

PUBLIC DISCLOSURE COPY

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

Type or print	Name of exempt organization or other filer, see instructions. SAINT JOSEPH HOSPITAL, INC.	Taxpayer identification number (TIN) 84-0417134
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1375 E. 19TH. AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DENVER, CO 80218	

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

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

COLIN QUINCY

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

Telephone No. ▶ (801) 442-3491 Fax No. ▶

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

1 I request an automatic 6-month extension of time until NOVEMBER 15, 2023, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 2022 or
- ▶ tax year beginning _____, and ending _____.

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

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

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

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

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

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

2022

Open to Public Inspection

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

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SAINT JOSEPH HOSPITAL, INC.		D Employer identification number 84-0417134
	Doing business as		E Telephone number 303-813-5342
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1375 E. 19TH. AVENUE		G Gross receipts \$ 613,987,242.
	City or town, state or province, country, and ZIP or foreign postal code DENVER, CO 80218		
F Name and address of principal officer: JAMESON SMITH SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
J Website: SEE SCHEDULE "O"		If "No," attach a list. See instructions	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1975	M State of legal domicile: CO
H(c) Group exemption number 0928			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	11
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	208
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,128,285.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	86,007.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,660,402.	10,298,368.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	598,235,750.	583,235,302.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,559,929.	10,601,726.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,299,289.	2,823,180.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	629,755,370.	606,958,576.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,581,160.	6,960,465.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	209,420,367.	229,536,792.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	355,511,532.	391,693,756.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	570,513,059.	628,191,013.	
19 Revenue less expenses. Subtract line 18 from line 12	59,242,311.	-21,232,437.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,514,966,251.	1,091,179,932.
	22 Net assets or fund balances. Subtract line 21 from line 20	833,152,183.	215,270,334.
22 Net assets or fund balances. Subtract line 21 from line 20	681,814,068.	875,909,598.	

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 528,730,745. including grants of \$ 6,960,465.) (Revenue \$ 585,064,095.) SAINT JOSEPH HOSPITAL WAS FOUNDED IN DENVER IN 1873 BY THE SISTERS OF CHARITY OF LEAVENWORTH AS THE FIRST PRIVATE TEACHING HOSPITAL IN COLORADO AND HAS HISTORICALLY BEEN PART OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. TODAY, IT REMAINS THE LARGEST PRIVATE TEACHING HOSPITAL IN DENVER. THE HOSPITAL PROVIDES A TRADITION OF HEALTHCARE THAT INCLUDES COMPASSIONATE CAREGIVERS, STELLAR CLINICAL EXPERTISE AND ACTIVE CLINICAL PARTNERSHIPS WITH KAISER PERMANENTE, NATIONAL JEWISH HEALTH AND COMMUNITY PHYSICIANS.

IN 2014, SAINT JOSEPH HOSPITAL AND NATIONAL JEWISH HEALTH (A TAX-EXEMPT 501(C)(3) ORGANIZATION) FORMED A JOINT OPERATING AGREEMENT TO PROVIDE INPATIENT AND OUTPATIENT CARE TOGETHER IN COLORADO. THIS COLLABORATIVE

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

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

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

4e Total program service expenses 528,730,745.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 11		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
12c			
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		X
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed NONE
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 COLIN QUINCY - (801) 442-3491
 36 SOUTH STATE STREET, SUITE 1600, SALT LAKE CITY, UT 84111

