	1.00									
TREASURER	0.00	Х		Х				0.	0.	0.
(23) DUKE WORTMANN	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(24) LEANN ZETMEIR	1.00									
DIRECTOR	0.00	Х				-		0.	0.	0.
						-				+
1b Subtotal								0.	1,326,250.	419,210.
1b Subtotal c Total from continuation sheets to Part VI	Section A						•	0.	0.	
d Total (add lines 1b and 1c)								0.	1,326,250.	
2 Total number of individuals (including but n								eceived more than \$100,		
compensation from the organization								·	•	0
										Yes No
3 Did the organization list any former officer,	director, truste	ee, k	key e	mp	loye	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for s	uch individual									3 X
4 For any individual listed on line 1a, is the su										
and related organizations greater than \$150										4 X
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	dual for services	
rendered to the organization? If "Yes." corr Section B. Independent Contractors	plete Schedule	e J fo	or su	ich	pers	ion .				5 X
· · · · · · · · · · · · · · · · · · ·	moonootod ind	lana	ndor		ontr	ooto		at reacived more than [¢]	100 000 of componen	
 Complete this table for your five highest co the organization. Report compensation for 	•	•							•	
(A)	ine calendar ye			ig w		51 101		(B)		(C)
Name and business	address	NC	ONE	C				Description of s	ervices	Compensation
2 Total number of independent contractors (ii	actuding but of	nt lin	nitor	l to	tho		ted	above) who recoived m	ore than	
\$100,000 of compensation from the organi	•	. III		0))	ισu			

Form **990** (2023)

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Form	1 990			OSPITAL F	OUNDATION		23-7001	007 Page 9
Pa	rt VII	Statement of Rev	venue					
		Check if Schedule O c	contains a respons	se or note to any lin	e in this Part VIII	(B)	(2)	
					(A) Total revenue	(B) Related or exempt function revenue		(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	b c d f f h	Fundraising events Related organizations Government grants (contri All other contributions, gifts, g similar amounts not included Noncash contributions included in I Total. Add lines 1a-1f	1b 1c 1d 1butions) 1e grants, and above 1f 1g	Business Code	5,257,463.			
og B	е			_				
ሻ	f	1 5						
	<u>g</u> 3 4	Total. Add lines 2a-2f Investment income (includ other similar amounts) Income from investment o	ling dividends, inte	erest, and	287,378.			287,378.
	5 6 a b c		(i) Real 6a 6b 6c	(ii) Personal	-			
evenue	7 a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securitie 7а 174,975 7ь 0	s (ii) Other				
eve		Gain or (loss)	7c174,975		174 075			174 075
Other R	8 a	Net gain or (loss) Gross income from fundraisir including \$ 115 contributions reported on Part IV, line 18 Less: direct expenses	ng events (not <u>,407.</u> of line 1c). See	_{Ва} 78,466. Вь 150,605.	174,975.			174,975.
		Net income or (loss) from t	_	s	-72,139.			-72,139.
		Gross income from gamin Part IV, line 19 Less: direct expenses	·····	9a 28,597. 9b 10,310.				
		Net income or (loss) from g			18,287.			18,287.
	b	Gross sales of inventory, le and allowances Less: cost of goods sold	<u>1</u> <u>1</u>	0a 0b				
	c	Net income or (loss) from s	sales of inventory	Business Code				
sni	11 a							
Miscellaneous Revenue	b							
cellaneo <u>Sevenue</u>	c							
lis B	d	All other revenue						
≥		Total. Add lines 11a-11d						
	12	Total revenue. See instructio			5,665,964.	0.	0.	408,501.
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Form 990 (2023)

ST. MARY'S HOSPITAL FOUNDATION Part IX Statement of Functional Expenses

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

Secti	on 501(c)(3) and 501(c)(4) organizations must compl			npiete column (A).	
	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	4,121,667.	4,121,667.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	15,461.	15,461.		
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	206,510.	20,651.	82,604.	103,255.
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	314,486.	31,449.	125,794.	157,243.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	27,896.	<u>2,790.</u> 519.	11,158.	13,948.
9	Other employee benefits	5,186.	519.	2,074.	<u>13,948.</u> 2,593.
10	Payroll taxes	35,174.	3,517.	14,070.	17,587.
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
5	column (A), amount, list line 11g expenses on Sch 0.)	5,607.		5,607.	
12	Advertising and promotion	48,253.		,	48,253.
13	Office expenses	15,173.		6,744.	48,253. 8,429.
14	Information technology	,		,	•
15	Royalties				
16	Occupancy				
17	Travel	4,493.		1,997.	2,496.
18	Payments of travel or entertainment expenses	_ /		_,	_,,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	617.		274.	343.
20		<u> </u>			
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
22					
23 24	Insurance				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	SHARED SERVICES - ADMIN	338,783.		338,783.	
a b	BANK CHARGES	85,548.	68,438.	8,555.	8,555.
u 0	FOOD-MEALS ON WHEELS	24,108.	24,108.		0,000
ט ה	SHARED SERVICES - OTHER	18,412.	27,100.	18,412.	
d		14,983.	12,193.	2,790.	
	All other expenses	5,282,357.	4,300,793.	618,862.	362,702.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	J, 404, JJ/•	±,500,753.	010,002.	JU4,/U4•
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 hereif following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm 990 (2023)

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ST. MARY'S HOSPITAL FOUNDATION

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		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		840,685.	2	1,228,400.
	3	Pledges and grants receivable, net	1,818,520.	3	1,929,385.	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			
		controlled entity or family member of any of thes	e persons		5	
	6	Loans and other receivables from other disqualif	fied persons (as defined			
		under section 4958(f)(1)), and persons described	l in section 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities	17,811,760.	11	18,923,750.	
	12	Investments - other securities. See Part IV, line 1		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 equa		20,470,965. 96,581.	16	22,081,535.
	17	Accounts payable and accrued expenses		96,581.	17	0.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
ŝ	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subst				
iabi		controlled entity or family member of any of thes	e persons		22	
	23	Secured mortgages and notes payable to unrela	ted third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, page				
		parties, and other liabilities not included on lines		1 1 5 5 5 4 6		005 066
		of Schedule D		1,473,749. 1,570,330.	25	985,066.
	26	Total liabilities. Add lines 17 through 25		1,570,330.	26	985,066.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, che	ck here X			
		and complete lines 27, 28, 32, and 33.		2 707 000		2 162 270
alar	27			2,797,099. 16,103,536.	27	3,463,378. 17,633,091.
β	28	Net assets with donor restrictions		10,103,330.	28	17,033,091.
n		Organizations that do not follow FASB ASC 9	58, check here			
ΥF		and complete lines 29 through 33.				
ets (29	Capital stock or trust principal, or current funds			29	
SSE	30	Paid-in or capital surplus, or land, building, or eq			30	
et A	31	Retained earnings, endowment, accumulated inc		18,900,635.	31	21,096,469.
ž	32	Total net assets or fund balances		20,470,965.	32	22,081,535.
	33	Total liabilities and net assets/fund balances		40,410,903.	33	44,001,000.