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYDIA JUMONVILLE FORMER OFFICER	0.00 56.00							0.	3,193,207.	695,330.
(2) JANIE WADE TREASURER 1/1-2/28/22	3.00 62.00			X				0.	2,254,921.	321,825.
(3) MARK KORTH PRESIDENT	1.00 54.00	X		X				0.	1,741,709.	320,302.
(4) JAMESON SMITH PRESIDENT SJD	50.00 4.00			X				0.	789,196.	240,721.
(5) THOMAS DONOHOE SECRETARY	3.00 59.00			X				0.	762,392.	172,741.
(6) JOHN TYNES, MD VP CHIEF MEDICAL OFFICER SJD	50.00 0.00				X			0.	694,962.	164,967.
(7) SIMON PAYNE FORMER KEY EMPLOYEE	0.00 50.00					X		0.	616,325.	160,835.
(8) BARBARA JAHN FORMER KEY EMPLOYEE	0.00 50.00					X		0.	618,352.	149,179.
(9) JOHN RAHEB FORMER HIGHEST COMPENSATED	0.00 50.00					X		0.	687,248.	46,382.
(10) KIMBERLY VANDERVEEN, MD PHYSICIAN GME FACULTY	50.00 0.00				X			673,093.	0.	6,851.
(11) ALWIN STEINMANN, MD CHIEF ACADEMIC MEDICINE	50.00 0.00			X				0.	477,959.	139,453.
(12) DINA BUSH VP CNO, SJD 1/1-4/25/22	0.00 50.00			X				0.	407,774.	161,014.
(13) JASON JOHNSON, MD PHYSICIAN GME PROG DIR	50.00 0.00				X			500,188.	0.	18,970.
(14) MICHAEL SKEHAN VP COO SJD 1/1-9/2/22	50.00 1.00			X				0.	434,952.	77,109.
(15) BRAD MEMBEL VP FINANCE SJD	50.00 0.00			X				0.	365,062.	113,360.
(16) WENDY PETERSON, MD ASSOC PROG DIR PHYSICIAN GME	50.00 0.00				X			423,937.	0.	50,494.
(17) EMILY SPEER, MD PHYSICIAN GME FACULTY	50.00 0.00				X			387,112.	0.	47,403.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JASON GAINES VP STRATEGY & BUS DEVELOPMENT SJD	50.00 0.00				X			0.	327,285.	105,137.
(19) SYDNE MURATORE, MD PHYSICIAN GME FACULTY	50.00 0.00					X		393,356.	0.	17,817.
(20) PETER SCHAAD VP OPERATIONS SJD	50.00 0.00				X			0.	301,549.	71,065.
(21) PATRICE FARRELL-DELINE VP MISSION INTEGRATION 1/1-10/30/22	50.00 0.00				X			0.	225,211.	77,634.
(22) GAY CUNNINGHAM INTERIM VP CNO SJD 5/16-12/31/22	50.00 0.00				X			0.	187,683.	15,709.
(23) DAVID BIGGERSTAFF VP COO SJD 8/22-12/31/22	50.00 0.00				X			0.	159,284.	32,127.
(24) KATHY BOELTER DIRECTOR	1.00 1.00	X						0.	0.	0.
(25) CHRISTINE FORKNER DIRECTOR	1.00 2.00	X						0.	0.	0.
(26) STEVEN FRANKEL, MD DIRECTOR	1.00 1.00	X						0.	0.	0.
1b Subtotal								2,377,686.	14,245,071.	3,206,425.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,377,686.	14,245,071.	3,206,425.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) FAYE HUMMEL, RN DIRECTOR	1.00 2.00	<input checked="" type="checkbox"/>						0.	0.	0.
(28) MARK ISAKSON VICE CHAIR	3.00 3.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(29) DAVID KINNARD, MD DIRECTOR	1.00 1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(30) GILLIAN MCKNIGHT-TUTEIN DIRECTOR	1.00 1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(31) BERRY MORTON, MD CHAIR	3.00 3.00	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>				0.	0.	0.
(32) KELLY SNOW-DUNKIN DIRECTOR	1.00 1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(33) BRUCE WARING, MD DIRECTOR	1.00 1.00	<input checked="" type="checkbox"/>						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	4,169,588.				
	e	Government grants (contributions)	1e	6,128,780.				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f					
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			10,298,368.			
Program Service Revenue	2 a	PATIENT SERVICE REVENUE	Business Code	621110	578,380,457.	577,258,652.	1,121,805.	
	b	PROGRAM RELATED INCOME	Business Code	621110	4,854,845.	4,854,845.		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f			583,235,302.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			11,030,103.		11,030,103.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
			6a	7,425,255.				
			6b	6,437,348.				
	c	Rental income or (loss)	6c	987,907.				
	d	Net rental income or (loss)			987,907.		987,907.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			7a		162,941.			
			7b		591,318.			
	c	Gain or (loss)	7c	-428,377.				
	d	Net gain or (loss)			-428,377.		-428,377.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
8a								
8b								
c	Net income or (loss) from fundraising events							
9 a	Gross income from gaming activities. See Part IV, line 19							
		9a						
		9b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances							
		10a						
		10b						
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	CAFETERIA	Business Code	722514	1,831,373.	1,828,793.	2,580.	
	b	MEDICAL DIRECTOR	Business Code	621110	3,900.		3,900.	
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d			1,835,273.			
12	Total revenue. See instructions			606,958,576.	583,942,290.	1,128,285.	11,589,633.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,960,465.	6,960,465.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,569,213.	5,488,518.	80,695.	
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	181,548,559.	178,985,053.	2,563,506.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,075,549.	6,976,016.	99,533.	
9 Other employee benefits	21,948,145.	21,583,633.	364,512.	
10 Payroll taxes	13,395,326.	13,213,113.	182,213.	
11 Fees for services (nonemployees):				
a Management				
b Legal	1,080.		1,080.	
c Accounting				
d Lobbying	6,372.		6,372.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	53,645,099.	51,957,609.	1,687,490.	
12 Advertising and promotion	3,393,203.	93,078.	3,300,125.	
13 Office expenses	1,400,099.	1,322,919.	77,180.	
14 Information technology	41,085,101.	4,519,622.	36,565,479.	
15 Royalties				
16 Occupancy	6,554,609.	6,408,007.	146,602.	
17 Travel	397,328.	351,911.	45,417.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	387,181.	345,217.	41,964.	
20 Interest	9,357,432.	9,357,432.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,573,512.	33,573,512.		
23 Insurance	4,320,707.	4,320,707.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	105,290,605.	105,290,605.		
b MEDICAL PROVIDER TAXES	38,343,243.	38,343,243.		
c CONTRACT SERVICES	20,702,638.	12,623,822.	8,078,816.	
d SHARED SERVICES - ADMIN	13,991,860.	2,883,040.	11,108,820.	
e All other expenses	59,243,687.	24,133,223.	35,110,464.	
25 Total functional expenses. Add lines 1 through 24e	628,191,013.	528,730,745.	99,460,268.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	12,823.	1	12,275.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	66,369,159.	4	65,615,209.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	69,543.	7	257,077.
	8 Inventories for sale or use	9,959,629.	8	10,524,799.
	9 Prepaid expenses and deferred charges	4,375,611.	9	2,347,131.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 808,843,585.		
	b Less: accumulated depreciation	10b 26,511,839.		
		585,444,405.	10c	782,331,746.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	848,735,081.	15	230,091,695.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	1,514,966,251.	16	1,091,179,932.	
Liabilities	17 Accounts payable and accrued expenses	27,902,314.	17	21,885,421.
	18 Grants payable		18	
	19 Deferred revenue	16,995,851.	19	1,911,417.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	174,667,913.	23	170,253,540.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	613,586,105.	25	21,219,956.
	26 Total liabilities. Add lines 17 through 25	833,152,183.	26	215,270,334.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	681,814,068.	27	875,909,598.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	681,814,068.	32	875,909,598.
33 Total liabilities and net assets/fund balances	1,514,966,251.	33	1,091,179,932.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	606,958,576.
2	Total expenses (must equal Part IX, column (A), line 25)	2	628,191,013.
3	Revenue less expenses. Subtract line 2 from line 1	3	-21,232,437.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	681,814,068.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	215,327,967.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	875,909,598.

Part XII Financial Statements and Reporting

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

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

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

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
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? <i>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.</i>		
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? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2022

Part VI

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

Horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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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
1	<hr/> <hr/> <hr/>	\$ <u>4,165,643.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file Form 1120-POL for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990) 2022

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		6,372.
j Total. Add lines 1c through 1i			6,372.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c Total	2c
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?	4
5 Taxable amount of lobbying and political expenditures. See instructions	5

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

LOBBYING EXPENDITURES

SCHEDULE C, PART II-B, QUESTION 1I

THE LOBBYING EXPENDITURES REPRESENT PORTIONS OF VARIOUS MEMBERSHIP DUES

THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH

SAINT JOSEPH HOSPITAL, INC., IS A MEMBER.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization **SAINT JOSEPH HOSPITAL, INC.** Employer identification number **84-0417134**

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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. Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	14,404,188.	11,116,244.	13,857,972.	9,351,404.	9,205,924.
b Contributions	3,623,432.	4,025,260.	2,169,381.	5,853,270.	6,367,288.
c Net investment earnings, gains, and losses	-782,741.	691,631.	662,187.	632,149.	-167,050.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,174,674.	1,428,947.	5,573,296.	1,978,851.	6,054,758.
f Administrative expenses					
g End of year balance	13,070,205.	14,404,188.	11,116,244.	13,857,972.	9,351,404.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
 - b Permanent endowment 54.2000 %
 - c Term endowment 45.8000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | X | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		106,459,873.		106,459,873.
b Buildings		611,862,624.	13,786,130.	598,076,494.
c Leasehold improvements		3,788,488.	189,424.	3,599,064.
d Equipment		82,969,598.	12,536,285.	70,433,313.
e Other		3,763,002.		3,763,002.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				782,331,746.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	229,657,745.
(2) LEASED ASSETS	249,602.
(3) OTHER ASSETS	184,348.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	230,091,695.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CAPITALIZED LEASE OBLIGATIONS	284,763.
(3) LESSEE DEPOSITS	110,193.
(4) NOTES PAYABLE TO SCLHS	20,825,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	21,219,956.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

ENDOWMENT FUNDS SUPPORT THE SAINT JOSEPH HOSPITAL IN AREAS INCLUDING

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

SPIRITUAL CARE, AND OTHER SERVICES AND PROGRAMS.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

Complete if the organization answered "Yes" on Form 990, Part IV, question 20a.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year: <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			17,481,824.		17,481,824.	2.78%
b Medicaid (from Worksheet 3, column a)			139,088,001.	100,996,060.	38,091,941.	6.06%
c Costs of other means-tested government programs (from Worksheet 3, column b)			561,488.	591,757.	0.	.00%
d Total. Financial Assistance and Means-Tested Government Programs			157,131,313.	101,587,817.	55,543,496.	8.84%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			1,639,306.	379,500.	1,259,806.	.20%
f Health professions education (from Worksheet 5)			38,742,224.	11,862,181.	26,880,043.	4.28%
g Subsidized health services (from Worksheet 6)			9,284,745.	2,849,671.	6,435,074.	1.02%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			6,159,672.		6,159,672.	.98%
j Total. Other Benefits			55,825,947.	15,091,352.	40,734,595.	6.48%
k Total. Add lines 7d and 7j			212,957,260.	116,679,169.	96,308,360.	15.32%

Part II Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

Table with 7 columns: (a) Number of activities or programs (optional), (b) Persons served (optional), (c) Total community building expense, (d) Direct offsetting revenue, (e) Net community building expense, (f) Percent of total expense. Rows include Physical improvements and housing, Economic development, Community support, Environmental improvements, Leadership development and training for community members, Coalition building, Community health improvement advocacy, Workforce development, Other, and Total.

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Table for Section A with columns for question number, amount, and Yes/No. Row 1: Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? Row 2: Enter the amount of the organization's bad debt expense. Row 3: Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy.

Section B. Medicare

Table for Section B with columns for question number, amount, and Yes/No. Row 5: Enter total revenue received from Medicare (including DSH and IME). Row 6: Enter Medicare allowable costs of care relating to payments on line 5. Row 7: Subtract line 6 from line 5. This is the surplus (or shortfall). Row 8: Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit.

Section C. Collection Practices

Table for Section C with columns for question number, description, and Yes/No. Row 9a: Did the organization have a written debt collection policy during the tax year? Row 9b: If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance?

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

Table with 5 columns: (a) Name of entity, (b) Description of primary activity of entity, (c) Organization's profit % or stock ownership %, (d) Officers, directors, trustees, or key employees' profit % or stock ownership %, (e) Physicians' profit % or stock ownership %.

Part V Facility Information

Section A. Hospital Facilities

(list in order of size, from largest to smallest - see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility):

1 SAINT JOSEPH HOSPITAL, INC.
1375 E. 19TH. AVENUE
DENVER, CO 80218
WEBSITE: SEE PART VI
LICENSE NUMBER 010430

Table with columns: Licensed hospital, gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks in the first four columns.

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group: SAINT JOSEPH HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: <u>20 21</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 22</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group: SAINT JOSEPH HOSPITAL, INC.

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Billing and Collections

Name of hospital facility or letter of facility reporting group: SAINT JOSEPH HOSPITAL, INC.

	Yes	No
<p>17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?</p>	X	
<p>18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p> <p>f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted</p>		
<p>19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?</p> <p>If "Yes," check all actions in which the hospital facility or a third party engaged:</p> <p>a <input type="checkbox"/> Reporting to credit agency(ies)</p> <p>b <input type="checkbox"/> Selling an individual's debt to another party</p> <p>c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP</p> <p>d <input type="checkbox"/> Actions that require a legal or judicial process</p> <p>e <input type="checkbox"/> Other similar actions (describe in Section C)</p>		X
<p>20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):</p> <p>a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)</p> <p>b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</p> <p>c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)</p> <p>d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)</p> <p>e <input type="checkbox"/> Other (describe in Section C)</p> <p>f <input type="checkbox"/> None of these efforts were made</p>		

Policy Relating to Emergency Medical Care

<p>21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?</p> <p>If "No," indicate why:</p> <p>a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions</p> <p>b <input type="checkbox"/> The hospital facility's policy was not in writing</p> <p>c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</p> <p>d <input type="checkbox"/> Other (describe in Section C)</p>	X	
--	---	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

Name of hospital facility or letter of facility reporting group: SAINT JOSEPH HOSPITAL, INC.

		Yes	No
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care:		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
c	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period		
d	<input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method		
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C.	23	X
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C.	24	X

Schedule H (Form 990) 2022

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION B, LINE 5: COMMUNITY MEETING TO PRIORITIZE SIGNIFICANT

NEEDS: HOSPITAL LEADERS, DEPARTMENTAL REPRESENTATIVES, PUBLIC HEALTH

OFFICIALS AND LEADERS FROM THE COMMUNITY MET ON SEPTEMBER 23, 2021 TO

DISCUSS AND PRIORITIZE THE SIGNIFICANT NEEDS. THE MEETING WAS CONVENED

VIRTUALLY AND 21 COMMUNITY STAKEHOLDERS REPRESENTING BROAD COMMUNITY REACH

WERE IN ATTENDANCE. THE GROUP RECEIVED A PRESENTATION OF CURRENT SECONDARY

HEALTH DATA BY CHUCK AULT, REGIONAL DIRECTOR, COMMUNITY HEALTH AND SISTER

JENNIFER GORDON, VICE PRESIDENT MISSION INTEGRATION. PRIMARY DATA FINDINGS

WERE PRESENTED THROUGH SHARING THE RESULTS OF THE 2021 SCL HEALTH

COMMUNITY SURVEY AND THE 2021 SCL HEALTH COVID VACCINE CLINIC SPOT SURVEY.