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Part X Balance Sheet

_	1990 (2023) ST. MARY'S HOSPITAL FOUNDATION	23-7	001007	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,665		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,282	<u> </u>	
3	Revenue less expenses. Subtract line 2 from line 1	3	383	<u> </u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	18,900		
5	Net unrealized gains (losses) on investments	5	1,465		
6	Donated services and use of facilities	6	5	5,43	36.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	340),89	98.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	21,096	5,46	69.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	

Form **990** (2023)

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(Form 990)

<u>Total</u>

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.

OMB No. 1545-0047
2023
Open to Public Inspection

		of the Treasury nue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.						Open to Public Inspection	
Name of the organization				Go to www.irs.gov/	Form990 for instruction	ns and the	latest inf		Employor	identification number
INAII		the organizati		MADV'C UOC	PITAL FOUNDA	DTON				3-7001007
Pa	rt I	Reason			(All organizations must c		nia part) S	an instruction		5-7001007
									».	
	Sigan 		-		For lines 1 through 12, c			WAW		
1 2					on of churches described			J(A)(I).		
2					Attach Schedule E (Forn anization described in se		V6V4VAV;;	:)		
4	H	•			njunction with a hospital				(iiii) Enter	the hospital's name
4		city, and stat	•			acsenbed	Sectio			the hospital s hame,
5		•		or the benefit of a co	llege or university owned	l or operat	ed by a do	vernmental ur	it describe	ed in
-				Complete Part II.)	5 ,		, ,			
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7			-	-	ntial part of its support fi				e general p	oublic described in
				complete Part II.)		Ū			•	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	and-grant	college
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	he college	or
		university:								
10		An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	p fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	support fr	rom gross investment
		income and ι	unrelated busir	ness taxable income	(less section 511 tax) fro	om busines	sses acqui	red by the org	anization a	fter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized	and operated exclusi	ively to test for public sa	fety. See	section 50)9(a)(4).		
12	X				ively for the benefit of, to					
					d in section 509(a)(1) o					Check the box on
		_			f supporting organizatior					
а	X				upervised, or controlled					
			-		gularly appoint or elect a	majority c	of the direc	tors or trustee	s of the su	ipporting
		-		complete Part IV, Se						
b					or controlled in connect					
			-		anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	oorted
	_	¬ -		st complete Part IV,		•••••••				al
с			-		g organization operated				y integrate	d with,
لم		¬ ··	•). You must complete I			-	ad argani-	ration(a)
d			-		oorting organization oper				-	
			-		ation generally must sat nplete Part IV, Sections	-		-	anallenin	eness
е		_			written determination fro					
e			•		nally integrated supporti			турет, турет	, type in	
f	Ente	er the number		·						1
				n about the supporte						
		(i) Name of supp	0	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organizatior	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)
ST	. М	ARY'S H	OSPITAL							
& 1	MED	ICAL CE	NTER, I	84-0425720	3	x		4,077	,938.	0.
			-							

4,077,938.

0.

0.

		t Schedule	for Org	aniz
Schedule A	A (Form 990)	2023	ST.	MA

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
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								
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.								
Sec	ction B. Total Support		1			1	1		
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total		
7	Amounts from line 4					-			
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots								
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)						-		
	Total support. Add lines 7 through 10								
	Gross receipts from related activities,		,			12			
13	First 5 years. If the Form 990 is for the	0							
800	organization, check this box and sto								
	tion C. Computation of Public								
	Public support percentage for 2023 (14	%		
	Public support percentage from 2022					15	%		
108	6a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and								
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
U									
170	and stop here. The organization qual		•••			and line 14 is 10%			
178	10% -facts-and-circumstances test								
	and if the organization meets the fact			-	-	-			
Ŀ	meets the facts-and-circumstances te	-				172 and line 15 is			
0	10% -facts-and-circumstances test	-	-						
	more, and if the organization meets the organization meets the facts-and-circle								
18	Private foundation. If the organization						·······		
10	The organization in the organization	A GIG HOL CHECK a		a, 100, 17a, 01 17			(Form 990) 2023		

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Schedule A	(Form	990) 202;
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ST. MARY'S HOSPITAL FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or 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 \dots						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
	Amounts from line 6						
	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.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	he organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orgar	ization,
_	check this box and stop here						
	ction C. Computation of Publ		•			<u> </u>	
	Public support percentage for 2023 (•	column (f))		15	%
_	Public support percentage from 2022					16	%
	ction D. Computation of Inves		•			1 1	
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						ine 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						ition
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see ins		
33202	23 12-21-23		16			Sched	dule A (Form 990) 2023

^{2023.05000} ST. MARY'S HOSPITAL FOUND 23-70011

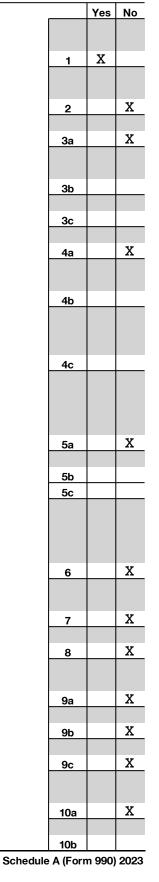
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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ST. MARY'S HOSPITAL FOUNDATION Schedule A (Form 990) 2023

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	pelow, the governing body of a supported organization?	11a		Х
b	A fam	nily member of a person described on line 11a above?	11b		X
с	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		Х
Sec	tion I	B. Type I Supporting Organizations			
				Yes	No
1	more direct effect	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? <i>If "No," describe in</i> Part VI <i>how the supported organization(s)</i> tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported inization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	•	orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did th	ne organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part	${f VI}$ how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		· · · · · · · · · · · · · · · · · · ·	0		v

			ing organization.	
Section C. Ty	vpe II Supr	porting Or	ganizations	

			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		

Section D. All Type III Supporting Organizations	
--	--

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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).		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		
	significant voice in the organization's investment policies and in directing the use of the organization's		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		
	supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisf	y the Integral Part Test during the y	vear (see instructions).
---	---------------------------------------	--------------------------

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

c L		The organization supported a governmenta	al entity. [Describe in P	Part VI how	you supported a g	governmental entity	(see instructions	s).
-----	--	--	--------------	----------------------	-------------	-------------------	---------------------	-------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

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

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

3b Schedule A (Form 990) 2023

2a

2b

3a

Yes No

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1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	Γ
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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2023

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Schedule A (Form 990) 2023 Part V

ST. MARY'S HOSPITAL FOUNDATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

ST. MARY'S HOSPITAL FOUNDATION Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 9 Distributable amount for 2023 from Section C, line 6 10 **10** Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Pre-2023 Amount for 2023 1 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2023 a From 2018 **b** From 2019 c From 2020 d From 2021 e From 2022 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2023 distributable amount i Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2023 from Section D, line 7: \$ a Applied to underdistributions of prior years b Applied to 2023 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2024. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022

Schedule A (Form 990) 2023

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e Excess from 2023

Schedule A (Form 990) 2023

 See instructions.)					

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Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

ST.	MARY'S	HOSPITAL	FOUNDATION	

23-7001007

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

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

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ST. MARY'S HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ <u>1,178,627.</u>	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
2		\$ <u>103,085.</u>	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
3		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$54,616.	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		\$ <u>50,000.</u>	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
6		\$40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

Schedule B (Form 990) (2023)

Name of organization

ST. MARY'S HOSPITAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 35,748. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 8 X Person Payroll 30,692. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 29,501. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 25,300. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 25,172. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 12 X Person Payroll 25,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Employer identification number

Schedule B (Fo

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 14 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 15 X Person Payroll 15,866. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 X Person Payroll Noncash 15,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 X Person Payroll 14,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 18 X Person Payroll 13,500. Noncash \$ (Complete Part II for noncash contributions.)

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Employer identification number

Schedule B (Form 990) (2023)

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 19 X Person Payroll 13,465. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 20 X Person Payroll 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 21 X Person Payroll 11,590. Noncash X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 X Person Payroll Noncash 11,214. X \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 X Person Payroll 11,183. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 24 X Person Payroll 11,137. Noncash \$ (Complete Part II for noncash contributions.)

Employer identification number

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Name of organization

Schedule B (Form 990) (2023)

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$ <u>11,090.</u>	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
26		\$10,800.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,725.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$10,550.	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
29		\$10,340.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$10,340.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

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Employer identification number

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Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

ST. MARY'S HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31		\$ <u>10,082.</u>	PersonXPayrollNoncashX(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32		\$ <u>10,072.</u>	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
33		\$ <u>10,000.</u>	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
34		\$ <u>10,000.</u>	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
35		\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36		\$7,800.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

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Name of organization

ST. MARY'S HOSPITAL FOUNDATION

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 37 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 38 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 39 X Person Payroll 7,500. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 40 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 X Person Payroll 7,000. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 42 X Person Payroll 6,885. Noncash X \$ (Complete Part II for noncash contributions.)

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Employer identification number

Schedule B (Form 990) (2023)

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

ST. MARY'S HOSPITAL FOUNDATION

(a) (b) (d) (c) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 43 X Person Payroll 6,800. Noncash Χ \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 44 X Person Payroll <u>6,75</u>0. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 45 X Person Payroll 6,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 46 X Person Payroll 5,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 X Person Payroll 5,000. Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 48 X Person Payroll 5,000. Noncash \$ (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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

Employer identification number

Schedule B (Form 990) (2023)

Name of organization

Schedule B (Form 990) (2023)

ST. MARY'S HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
49		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
50		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
51		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
52		\$	5,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
53		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
54		\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

14231108 146781 23-7001007

Schedule B (Form 990) (2023)

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

ST. MARY'S HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 56</u>		\$ <u> </u>	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
<u> </u>		\$ <u> </u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$ <u>5,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

23-7001007

323452 12-26-23

14231108 146781 23-7001007

33 2023.05000 ST. MARY'S HOSPITAL FOUND 23-70011

Schedule B (Form 990) (2023)

Employer identification number

23-7001007

ST. MARY'S HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
61_		\$ <u> </u>	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	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization

Page **2**

14231108 146781 23-7001007

2023.05000 ST. MARY'S HOSPITAL FOUND 23-70011

No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
21	BOTTLE OF WINE AND TEQUILA	-	
		\$90.	_10/10/23_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
22	BOTTLE OF WINE AND TEQUILA	_	
		\$214.	10/10/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
29	BOTTLE OF WINE AND WHISKY	_	
		\$40.	10/10/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
31	BOTTLES OF WINE	-	
		\$82.	10/10/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
42	HANDMADE CHAIRS; BOTTLE OF BOURBON; BOTTLE OF WHISKY; AND COOLER	_	
		\$576.	10/10/23
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
43	DESIGNER BAGS AND TOTE	_	
		\$750.	05/31/23

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ST. MARY'S HOSPITAL FOUNDATION

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

(b)

(a)

No.

Employer identification number

(d)

23 - 7001007

(c)

Page 3

Schedule	B (Form 990) (2023)		Page 4	
Name of o	organization		Employer identification number	
ST. M	ARY'S HOSPITAL FOUNDATIO	ON	23-7001007	
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a)	ons to organizations described in secti through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from	(h) Dumpers of sift	[(a) Decoviration of how sift is hold	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
	(e) Transfe Transferee's name, address, and ZIP + 4		rer or gint Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
		(e) Transfer of gift		
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	
-	(e) Transfer of gift			
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee	
323454 12-26	6-23	1	Schedule B (Form 990) (2023)	

14231108 146781 23-7001007

35 2023.05000 ST. MARY'S HOSPITAL FOUND 23-70011

1	0
SCHEDULE D	Suppleme
(Form 990)	Complete if the
· · · · · · · · · · · · · · · · · · ·	

ental 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.



Department of the Treasury Internal Revenue Service Ν

Nam	e of the organization ST。 MARY'S HOSPITAI	. ΓΟΙΙΝΟΔΨΤΟΝ	1	Employer identification number 23-7001007
Pa		Funds or Other Similar Funds		
I UI	organization answered "Yes" on Form 990, Part IV, line			
		(a) Donor advised funds	(b)	Funds and other accounts
4	Total number at and of year		(~)	
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		a al funa al a	
5	Did the organization inform all donors and donor advisors in v	-		
•	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		Ŭ	
Pa	impermissible private benefit?	······································		Yes No
			Part IV, IIn	e7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	,		ally important land area
	Protection of natural habitat	Preservation o	of a certified	d historic structure
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conse	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included on line 2c acqui	- · · · ·		
	on a historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organizat	ion during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing con	servation e	easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easen	nents during the year
8	Does each conservation easement reported on line 2d above			
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that c	lescribes the
Do	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Tracquires or Ot	thar Sim	ilor Acceto
Fai				lilai Assels.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 956			
	of art, historical treasures, or other similar assets held for pub			of public
	service, provide in Part XIII the text of the footnote to its finan			
b	If the organization elected, as permitted under FASB ASC 956			
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	nerance 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		al gain, pro	VIDE
	the following amounts required to be reported under FASB A			^
a	Revenue included on Form 990, Part VIII, line 1			
b	Assets included in Form 990. Part X			\$

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

Schedule	D	(Form	990	2023
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Sche		Y'S HOSPITA				23-70		
Pa	rt III Organizations Maintaining C	ollections of Art	i, Historical Tre	asures, or Othe	er Similar	Assets	contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make s	significant u	ise of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
с	c Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	mpt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical treas	sures, or other simila	r assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?							
Pa	Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or							
	reported an amount on Form 990, Par	rt X, line 21.						
1 a	Is the organization an agent, trustee, custodi					_	-	
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:					
							Amount	
	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance				1 f		7	
	Did the organization include an amount on Fo				llity?		Yes	No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds Complete if	Check here if the ex	planation has been	provided in Part XIII				
Iu		(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears hack	(a) Four	years back
4-	Designing of year balance	16,103,536.	18,258,279.	17,128,359.		84,424.		686,783.
-	Beginning of year balance	4,419,818.	3,651,938.	3,258,508.				
b							<u>594,307.</u> 646,149.	
C	Net investment earnings, gains, and losses	1,001,000.	1,700,101.	1,437,002.	1,5	75,000.	±,	040,147.
d	• • • • • • • • • • • • • • • • • • • •							
е	Other expenditures for facilities	3,941,568.	4,018,580.	3,566,470.	3.6	40,893.	2	042,875.
	and programs	5,541,500.	4,010,000.	3,300,470.	5,0	40,055.	<u> </u>	042,075.
	Administrative expenses	17,633,091.	16,103,536.	18,258,279.	17 1	28,359.	16	284,424.
g	End of year balance				1,1	20,337.	10,	204,424.
2	Provide the estimated percentage of the curr	• 0000) neid as:				
a k	Board designated or quasi-endowment Permanent endowment 60.2000	%	_%					
U Q	20.0000							
C								
2-	The percentages on lines 2a, 2b, and 2c shows Are there endowment funds not in the posses		tion that are hold or	d administered for t	ha			
Ja		SSION OF THE OFGALIZA	lion that are new ar	iu autimistereu ior t	lie		Г	Yes No
	organization by:							X
	(i) Unrelated organizations?						3a(i) 3a(ii)	
h	(ii) Related organizations?						3b	
4	Describe in Part XIII the intended uses of the						50	
Pa	rt VI Land, Buildings, and Equipm		Minerit funds.					
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or o	ther (b) Cost	or other (c) A	Accumulate	d	(d) Book	value
		basis (investm	. ,		epreciation		.,	
1 a	Land							
	Buildings							
	Leasehold improvements							
	Equipment							
	Other							
-	I. Add lines 1a through 1e. (Column (d) must e		X. line 10c. column	<i>(</i> B))				0.
							D (Form	990) 2023