AFTER COMPLETING A REVIEW AND DISCUSSION OF THESE DATA SOURCES, THE GROUP

PRIORITIZED THE HEALTH ISSUES THAT SAINT JOSEPH HOSPITAL IS BEST

POSITIONED TO IMPACT, WORKING IN PARTNERSHIP WITH COMMUNITY ORGANIZATIONS

AND COMMUNITY MEMBERS. FINAL PRIORITIZATION WAS VOTED ON THROUGH A ZOOM

POLL. COMMUNITY MEETINGS AND COMMUNITY SURVEYS WERE USED TO GATHER INPUT

AND PRIORITIZE THE SIGNIFICANT NEEDS. THE FOLLOWING CRITERIA WERE USED TO

PRIORITIZE THE NEEDS: 1) THE PERCEIVED SEVERITY OF AN ISSUE AS IT AFFECTS

THE HEALTH AND LIVES OF THOSE IN THE COMMUNITY; 2) THE LEVEL OF IMPORTANCE

THE HOSPITAL SHOULD PLACE ON ADDRESSING THE ISSUE.

PRIORITIZED NEEDS: SAINT JOSEPH HOSPITAL (SJH) SELECTED 1) MENTAL HEALTH;

2) COMMUNITY WEALTH BUILDING (ECONOMIC STABILITY); AND 3) HEALTH EQUITY AS

PRIORITY HEALTH NEEDS TO BE ADDRESSED.

COMMUNITY SURVEYS: SJH SURVEYED COMMUNITY MEMBERS AT COVID-19 VACCINE

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

EVENTS TO PRIORITIZE COMMUNITY HEALTH NEEDS. THE COMMUNITY EVENTS WERE

HELD FROM FEBRUARY-MARCH, 2021 AND SEPTEMBER 21, 2021 AT THE NATIONAL

WESTERN COMPLEX AND SURVEYED 1,389 PEOPLE. THE SURVEY RESPONDENTS LISTED

THE FOLLOWING TOP FIVE HEALTH AREAS OF CONCERN: 1) SOCIAL ISOLATION; 2)

ACCESSING HEALTH CARE; 3) HEALTH BENEFITS; 4) RESOURCE AWARENESS; AND 5)

ACCESS TO VACCINES.

IN THE COLORADO HEALTH INSTITUTE-HOSTED SURVEY, RESPONDENTS WERE ASKED TO

IDENTIFY THE MOST PRESSING HEALTH CONCERNS FROM A LIST OF OPTIONS. DENVER

COUNTY SURVEY RESPONDENTS IDENTIFIED HOUSING AS THE BIGGEST ISSUE IN THE

COMMUNITY.

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION B, LINE 6B:

DENVER PUBLIC HEALTH

NATIONAL JEWISH HEALTH

METRO CARING

INNER CITY HEALTH CENTER

DENVER DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT

AMERICAN HEART ASSOCIATION

BRUNER FAMILY MEDICINE

MILE HIGH HEALTH ALLIANCE.

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION B, LINE 7A, HOSPITAL WEBSITE.

WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL/ABOUT/COMMUNITY-BENEFIT/C

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY-HEALTH-NEEDS-ASSESSMENT/

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION B, LINE 10A, HOSPITAL WEBSITE.

WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL/ABOUT/COMMUNITY-BENEFIT/C

COMMUNITY-HEALTH-IMPROVEMENT-PLAN/

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION B, LINE 11: THROUGH THE 2021 COMMUNITY HEALTH NEEDS

ASSESSMENT PROCESS, NEEDS IDENTIFIED BY COMMUNITY AND ORGANIZATION MEMBERS

WERE DISCUSSED AND DATA REVIEWED. THE FOLLOWING THREE PRIORITIES WERE

AGREED UPON AS IMPORTANT AREAS OF FOCUS FOR SJH:

- 1. MENTAL HEALTH
- 2. COMMUNITY WEALTH BUILDING (ECONOMIC STABILITY)
- 3. HEALTH EQUITY.

IMPROVED MENTAL HEALTH FOR OUR COMMUNITY:

PROGRESS WAS MADE IN 2022 WITH MENTAL HEALTH PROGRAMMING. EFFORTS INCLUDED

THE INTEGRATED BEHAVIORAL HEALTH SERVICES IN THREE CHARITY CARE CLINICS AT

SJH, A FOCUS ON MATERNAL MENTAL HEALTH, A SUICIDE PREVENTION INITIATIVE IN

THE SJH EMERGENCY DEPARTMENT AND MENTAL HEALTH WELLNESS ACTIVITIES IN

PARTNERSHIP WITH PARTNERS AT THE CENTER FOR AFRICAN AMERICAN HEALTH.

INTEGRATED MENTAL HEALTH SERVICES:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACTIVITY: THE INTEGRATED CARE MODEL, IMBEDDING BEHAVIORAL HEALTH SERVICES

ALONGSIDE PRIMARY CARE, PRODUCES EXCELLENT RESULTS BY DESTIGMATIZING

MENTAL HEALTH SERVICES AND PROVIDING ONE POINT OF ENTRY FOR EVERYTHING A

PATIENT MAY NEED.

OUTCOME/RESULT: IN 2022, 1,657 MENTAL HEALTH VISITS WERE LOGGED BY THREE

MENTAL HEALTH PROVIDERS.

MATERNAL MENTAL HEALTH:

ACTIVITY: THE BLOOM PROGRAM WAS DESIGNED TO ADDRESS THE POINT IN TIME WHEN

A WOMAN'S RISK OF DEPRESSION AND MOOD DISORDER IS THE HIGHEST SHE WILL

EXPERIENCE IN HER LIFETIME - THE PERINATAL PERIOD. AS A LEADER IN WOMEN'S

HEALTH CARE, SJH PRIORITIZED THIS ASPECT OF MENTAL HEALTH TREATMENT AND

WELLNESS FOR THE COMMUNITIES WE SERVE.

OUTCOME/RESULT: IN 2022, 476 WOMEN RECEIVED SERVICES TO ADDRESS PERINATAL

MOOD AND ANXIETY DISORDERS.

SUICIDE PREVENTION:

ACTIVITY: IN PARTNERSHIP WITH ROCKY MOUNTAIN CRISIS PARTNERS (RMCP), THE

BEHAVIORAL HEALTH TEAM IN THE SJH EMERGENCY DEPARTMENT (ED) IS ABLE TO

OFFER FOLLOW-UP SERVICES TO ANYONE PRESENTING WITH A SUICIDE ATTEMPT OR

SUICIDAL IDEATION. RESEARCH SHOWS THAT WHEN A PERSON WHO HAS RECENTLY

ATTEMPTED OR CONSIDERED ATTEMPTING SUICIDE RECEIVES RAPID FOLLOW-UP FROM

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SOMEONE WHO EXPRESSES CONCERN AND CARE THE PROBABILITY THAT THE PERSON

WILL ATTEMPT AGAIN DECREASES SIGNIFICANTLY. AT SJH PEOPLE IN THIS

CIRCUMSTANCE ARE OFFERED A WARM HANDOFF (THE REFERRAL IS FACILITATED BY A

CAREGIVER WHO HELPS THE PATIENT MAKE THE CONNECTION) TO A PROFESSIONAL AT

RMCP WHO FOLLOWS UP IMMEDIATELY THEN REGULARLY FOR THE NEXT 90 DAYS.

DURING THIS PERIOD, AS THE RELATIONSHIP DEVELOPS, THE CLINICIAN CONNECTS

THE INDIVIDUAL TO FURTHER IMPORTANT FOLLOW-UP SERVICES AND BECOMES A

SUPPORTIVE AND CARING EAR.

OUTCOME/RESULT: IN 2022, MORE THAN 300 PEOPLE WERE OFFERED THIS IMPORTANT

SERVICE AND 86 ACCEPTED FOLLOW-UP SERVICES AFTER PRESENTING IN THE SJH ED.

ACCORDING TO TRACKING AVAILABLE THROUGH RMCP, NONE OF THE PARTICIPANTS

RETURNED TO THE SJH ED WITH A SUICIDE CONCERN DURING THE YEAR.

MENTAL WELLNESS:

ACTIVITY: IN 2022, SJH PARTNERED WITH THE CENTER FOR AFRICAN AMERICAN

HEALTH TO OFFER LIGHT-TOUCH, MENTAL WELLNESS SESSIONS CALLED SELF-CARE

SATURDAYS. THE SESSIONS INCLUDED MINDFULNESS TRAINING, YOGA, PAINTING, AND

HEALTHY COOKING CLASSES ALL WITH THE INTENT OF HELPING COMMUNITY MEMBERS

REBUILD A SENSE OF COMMUNITY AND RESILIENCE AFTER THE ISOLATION CREATED BY

THE COVID PANDEMIC. RESEARCH SHOWS THAT WHEN PEOPLE ARE SOCIALLY CONNECTED

THE INCIDENCE OF ACUTE MENTAL HEALTH CRISIS DECREASES.

OUTSOME/RESULT: EIGHT SESSION WERE OFFERED IN 2022 SERVING 214

INDIVIDUALS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

COMMUNITY WEALTH BUILDING (ECONOMIC STABILITY):

SAINT JOSEPH HOSPITAL IS COMMITTED TO MOVING UPSTREAM TOWARD THE CAUSES OF

POOR HEALTH. A LACK OF ECONOMIC STABILITY IS ASSOCIATED WITH REDUCED

ACCESS TO HEALTH CARE, FOOD, HOUSING, EDUCATION, ALL RESULTING IN SOME

COMMUNITIES NOT HAVING THE SAME OPPORTUNITY TO BE AS HEALTHY AS OTHERS.

MULTIPLE EFFORTS IN 2022 WERE DESIGNED TO BEGIN CHANGING THE WAY SJH DOES

BUSINESS TO ALIGN WITH APPROACHES THAT SUPPORT LOCAL COMMUNITY MEMBERS.

WORKER/OWNER COOPERATIVE DEVELOPMENT:

IN 2022, SJH PARTNERED WITH THE CENTER FOR COMMUNITY WEALTH BUILDING TO

ENGAGE IN ACTIVITIES THAT HELP THE LOCAL ECONOMY WORK FOR INDIVIDUALS WHO

HAVE HISTORICALLY BEEN LEFT OUT. A CORNERSTONE OF THIS WORK IS BUILDING

COMMUNITY UNDERSTANDING ABOUT THE POWER OF WORKER/OWNER COOPERATIVES THAT

BUILD ON ASSETS ALREADY EXISTING IN LOCAL COMMUNITIES.

ACTIVITY: 403 UNIQUE ATTENDEES PARTICIPATED IN CENTER FOR COMMUNITY WEALTH

BUILDING (CCWB) PRESENTATIONS TO LEARN MORE ABOUT COOPERATIVE OWNERSHIP.

THEY LED TO NUMEROUS FOLLOW-UP INQUIRIES, AND CCWB STAFF IS NOW AT FULL

CAPACITY, WITH OVER TEN BUSINESSES IN ACTIVE WORKER COOPERATIVE

DEVELOPMENT.

RESULT/OUTCOME: WORKER OWNERSHIP IS BECOMING WIDELY UNDERSTOOD AS AN

IMPORTANT ECONOMIC DEVELOPMENT STRATEGY THAT CAN DRIVE ECONOMIC EQUITY AND

BUILD COMMUNITY WEALTH.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACTIVITY: CCWB PROVIDED COOPERATIVE INCUBATION SERVICES (IN THE FORM OF

START-UP BUSINESS TRAINING) TO TWO GROUPS OF MOSTLY IMMIGRANT,

SPANISH-SPEAKING RESIDENTS WHO WERE INTERESTED IN STARTING THEIR OWN

WORKER OWNED BUSINESSES.

RESULT/OUTCOME: WITH CCWB'S HELP, BOTH WORKER COOPERATIVES LAUNCHED DURING

THE GRANT PERIOD. CASA DE MITOTE PROVIDES EVENT PLANNING AND HOSTING

SERVICES, AND COOPERATIVA MANO A MANO PROVIDES OUTREACH, NAVIGATION, AND

COMMUNITY ENGAGEMENT SERVICES. TOGETHER THE TWO BUSINESSES HAVE 16

WORKER-OWNERS AND ARE CURRENTLY REVENUE POSITIVE.