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)	. ,		
(1)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
	n Form 000 Dort IV line		
	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [Description	11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (b) Description of "shifts"	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability	Description		
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4)	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4) (5)	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4)	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4) (5) (6) (7)	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4) (5) (6)	Description		(b) Book value 579,890
(a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities Complete if the organization answered "Yes" of 1. (a) Description of liability (1) Federal income taxes (2) GIFT ANNUITIES (3) INTERCOMPANY PAYABLES (4) (5) (6) (7)	Description		

Schedule D (Form 990) 2023

332053 09-28-23

Schedule D (Form 990) 2023 ST. MARY'S HOSPITAL FOUNDATION Part VII Investments - Other Securities

Sche	dule D (Form 990) 2023 ST. MARY'S HOSPITAL FOUN	DATION	23-7001007 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Reven	ue per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	•	nses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.,		
Pa	t XIII Supplemental Information		

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

PART V, LINE 4:

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

ENDOWMENT FUNDS SUPPORT ST. MARY'S HOSPITAL IN AREAS INCLUDING ASSOCIATE

EDUCATION, GREATEST NEED, MOM/BABY & PEDIATRICS, PATIENT EXPERIENCE,

RESPIRATORY, AND OTHER SERVICES AND PROGRAMS.

SCHEDULE G	SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047							OMB No. 1545-0047
(Form 990)	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.							
Department of the Treasury		Attach to Form 990 o						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and t	ne latest informatior	า.		Inspection
Name of the organization Employer idea ST. MARY'S HOSPITAL FOUNDATION 23-7001							lentification number	
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, li	ine 1		
required to	complete this part	t.						
 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or 								
key employees list	ed in Form 990, Pa highest paid indiv	art VII) or entity in connection with pr viduals or entities (fundraisers) pursua	ofessi	onal fi	undraising services?		Y	es No
(i) Name and addres or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contribu	trol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by fundraiser ted in col. (i)	
			Yes	No				
Total								
3 List all states in whi	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from	registration
or licensing.								

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

ST. MARY'S HOSPITAL FOUNDATION

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

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HIGHBALLS &		NONE	(add col. (a) through
				BALL		col. (c))
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	24,969.	168,904.		193,873.
	2	Less: Contributions	6,358.	109,049.		115,407.
	3	Gross income (line 1 minus line 2)	18,611.	59,855.		78,466.
	4	Cash prizes				
	5	Noncash prizes	5,882.	5,001.		10,883.
Direct Expenses	6	Rent/facility costs	1,465.	39,610.		41,075.
ect Ex	7	Food and beverages	9,324.	33,997.		43,321.
Di	8	Entertainment	29.	<u>4,058</u> . 36,982.		<u>4,087.</u> 51,239.
	9	Other direct expenses	14,257.	36,982.		
	10		()			150,605.
D -	11					-72,139.
Pa	rt I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			28,597.	28,597.
s	2	Cash prizes			750.	750.
rect Expenses	3	Noncash prizes			8,878.	8,878.
rect E>	4	Rent/facility costs				

zpe	3	Noncash prizes			8,878.	8,878.	
Direct Expe	4	Rent/facility costs					
	5	Other direct expenses			682.	682.	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	X Yes 100 %		
	7	10,310.					
	8	18,287.					
	a Is the organization licensed to conduct gaming activities in each of these states?						
D	b If "No," explain:						

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Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023 ST. MARY'S HOSPITAL FOUNDATION 23-	7001007	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	
	to administer charitable gaming?	Yes	XNo
	Indicate the percentage of gaming activity conducted in:	11	0.0
	The organization's facility		<u>.00 %</u>
	An outside facility	13ы 1100	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name KITTY DEXTER		
	Address 2635 N. 7TH ST - GRAND JUNCTION, CO 81501		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
k	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
16	Gaming manager mormation.		
	Name DEANNA COLAIZZI		
	Gaming manager compensation \$ 0.		
	Description of services provided MAKE SURE WE FOLLOW THE RAFFLE PROCEDURES D	ESIGNAT	ED
	BY THE STATE		
	Director/officer		
17	Mandatory distributions:		
â	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X Yes	No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ 18,287. Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9 (ah 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	urt III, III 163 0, e	50, 100,
3000	93 00 12 23 Caba	dule G (Form	990) 2022
0020	83 09-13-23 Sched 42		

14231108 146781 23-7001007

2023.05000 ST. MARY'S HOSPITAL FOUND 23-70011

Schedule G	(Form	990

Part IV	Supplemental Information (continued)		
332084 04-01-	-23		Schedule G (Form 990)
		43	

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization ST . MARY * Part I General Information on Grants at at 1 1 Does the organization maintain records	GC Comp S HOSPITA and Assistance	L FOUNDATIO	nd Individual on answered "Yes" Attach to Form s.gov/Form990 for N	s in the Uni on Form 990, Pa 990. the latest inform	ted States rt IV, line 21 or 22. ation.	stance, and the selecti	
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pro- Part II Grants and Other Assistance to					anization answord "Y	(as" on Form 000 Part	IV line 21 for any
recipient that received more than	-				anization answered i	es on Form 990, Fait	iv, inte 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
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC 2635 N. 7TH. STREET - GRAND JUNCTION, CO 81501	84-0425720	501(C)(3)	4,077,938.	0.			SUPPORT MISSION
SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC 500 ELDORADO BLVD, SUITE 4300 - BROOMFIELD, CO							
80021	23-7379161	501(C)(3)	43,490.	0.			SUPPORT MISSION
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	0	•	l le line 1 table				2.

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

Schedule I (Form 990) 2023

Schedule I (Form 990) 2023

ST.	MARY'	S	HOSPITAL	FOUNDATION
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23-7001007

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
UMANITARIAN GRANT	10	5,461.	0.		
CHOLARSHIPS	7	10,000.	0.		
Part IV Supplemental Information. Provide the information	on required in Part I, lin	e 2; Part III, column	(b); and any other ac	iditional information.	
ART I, LINE 2:					
PON APPROVAL OF THE TRANSFER OF	F FUNDS FROM	THE ST. M	IARY'S HOSP	ITAL	

FOUNDATION TO ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., THE ST. MARY'S

HOSPITAL FINANCE DEPARTMENT RECORDS THE FUNDS TO THE PROPER DEPARTMENT

WITHIN THE HOSPITAL FOR USE AS AN OFFSET TO THE EXPENSES THAT HAVE BEEN

INCURRED, OR TO CAPITAL. THE TRANSFERS ARE RECONCILED BETWEEN THE HOSPITAL

AND THE FOUNDATION QUARTERLY. THE RECONCILIATIONS ARE REVIEWED BY MANAGERS

AT THE HOSPITAL AND SYSTEM OFFICE.