ACTIVITY: HELPED 34 WORKER-OWNED COOPERATIVES IMPROVE THEIR BUSINESS

PERFORMANCE.

RESULT/OUTCOME: FOUR EXISTING COOPERATIVES IMPROVED THEIR BUSINESS

PRACTICES, AND 30 COOPERATIVE BUSINESSES CREATED A MORE HEALTHY

COOPERATIVE CULTURE.

ACTIVITY: COMPLETED THE FIRST SPANISH-ONLY TRAIN THE TRAINER COOPERATIVE

DEVELOPMENT TRAINING PROGRAM, WITH 18 PARTICIPANTS.

RESULT/OUTCOME: 18 COMMUNITY MEMBERS ARE READY TO LEAD CO-OP 101 TRAININGS

IN THEIR OWN COMMUNITIES. CCWB PROVIDED THREE CO-OP 101 TRAINING SESSIONS

THIS FALL THAT WERE LED BY THE GRADUATES OF THE TRAIN-THE-TRAINER PROGRAM.

THE SESSIONS RESULTED IN THE FORMATION OF TWO SOLIDARITY CIRCLES,

GATHERINGS OF POTENTIAL WORKER-OWNERS WHO STUDY THE PRINCIPLES AND PROCESS

OF CO-OP FORMATION AS THE FIRST STEP IN FORMING A COOPERATIVE BUSINESS.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

LOCAL HIRING:

ACTIVITY: SJH BUILT ON ITS PARTNERSHIP WITH A NEIGHBORHOOD JOB TRAINING

AND POVERTY ALLEVIATION ORGANIZATION CALLED CROSS PURPOSE. SJH HOSTED

STUDENTS FROM THEIR MEDICAL ASSISTANCE PROGRAM EXTERNSHIP AND HAS RECENTLY

DESIGNED A CLINICAL TRAINING OPPORTUNITY FOR STUDENTS TRAINED TO BE

CERTIFIED NURSE AIDS.

OUTCOME/RESULT: IN 2022 THREE COMMUNITY MEMBERS WERE HIRED INTO PERMANENT,

FULL-TIME MEDICAL ASSISTING ROLES AND SJH HAS COMMITTED TO HIRING 35 CNA'S

AND 10 MA'S FROM CROSS PURPOSE OVER THE NEXT TWELVE MONTHS.

CREATING ECONOMIC OPPORTUNITY:

ACTIVITY: THROUGH A PARTNERSHIP WITH DENVER PUBLIC SCHOOLS, SAINT JOSEPH

HOSPITAL HOSTED HIGH SCHOOL SENIORS FROM WEST AND MANUAL HIGH SCHOOLS IN

CERTIFIED NURSING ASSISTANT (CNA) TRAINING BASED AT SAINT JOSEPH HOSPITAL.

THESE STUDENTS, MANY OF WHOM ARE FIRST GENERATION HIGH SCHOOL GRADUATES,

PARTICIPATED IN A CUSTOMIZED TRAINING PROGRAM THAT POSITIONS THEM TO WORK

AT SAINT JOSEPH HOSPITAL AND HAVE ACCESS TO RESOURCES THAT ENABLE THEM TO

TAKE THEIR CAREERS TO THE NEXT LEVEL AS A REGISTERED NURSE, TECH,

PHYSICIAN ASSISTANT, ETC. STUDENTS PARTICIPATED IN 100 HOURS OF DIDACTIC

CNA TRAINING, FOLLOWED BY 65 HOURS OF HANDS-ON CLINICAL TRAINING.

OUTCOME/RESULT: NINE STUDENTS COMPLETED TRAINING. FOLLOWING COMPLETION OF

THEIR TRAINING HOURS, THEY CAN SIT FOR THE CERTIFICATION EXAM AND BEGIN

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WORKING AT SAINT JOSEPH OR OTHER MEDICAL PROVIDER LOCATIONS AS

FULLY-CERTIFIED NURSE ASSISTANTS.

HEALTH EQUITY:

WHILE HEALTH EQUITY IS OF PRIMARY CONCERN WITHIN MOST COMMUNITY

PROGRAMMING AT SJH, ONE PROGRAM IS CALLED OUT BELOW AS AN EXAMPLE OF HOW

SJH AIMS TO MAKE A HEALTHY LIFE POSSIBLE FOR EVERYONE.

SEE CONTINUATION BELOW

SAINT JOSEPH HOSPITAL, INC.:

PART V, SECTION, B, LINE 16A, 16B, 16C:

WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL/PATIENTS-VISITORS/BILLING

-PRICING/FINANCIAL-ASSISTANCE/

PART V, SECTION B, LINE 11

CONTINUED NARRATIVE

BABY BOOTIQUE:

ACTIVITY: ENSURING THE BEST POSSIBLE START FOR CHILDREN LIVING IN LOWER

INCOME FAMILIES IS THE AIM OF THE BABY BOOTIQUE AT SAINT JOSEPH

HOSPITAL. HISTORICALLY, MOTHERS IN LOWER INCOME GROUPS HAVE A

DISPROPORTIONATELY HIGH RATE OF LOW BIRTH WEIGHT BABIES. LOW BIRTH

WEIGHT LEADS TO A VARIETY OF SOMETIMES LIFE-LONG HEALTH ISSUES FOR

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

CHILDREN CAUSING STRESS FOR FAMILIES AND ADDITIONAL COSTS FOR HEALTH

CARE SYSTEMS. THE BABY BOOTIQUE OFFERS INCENTIVES TO FAMILIES WHO

PRIORITIZE A HEALTHY PREGNANCY BY ATTENDING REGULAR APPOINTMENTS,

ENGAGING IN EDUCATION ABOUT PREGNANCY AND BIRTH, AND MAKING HEALTH

MODIFICATIONS THAT LEAD TO IMPROVED OUTCOMES. FAMILIES USE THE

INCENTIVE COUPONS THEY EARN TO "PURCHASE" NEEDED BABY ITEMS AT A STORE

LOCATED ON THE SJH CAMPUS.