SC	HEDULE J	Compensation Information		OMB No. 1	1545-004	47	
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest	ľ	20	n n		
		Compensated Employees		20	ZJ		
Depar	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction		
Nam	e of the organization			identificatio		mber	
_		ST. MARY'S HOSPITAL FOUNDATION	23-'	700100	7		
Ра	rt I Question	s Regarding Compensation					
					Yes	No	
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,				
		line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or c						
	Travel for com						
		ation and gross-up payments Health or social club dues or initiation fee					
		spending account Personal services (such as maid, chauffer	ir, cnet)				
Ŀ	If any of the here-	on line to ave absolved, did the exercisation follows a written relieves any line to the					
D	-	on line 1a are checked, did the organization follow a written policy regarding payment or		16			
2	•			<u>1b</u>			
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors, rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2			
	trustees, and onice						
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's					
-		ector. Check all that apply. Do not check any boxes for methods used by a related organization					
		ation of the CEO/Executive Director, but explain in Part III.					
	Compensation						
	·	ompensation consultant					
		ther organizations Approval by the board or compensation of	ommittee				
		· _ · · · ·					
4	During the year, dic	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?		4a		X	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b	Х		
с	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X	
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	'n				
	contingent on the r			_		v	
a	The organization?			<u>5a</u>		X X	
b		ation?		<u>5b</u>			
~		or 5b, describe in Part III.	-				
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of a complex of	11				
_	contingent on the n			60		x	
		ation?				X	
U		ation?					
7		on b, describe in Part III. In Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments					
'	-	the solution and the organization provide any noninxed payments the solution provide any noninxed payments the solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution and the organization provide any noninxed payments are solution are solution are solution are solution and the organization provide any noninxed payments are solution are soluti		7		x	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		····· *		<u> </u>	
5				8		x	
9		id the organization also follow the rebuttable presumption procedure described in		····· J			
•		1 53.4958-6(c)?		9			
For		on Act Notice, see the Instructions for Form 990.		dule J (Forn	n 990	2023	
			20110				

LHA 332111 11-06-23

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) BRYAN JOHNSON	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/SMHMC CEO	(ii)	502,548.	109,425.	72,639.	255,252.	27,360.	967,224.	162,823.
(2) ASHLEY THUROW	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/SMHMC VP FIN 4/1-12/31/23	(ii)	191,439.	30,000.	736.	57,407.	15,733.	295,315.	0.
(3) TERRI CHINN	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR/SMHMC VP FIN 1/1-3/20/23	(ii)	96,463.	47,107.	122,104.	7,196.	3,540.	276,410.	47,107.
(4) CARMEN SHIPLEY	(i)	0.	0.	0.	0.	0.	0.	0.
EXECUTIVE DIRECTOR	(ii)	139,831.	12,979.	979.	23,862.	28,860.	206,511.	11,046.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

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

THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH

CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF

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

COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS

AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH

CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES. THE COMMITTEE'S REVIEW IS

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

PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF

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

THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING

FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE

COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON

CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING

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. THE BOARD PLACES A

HIGH PRIORITY ON THE NEED TO RECURIT AND RETAIN A STRONG LEADERSHIP TEAM

AND TO CREATE A HIGHLY MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS

FOLLOW IRS GUIDELINES AND ARE SUBJECT TO IRS OVERSIGHT.

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

FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR

MANAGEMENT.

1) COMPENSATION COMMITTEE

2) INDEPENDENT COMPENSATION CONSULTANT

3) FORM 990 OF OTHER ORGANIZATIONS

4) COMPENSATION SURVEYS AND STUDIES

5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

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

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4B:

SCHEDULE J, PART I, LINE 4B

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS

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

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

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

EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

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

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

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

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.

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 STARTING IN 2014

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A

BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE

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

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

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

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

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

Schedule J (Form 990) 2023

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.

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

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

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2023 WERE: TERRI CHINN -

\$120,724, BRYAN JOHNSON - \$53,398

ADDITIONAL OFFICER AND BOARD DISCLOSURES:

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

ADHERE TO GOVERNANCE EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN

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

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

COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT

COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR

ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE

COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE

THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT

IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET

BY THE BOARD.

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

THE SISTERS 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	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2023 **Open to Public**

Inspection

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

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

Name of the organization

ST. MARY'S HOSPITAL FOUNDATION

Employer identification number
23-7001007

Par	t I Types of Property				•			
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
10	trust interests							
12 13	Securities - Miscellaneous							
13								
14	Historic structures Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24								
25	Other (EVENT ITEMS)	X	115	29,150.	FMV			
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o	ontributions				
	for which the organization completed Form 82	-						
		, <u>.</u>					Yes	No
30a	During the year, did the organization receive by	v contributio	n anv property rep	orted in Part I. lines 1 throug	h 28. that it			
	must hold for at least 3 years from the date of		• • • • •					
	exempt purposes for the entire holding period?					30a		х
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •						
31	Does the organization have a gift acceptance	policy that re	auires the review (of any nonstandard contribut	ions?	31	х	
	Does the organization hire or use third parties	-	-	•				
OLU	contributions?		0	, i ,		32a		х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	/ for which column (a) is cheo	cked,			
	describe in Part II.							
Ear D	anerwork Reduction Act Notice, see the Inst		- Farma 000		Schedule M	. (000	0000

rk Reduction Act Notice, see the Instructions for Form 99

edule M (Form 990) 2023

LHA 332141 09-11-23

this part for any additional information.	
332142 09-11-23	Schedule M (Form 990) 2023
	55
31108 146781 23-7001007	2023.05000 ST. MARY'S HOSPITAL FOUND 23-70

Part II

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

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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.



23-7001007

ST. MARY'S HOSPITAL FOUNDATION

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

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

ST. MARY'S HOSPITAL FOUNDATION WEBSITE ADDRESS:

HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOUNDATION/ST-MARYS-FOUNDATION/

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

ACCESSIBLE, AND AFFORDABLE HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO,

NEVADA, COLORADO, MONTANA, WYOMING, AND KANSAS. THE ORGANIZATION

EMPLOYS MORE THAN 66,000 CAREGIVES, OPERATES 33 HOSPITALS (INCLUDING

ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING

HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN UTAH, IDAHO AND NEVADA.

AS PART OF INTERMOUNTAIN HEALTHCARE, ST. MARY'S HOSPITAL FOUNDATION HAS DIRECT ACCESS TO BEST PRACTICES, RESOURCES, TECHNOLOGY, TALENT AND STRATEGIC CAPITAL.