OUTCOME/RESULT: IN 2022, THE PROGRAM SERVED 503 FAMILIES. WHEN

COMPARING THE GROUP WHO PARTICIPATED IN THE BABY BOOTIQUE TO A

DEMOGRAPHICALLY SIMILAR GROUP WHO DID NOT, THE LOW BIRTH WEIGHT

PERCENTAGE FOR PARTICIPATING FAMILIES WAS 8.9% (COLORADO AVERAGE

9.0-9.4%) AND FOR THOSE NOT PARTICIPATING WAS 14.2%.

ADDITIONAL NEEDS NOT PRIORITIZED:

SAINT JOSEPH HOSPITAL (SJH) RECOGNIZES THAT THE OTHER HEALTH NEEDS AND

INDICATORS IDENTIFIED IN THE 2021 SJH COMMUNITY HEALTH NEEDS ASSESSMENT

PROCESS ARE IMPORTANT FOR THE HOSPITAL AND THE COMMUNITIES IT SERVES.

NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING MANY OF THESE

REMAINING NEEDS. THEREFORE, DUE TO LIMITED EXPERTISE AND RESOURCES AT

THE INDIVIDUAL HOSPITAL LEVEL, SJH HAS NARROWED ITS TOP PRIORITIES TO

THE FOCUS AREAS LISTED ABOVE. SJH WILL, HOWEVER, CONTINUE TO BUILD

PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN OUR PRIMARY SERVICE AREA

IN ORDER TO EXPAND OUR FOOTPRINT AS FAR AS POSSIBLE INTO ALL RELEVANT

HEALTH PRIORITY AREAS WITHOUT OVERTAXING AVAILABLE RESOURCES IN OUR

IDENTIFIED PRIORITY AREAS.

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 8

Name and address	Type of facility (describe)
1 SISTER JOANNA BRUNER FAM MED CTR 1960 N OGDEN ST STE 460 DENVER, CO 80218-3670	OUTPATIENT PHYSICIAN CLINIC
2 DOWNTOWN SURGERY SPECIALISTS 1960 N OGDEN ST STE 550 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
3 SETON WOMEN'S CLINIC 1960 N OGDEN ST STE 340 DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
4 CARITAS CLINICS 1960 N OGDEN ST STE 400 DENVER, CO 80218-3670	OUTPATIENT PHYSICIAN CLINIC
5 BIRTH CENTER OF DENVER 1830 FRANKLIN ST. STE 330 DENVER, CO 80218-1128	OUTPATIENT PHYSICIAN CLINIC
6 RAINIER GENERAL SURGERY CLINIC 1960 N OGDEN ST STE 400 DENVER, CO 80218-3670	OUTPATIENT PHYSICIAN CLINIC
7 SJH - CANCER CENTERS OF COLORADO 1825 MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
8 CERTIFIED NURSE MIDWIVES 1960 N OGDEN ST STE 320 DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8, and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (for example, open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 6A:

THIS ORGANIZATION IS PART OF INTERMOUNTAIN HEALTH SYSTEM WHICH PREPARES AN
ANNUAL REPORT TO THE COMMUNITY ON A CONSOLIDATED BASIS. THE REPORT IS
PREPARED BY THE PARENT COMPANY, INTERMOUNTAIN HEALTH CARE, INC.

PART I, LINE 7:

THE AMOUNTS REPORTED ON FORM 990, SCHEDULE H, PART I, LINE 7A, 7B AND 7C
WERE DETERMINED USING THE COST TO CHARGE RATIO DERIVED FROM WORKSHEET 2,
IN THE SCHEDULE H, FORM 990 INSTRUCTIONS. FORM 990, SCHEDULE H, PART I,
LINES 7E, 7F, 7G, 7H AND 7I ARE REPORTED AT COST AS REPORTED IN THE
ORGANIZATION'S FINANCIAL STATEMENTS.

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A),
BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON SCHEDULE H,
PART I, LINE 7 COLUMN (F) IS \$11,192,564.

PART II, COMMUNITY BUILDING ACTIVITIES:

232100 11-18-22

Part VI Supplemental Information (Continuation)

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY

OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G.

POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). IN 2022, SJH CONTINUED

TO EXPAND SEVERAL PARTNERSHIPS INTENDED TO DIRECTLY ADDRESS THE HEALTH AND

SAFETY NEEDS OF RESIDENTS IN THE CITY AND COUNTY OF DENVER. ONE EXAMPLE IS

AN ONGOING PARTNERSHIP WITH INCLUSIVE HOUSING DENVER, A PARTNERSHIP WITH

COLORADO HOUSING AND FINANCE AUTHORITY AND DEVELOPMENT PATHWAYS. THIS

PROGRAM PROVIDES SUPPORT FOR INTELECTUALLY/DEVELOPMENTALLY DISABLED

COMMUNITY MEMBERS IN INDEPENDENT HOUSING. A TECHNICAL ADVISOR HAS BEEN

HIRED TO OFFER SCENARIOS FOR USE OF A BUILDING ON THE SJH CAMPUS THAT WOULD

PROVIDE AFFORDABLE HOUSING IN THE I/DD COMMUNITY, IN BUILDING SERVICES

SUPPORTING MENTAL AND PHYSICAL HEALTH NEEDS, AS WELL AS NAVIGATION TO

OTHER RESOURCES. OUR PARTNERSHIP INCLUDES CASH AND IN-KIND DONATIONS AND

INCORPORATES PLANNED VOLUNTEERISM AND PROGRAM DEVELOPMENT. ADDITIONALLY,

SJH SPONSORED A TEAM OF FOUR STUDENTS FROM ARRUPE JESUIT HIGH SCHOOL.

THESE STUDENTS ARE ON TRACK TO BE FIRST-GENERATION HIGH SCHOOL GRADUATES

AND THEY WORK ONE DAY PER WEEK IN VARIOUS ROLES AT SJH. THE WAGES THEY

EARN GO DIRECTLY INTO AN ACCOUNT AT ARRUPE JESUIT TO HELP PAY THEIR

TUITION. SJH HAS CHOSEN TO ENGAGE IN THIS SPONSORSHIP AS AN EXPRESSION OF

ITS MISSION AND AS A MEANS OF INFLUENCING THE UPSTREAM CONDITIONS, SUCH AS

ACCESS TO EDUCATION, THAT AFFECT POVERTY AND OTHER SOCIAL DETERMINANTS OF

HEALTH.