MAJOR AREAS OF SUPPORT DURING THE YEAR INCLUDED:

ROSE HILL HOSPITALITY HOUSE

 ROSE HILL HOUSE REFLECTS THE COMPASSION AND GENEROSITY OF OUR COMMUNITY

 BY PROVIDING A FREE, COMFORTABLE, HOME-LIKE SETTING WHERE FAMILIES CAN

 HAVE A REST FROM THE OFTEN CRITICAL CONCERNS ASSOCIATED WITH THE HEALTH

 OF A LOVED ONE. PATIENTS COME TO ST. MARY'S FROM MANY DISTANT PLACES TO

 RECEIVE MEDICAL ASSISTANCE OFTEN NOT AVAILABLE OUTSIDE OF GRAND

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MEETING THE NEEDS OF FAMILY AND FRIENDS SUPPORTING A LOVED ONE IN THE

HEALING PROCESS.

CANCER ASSISTANCE FUND

THE ST. MARY'S HOSPITAL FOUNDATION ALSO FINANCIALLY SUPPORTS ST. MARY'S CANCER PROGRAMS. ST. MARY'S IS PROUD TO OFFER A COMPREHENSIVE CANCER PROGRAM FOR PATIENTS FROM DIAGNOSIS, THROUGH TREATMENT, AND BEYOND. AS HEALTHCARE CHANGES, WE HAVE IDENTIFIED THE NEED FOR NOT ONLY PREVENTATIVE MEDICINE, BUT TO PROVIDE HOLISTIC CARE TO OUR PATIENTS. THE CANCER ASSISTANCE FUND PROVIDES RESOURCES TO EDUCATE, SUPPORT, AND EMPOWER THOSE AFFECTED BY CANCER TO TAKE CHARGE OF THEIR HEALTH SO THEY CAN TRULY THRIVE AND SUPPORTS THE PHYSICAL, EMOTIONAL, SOCIAL, SPIRITUAL, AND ECONOMIC ASPECTS OF THEIR CANCER JOURNEY. THIS INCLUDES A VARIETY OF SERVICES FOR CANCER PATIENTS AND THEIR FAMILIES INCLUDING: ART EXPLORATION CLASSES, SUPPORT GROUPS, CANCER EDUCATION AND SCREENING EVENTS, A RESOURCE LIBRARY, EQUINE THERAPY, PATIENT ADVISORY TEAMS, REHABILITATION, THERAPEUTIC MASSAGE, AND NUTRITION AND EXERCISE RETREATS.

MEALS ON WHEELS OF MESA COUNTY

ST. MARY'S HOSPITAL FOUNDATION IS PROUD TO SPONSOR THE MEALS ON WHEELS

PROGRAM OF MESA COUNTY. THE ST. MARY'S FOUNDATION RAISES FUNDS TO

SUPPORT MEALS ON WHEELS MESA COUNTY, A HOSPITAL AND GOVERNMENT

SPONSORED PROGRAM TO PROVIDE NOURISHING MEALS TO THE HOMEBOUND AND TO

OTHERS THAT ARE IN NEED. PROGRAM REVENUE ASSOCIATED WITH THE PROGRAM
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REPRESENTS A VOLUNTARY CO-PAYMENT FOR THE MEALS AND IS NOT A

REQUIREMENT FOR RECEIVING A MEAL.

CARING FOR THE CAREGIVER

AT ST. MARY'S REGIONAL HOSPITAL, OUR CAREGIVERS ARE OUR MOST VALUABLE ASSET. THE FOUNDATION RAISES FUNDS THROUGH THE CARING FOR THE CAREGIVER FUND THAT SUPPORTS THE WELL-BEING OF OUR CAREGIVERS THROUGH EUDCATION, SOCIAL SUPPORT, SELF-CARE ACTIVITIES, AND MEANINGFUL RECOGNITION AND IS AN IMPORTANT FOCUS OF ST. MARY'S FOUNDATION. TO ENHANCE AND SUSTAIN THE HEALTH AND WELL-BEING OF OUR CLINICAL WORKFORCE, THE FOUNDATION CREATED THIS FUND AS A RESOURCE FOR CLINICAL LEADERS TO DEVELOP CREATIVE SOLUTIONS TO PROMOTE CAREGIVER RELISIENCE AND REPLENISHMENT.

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

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ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED W-3 AND

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ST. MARY'S HOSPITAL FOUNDATION	23-7001007
RELATED W-2 TAX FORMS FOR THESE INDIVIDUALS. ACCORDING TO THE	
	FORM 990
INSTRUCTIONS FOR PART IX, WE REFLECT THE LEASED EMPLOYEE'S CON	MPENSATION
ON THE FORM 990, PART IX AS IF THE ORGANIZATION COMPENSATES TH	HESE
INDIVIDUALS.	

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

ASHELY THUROW / TERRI CHINN / BRYAN JOHNSON / CARMEN SHIPLEY - BUSINESS

RELATIONSHIP (EMPLOYER/EMPLOYEE RELATIONSHIP IN ST. MARY'S HOSPITAL AND

MEDICAL CENTER, INC., A RELATED TAX-EXEMPT ORGANIZATION).

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., (SMHMC) IS THE SOLE MEMBER OF ST. MARY'S HOSPITAL FOUNDATION.

FORM 990, PART VI, SECTION A, LINE 7A:

POWER TO ELECT OR APPOINT MEMBERS

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., THE SOLE MEMBER OF ST. MARY'S

HOSPITAL FOUNDATION, APPROVES MEMBERS OF ST. MARY'S HOSPITAL FOUNDATION

BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION A, LINE 7B:

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS

ST. MARY'S HOSPITAL & MEDICAL	CENTER, INC. HAS	CERTAIN RESERVE POWERS TO
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Name of the organization ST. MARY'S HOSPITAL FOUNDATION	Employer identification number $23 - 7001007$
APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE B	YLAWS INCLUDING
THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESID	ENT/CEO. SISTERS
OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ALSO HAS CER	TAIN RESERVE
POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CH	ANGE IN MISSION,
ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSE	TS, INCURRENCE OF
DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS A	ND BUDGETS,
APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMP	ENSATION AND
BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSIC	IANS.

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

PROCESS USED TO REVIEW THE FORM 990

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF INTERMOUNTAIN HEALTH CARE, INC. AND SUBSIDIARIES. THE DRAFT FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE FINAL FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY EACH OFFICER, DIRECTOR, TRUSTEE AND KEY EMPLOYEE IS REQUIRED TO COMPLETE A

CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS

HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY

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

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

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

CONFLICTS.

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ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST ARE REVIEWED WITH APPROPRIATE PERSONNEL, WHICH MAY INCLUDE (BUT IS NOT LIMITED TO) THE AUDIT AND COMPLIANCE COMMITTEE CHAIR, SENIOR MANAGEMENT AND THE LEGAL DEPARTMENT. IF AN INDIVIDUAL DISCLOSES A SITUATION THAT POSES A CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST).

FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF INTERMOUNTAIN HEALTH CARE, INC.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND Schedule O (Form 990) 2023 332212 11-14-23 61

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Name of the organization ST. MARY'S HOSPITAL FOUNDATION	Employer identification number $23 - 7001007$
LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COM	PARABLE MARKET
DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION R	ELATED DECISIONS.
THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID	BY SIMILARLY
SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIO	NS, THE
AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SE	RVED BY
INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION S	URVEYS COMPILED
BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY	SET BY
INTERMOUNTAIN HEALTH CARE, INC.'S BOARD, THE COMMITTEE EMP	HASIZES THE
IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AN	D APPROPRIATE
WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO	COMPENSATION
PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.	

AS PART OF THE REVIEW PROCESS, INTERMOUNTAIN HEALTH CARE, INC. USES THE FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR MANAGEMENT.

1) COMPENSATION COMMITTEE

2) INDEPENDENT COMPENSATION CONSULTANT

3) FORM 990 OF OTHER ORGANIZATIONS

4) COMPENSATION SURVEYS AND STUDIES

5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

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

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Name of the organization

ST. MARY'S HOSPITAL FOUNDATION

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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.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE SPLIT - INT AGREEMENT

340,898.

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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.

OMB No. 1545-0047

2023 Open to Public Inspection

Employer identification number 23 - 7001007

Department of the Treasury Internal Revenue Service

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

Name of the organization

ST. MARY'S HOSPITAL FOUNDATION

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

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

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

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

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SEE PART VII FOR CONTINUATIONS

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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity		g) 512(b)(13) rolled zation? No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION -						Tes	NO
84-0482695, 1600 PRAIRIE CENTER PARKWAY,	1						
BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH	x	
PLATTE VALLEY MEDICAL CENTER FOUNDATION -					BRIGHTON		
74-2255936, 1600 PRAIRIE CENTER PARKWAY,	1				COMMUNITY		
BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	HOSPITAL	x	
MOUNT ST. VINCENT HOME, INC 84-0405260					SISTERS OF		
4159 LOWELL BOULEVARD	7				CHARITY OF		
DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	LEAVENWORTH	x	
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	x	
SAINT JOSEPH HOSPITAL, INC 84-0417134					SISTERS OF		
1375 EAST 19TH AVENUE	7				CHARITY OF		
DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
SAINT JOSEPH HOSPITAL FOUNDATION -							
84-0735096, 1375 EAST 19TH AVENUE, DENVER,	SUPPORT RELATED TAX EXEMPT				SAINT JOSEPH		
CO 80218	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	HOSPITAL, INC.	x	
SCL HEALTH - FRONT RANGE, INC 84-1103606					SISTERS OF		
500 ELDORADO BLVD., SUITE 4300	7				CHARITY OF		
BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
GOOD SAMARITAN MEDICAL CENTER FOUNDATION -							
84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE,	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
CO 80026	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	x	
LUTHERAN MEDICAL CENTER FOUNDATION -							
20-8846152, 8300 WEST 38TH AVENUE, WHEAT	SUPPORT RELATED TAX EXEMPT				SCL HEALTH-FRONT		
RIDGE, CO 80033	ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	RANGE, INC.	x	
ST. MARY'S HOSPITAL & MEDICAL CENTER, INC					SISTERS OF		
84-0425720, 2635 NORTH 7TH STREET, GRAND	7				CHARITY OF		
JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	LEAVENWORTH	x	
CARITAS CLINICS, INC 48-1009910					SISTERS OF		
818 NORTH 7TH STREET	7				CHARITY OF		
LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	LEAVENWORTH	x	
HOLY ROSARY HEALTHCARE - 81-0231792					SISTERS OF		
2600 WILSON STREET	7				CHARITY OF		
MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	LEAVENWORTH	x	

Part II Continuation of Identification of Related Tax-Exempt Organizations

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

Schedule R (Form 990) 2023 ST. MARY'S HOSPITAL FOUNDATION

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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)	()	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca	ortionate itions?	Code V-UBI amount in box 20 of Schedule	General or managing partner?	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	1										
PARTNER) - 27-2270640, 1144	PHYSICAL										
NORTH 28TH STREET, BILLINGS,	THERAPY	MT	N/A	N/A	N/A	N/A		x	N/A	x	N/A
SUMMIT SURGERY CENTER, LLC -	1										
81-0536068, 434 SOUTH CLARK	1										
STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		x	N/A	x	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(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 ent	(i) ction (b)(13) trolled tity?
		country)						Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069	_								
500 ELDORADO BLVD., SUITE 4300	_								
BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A	X	
WEST END ASSOCIATION, INC 85-4261243									
500 ELDORADO BLVD., SUITE 4300									
BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A	X	
LEAVEN INSURANCE COMPANY, LTD 98-0370522									
23 LIME TREE BAY AVENUE, WEST BAY ROAD		CAYMAN							
GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	ISLANDS	N/A	C CORP	N/A	N/A	N/A	X	
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,									
INC 46-3632053, 500 ELDORADO BLVD., SUITE									
4300, BROOMFIELD, CO 80021	HEALTHCARE	МТ	N/A	C CORP	N/A	N/A	N/A	x	
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	x	

(a)	(b)	(C) Legal	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropo ate alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	Percentage ownership
GRAND VALLEY SURGICAL CENTER		country)		30010113 0 12 0 14)			Yes	INO		Tes No	
LLC - 84-1505075, 710	-										
WELLINGTON AVENUE, SUITE 21.	-										
GRAND JUNCTION, CO 81501	OP SURGERY	со	N/A	N/A	N/A	N/A	×	ζ	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		ζ	N/A	x	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		ζ	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	Ζ	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	ζ	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	Σ	N/A	X	N/A
	-										
P.O. BOX 1295	RENTAL REAL										
BILLINGS, MT 59103	ESTATE	MT	N/A	N/A	N/A	N/A		ζ	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		ζ	N/A	x	N/A
GALLATIN VALLEY SURGERY											
CENTER, LLC - 88-2505265,											
2825 WEST MAIN STREET, SUITE											
C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A	X	ζ	N/A	X	N/A

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h))	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related, unrelated,	Share of total income	Share of end-of-year	Dispropo		Code V-UBI amount in box	General or managing	Percentage ownership
or related organization		(state or foreign	entity	excluded from tax under	Income	assets	ate alloca		20 of Schedule	partner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
FIRST FLIGHT OF WYOMING, LLC	-										
- 92-1785143, 500 ELDORADO											
BLVD., SUITE 4300,	MEDICAL AIR	00	NT / 7	NT / 7	NT / 7	NT / 7		,	NT / 7		NT / N
BROOMFIELD, CO 80021	TRANSPORT	CO	N/A	N/A	N/A	N/A	X	2	N/A	X	N/A
MCKAY DEE SURGICAL CENTER,	-										
LLC - 26-0286308, 3895	-										
HARRISON BLVD, STE 200,								-			
OGDEN, UT 84403	OP SURGERY	UT	N/A	N/A	N/A	N/A	X	٢	N/A	X	N/A
GRANDEUR PEAK INTERNATIONAL	_										
STALWARTS, LP - 47-5468723,	_										
136 S. MAIN STREET, STE 720,											
SALT LAKE CITY, UT 84101	INVESTMENTS	DE	N/A	N/A	N/A	N/A	X	ζ	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	ζ	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	ζ	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	ζ	N/A	x	N/A
PELION OPPORTUNITY FUND III,											
LLC - 84-2757193, 2750 E	1										
COTTONWOOD PARKWAY, STE 600,											
SALT LAKE CITY, UT 84121	INVESTMENTS	DE	N/A	N/A	N/A	N/A	X	ζ	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		ζ	N/A	x	N/A
AACP SPECIAL SITUATIONS II,							† ["			<u>† </u> [⁼	
LP - 83-2883726, ONE	1										
EMBARCADERO, 16TH FLOOR, SAN	-	CAYMAN									
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A	X	ζ	N/A	x	N/A

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations? Yes No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	(k) Percentage ownership
AACP KOREA BUYOUT INVESTORS		country)		3000013 012 014)			Yes No		Tesino	
IV, LP - 98-1549044, ONE	-									
EMBARCADERO, 16TH FLOOR, SAN	-	CAYMAN								
FRANCISCO, CA 94111	INVESTMENTS	ISLANDS	N/A	N/A	N/A	N/A	x	N/A	x	N/A
LOGAN SURGERY CENTER LLC -	-									
86-1965725, 1300 NORTH 500	1									
EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A	x	N/A	x	N/A
ST. GEORGE SURGERY CENTER,										· · · ·
LLC - 85-3880188, 652 SOUTH	1									
MEDICAL CENTER DRIVE, ST.	1									
GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A	x	N/A	x	N/A
SALTZER ASC TEN MILE, LLC -										
84-5119941, 875 S VANGUARD	1									
WAY, SUITE 120, MERIDIAN, ID	1									
83642	OP SURGERY	ID	N/A	N/A	N/A	N/A	x	N/A	x	N/A
NORTHPOINTE SURGICAL CENTER,										
LLC - 46-1487986, 2326 NORTH	1									
400 EAST, STE 100, TOOELE, UT	1									
84074	OP SURGERY	UT	N/A	N/A	N/A	N/A	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	Х	N/A	X	N/A
PERFORMANCE EQUITY GROWTH										
OPPORTUNITIES FUND, LP -										
85-3942801, 5 GREENWICH										
OFFICE PARK, THIRD FLOOR,	INVESTMENTS	DE	N/A	N/A	N/A	N/A	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 -	1									
87-3623664, 1157 NORTH 300	4									
WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A	X	N/A	X	N/A

(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income	(f) Share of total	(g) Share of	(h Disprop	-	(i) Code V-UBI	(j) General or	(k) Percentage
of related organization		(state or foreign country)	entity	(related, unrelated, excluded from tax under sections 512-514)	income	end-of-year assets	ate alloc Yes		amount in box 20 of Schedule K-1 (Form 1065)	managing partner? Yes No	ownership
SARATOGA SPRINGS SURGERY											
CENTER, LLC - 87-3875864, 36											
SOUTH STATE, SUITE 2200, SALT											
LAKE CITY, UT 84111	OP SURGERY	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
PARK CITY SURGERY CENTER, LLC											
- 84-4898736, 900 ROUND											
VALLEY DRIVE, PARK CITY, UT	1										
84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
PARK CITY SURGICAL CENTER											
REAL ESTATE, LLC -	1										
86-2568233, 900 ROUND VALLEY	1										
DRIVE, PARK CITY, UT 84060	OP SURGERY	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
CDHC 3, LLC - 87-3215157	1										
265 N. COUNTRY MANOR LANE											
ALPINE, UT 84004	INVESTMENTS	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
ARK GLOBAL EMERGING											
COMPANIES, LP - 82-3044843,											
22 EAST 100 SOUTH, 3RD FLOOR,	1										
SALT LAKE CITY, UT 84111	INVESTMENTS	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
PELION OPPORTUNITY FUND IV,											
LLC - 85-3909188, 14761 S.											
FUTURE WAY, SUITE 500, SALT											
LAKE CITY, UT 84020	INVESTMENTS	UT	N/A	N/A	N/A	N/A		Х	N/A	x	N/A
]										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	(g) Share of end-of-year	(h) Percentage ownership	(i) Secti 512(b) contro) tion)(13) olled
or related organization		foreign country)	entity	or trust)	income	assets		entit	ity?
HEALTHCARE CAPTIVE INSURANCE COMPANY -								165	
20-1937561, 36 SOUTH STATE, SUITE 2200, SALT	1								
LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A	x	
ALLUCEO, INC 82-4614934									
36 SOUTH STATE, SUITE 2200	MENTAL HEALTH								
SALT LAKE CITY, UT 84111	INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A	x	
SALTZER MEDICAL GROUP, INC 82-0299231									
215 EAST HAWAII AVENUE	1								
NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC MEDICAL, INC 46-1141912									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CLASSIC HELICOPTERS, INC 46-1153642									
1021 SOUTH DOUGLAS STREET	AIRCRAFT HOLDING								
SALT LAKE CITY, UT 84105	COMPANY	UT	N/A	C CORP	N/A	N/A	N/A	x	
CULMINATION BIO, INC 36-5016511									
36 SOUTH STATE, SUITE 2200	1								
SALT LAKE CITY, UT 84111	- BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A	x	
CAN YOU PLAY? INC 88-0846977									
1541 SOUTH 120 EAST	-								
FARMINGTON, UT 84025	SOFTWARE DEVELOPMENT	UT	N/A	C CORP	N/A	N/A	N/A	x	
CARENT LABORATORY SOLUTIONS, LLC -									
32-0557616, 22240 COUNTRY ROAD 39, LASALLE,	-								
CO 80645	MEDICAL LABORATORY	со	N/A	C CORP	N/A	N/A	N/A	x	
	1								
	-								
	-								
	-								
	1								
	1								
	1								
	1								

Schedule R (Form 990) 2023 ST. MARY'S HOSPITAL FOUNDATION

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

lote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s No
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			Σ
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)		X	
d Loans or loan guarantees to or for related organization(s)			2
e Loans or loan guarantees by related organization(s)			Σ
f Dividends from related organization(s)	<u>1f</u>		2
g Sale of assets to related organization(s)	1g		
h Purchase of assets from related organization(s)	1 h		
i Exchange of assets with related organization(s)			
j Lease of facilities, equipment, or other assets to related organization(s)			
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o Sharing of paid employees with related organization(s)			-
p Reimbursement paid to related organization(s) for expenses			
a Reimbursement paid by related organization(s) for expenses			
r Other transfer of cash or property to related organization(s)	1r		

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) ST. MARY'S HOSPITAL & MEDICAL CENTER INC	С	1,178,627.	FMV
(2) ST. MARY'S HOSPITAL & MEDICAL CENTER INC	В	4,077,938.	FMV
SISTERS OF CHARITY OF LEAVENWORTH HEALTH (3) SYSTEM, INC.	м	357,195.	FMV
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2023 ST. MARY'S HOSPITAL FOUNDATION

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

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

(a)	(b)	(c)	(d)	(6	2)	(f)	(g)	(۲	n)	(i)	(j)		(k)	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(i org	all rs sec	Share of			• , opor-	Code V-UBI	Genera	al or P	ercentage	
of entity	, second s	(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(ora	c)(3) s.?	total	end-of-year	Dispr tior allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	ing er? C	ownership	
		country)	sections 512-514)	Yes		income		Yes	No	(Form 1065)	Yes	NO		

Schedule R (Form 990) 2023

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

Part VII | Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SAINT JOSEPH HOSPITAL, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - FRONT RANGE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

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

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

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

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

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

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NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

	orm 990) 2023		S	HOSPITAL	FOUNDATION	23-7001007	Page 5
Part VII S	upplemental Inform	nation					

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

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831