PART III, LINE 1:

THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL

MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO. 15 TO THE EXTENT THAT HFMA

STATEMENT NO. 15 FOLLOWS GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP)

FOR REPORTING BAD DEBT.

Part VI Supplemental Information (Continuation)

PART III, LINE 2:

THE BAD DEBT EXPENSE REPORTED ON PART III, LINE 2 IS AT CHARGES AS RECORDED IN THE ORGANIZATION'S FINANCIAL STATEMENTS.

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS.

PART III, LINE 4:

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

THE BAD DEBT ALLOWANCE IS CALCULATED AS A PERCENTAGE OF PATIENT RECEIVABLES AFTER DEDUCTIONS FOR ESTIMATED PROVISIONS FOR CONTRACTUAL ADJUSTMENTS (DISCOUNTS) ON SERVICES PROVIDED TO ENROLLEES OF MEDICARE, MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS.

Part VI Supplemental Information (Continuation)

THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN AND PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE PATIENT WOULD QUALIFY FOR FREE CARE OR FINANCIAL AID. THEREFORE, IT IS POSSIBLE THAT SOME BAD DEBT IS ACTUALLY CHARITY CARE. HOWEVER, IF A PATIENT ACCOUNT IS WRITTEN OFF TO BAD DEBT AND THE COLLECTION AGENCY LATER DETERMINES THAT THE PATIENT WOULD HAVE QUALIFIED FOR FREE CARE OR FINANCIAL AID, THEN THE BAD DEBT EXPENSE IS RECLASSIFIED TO CHARITY CARE.

THE PATIENT SERVICE REVENUE FOOTNOTE WHICH DESCRIBES BAD DEBT EXPENSE AND ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS IS ON PAGES 13 AND 14 OF THE AUDITED CONSOLIDATED FINANCIAL STATEMENTS.

PART III, LINE 8:

THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE

Part VI Supplemental Information (Continuation)

COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. BY ABSORBING THE MEDICARE SHORTFALL COSTS, WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS.

TO ARRIVE AT THE FORM 990, SCHEDULE H, PART III, LINE 6 AMOUNT, WE USED ACTUAL MEDICARE CHARGES FROM INTERNAL RECORDS AND APPLIED AN ESTIMATED COST TO CHARGE RATIO TO DETERMINE THE MEDICARE ALLOWABLE COSTS. THE ESTIMATED MEDICARE COST TO CHARGE RATIO IS THE PRIOR PERIOD MEDICARE COST REPORT COST TO CHARGE RATIO.

PART III, LINE 9B:

AN INTEGRAL COMPONENT OF OUR MISSION IS TO BE GOOD FINANCIAL STEWARDS. THIS REQUIRES US TO DETERMINE WHICH PATIENTS ARE IN NEED OF CHARITY CARE AND WHICH ARE ABLE TO CONTRIBUTE SOME PAYMENT FOR CARE RECEIVED. WE MAINTAIN A BALANCE THAT ENABLES US TO CONTINUE TO PROVIDE CHARITY CARE TO THOSE WHO NEED IT MOST AND ENSURE THAT WE MANAGE OUR RESOURCES SO WE CAN CONTINUE TO BE HERE WHEN PEOPLE NEED US MOST. THE ORGANIZATION NOTIFIES PATIENTS OF FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND DISCHARGE. IN ADDITION, THE PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS. PATIENTS ARE CONTACTED MULTIPLE TIMES ABOUT UNPAID BALANCES PRIOR TO INITIATING ANY COLLECTION ACTION. IF A PATIENT IS DETERMINED TO BE ELIGIBLE FOR FINANCIAL ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

PART V, SECTION A, WEBSITE

WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL/

Part VI Supplemental Information (Continuation)

PART VI, LINE 2:

AS PART OF SAINT JOSEPH HOSPITAL'S CORE COMMITMENT OF SERVICE TO THE POOR AND VULNERABLE, THE HOSPITAL TAKES STEPS TO DETERMINE WHERE THERE IS THE MOST NEED IN ORDER TO PROVIDE THE GREATEST GOOD THROUGH INCREMENTAL REVIEW OF CURRENT NEEDS ACROSS THE COMMUNITIES SERVED. AS AN ACTIVE MEMBER OF THE MILE HIGH HEALTH ALLIANCE, THE HOSPITAL IS IN TOUCH WITH CURRENT NEEDS AND POISED TO RESPOND WHEN OTHER NEEDS ARE IDENTIFIED.

PART VI, LINE 3:

THE ORGANIZATION NOTIFIES PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY UPON ADMISSION AND PRIOR TO DISCHARGE. NOTICES ABOUT THE FINANCIAL ASSISTANCE POLICY ARE DISPLAYED THROUGHOUT THE HOSPITAL. IN ADDITION, PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS AND THROUGH THE PATIENT PORTAL, MYCHART. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST.

THE ORGANIZATION HAS A FINANCIAL ASSISTANCE PROGRAM THAT PROVIDES PATIENTS OPPORTUNITIES TO APPLY FOR FREE OR DISCOUNTED CARE AND/OR TO BE ENROLLED IN A GOVERNMENT SPONSORED MEDICAL CARE PROGRAM. THE PROCESS INCLUDES IDENTIFYING PATIENTS WITH A FINANCIAL CONCERN, PROVIDING FINANCIAL COUNSELING AND ASSISTANCE IN APPLYING FOR THE ORGANIZATION'S CHARITY CARE AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

PART VI, LINE 4:

FOR THE PURPOSES OF THE COMMUNITY HEALTH NEEDS ASSESSMENT THE SJH COMMUNITY WAS DEFINED AS NORTHEAST DENVER. THIS INCLUDES THE NINE DENVER

Part VI Supplemental Information (Continuation)

NEIGHBORHOODS IMMEDIATELY NORTH OF THE HOSPITAL CAMPUS: CITY PARK, CITY

PARK WEST, CLAYTON, COLE, ELYRIA SWANSEA, FIVE POINTS, NORTHEAST PARK

HILL, SKYLAND, AND WHITTIER. BECAUSE SPECIFIC POPULATION DATA IS DIFFICULT

TO FIND, IN SOME CASES WE USED THE CITY OF DENVER'S DEMOGRAPHIC DATA TO

INFORM OUR 2021 CHNA.

TOTAL POPULATION:

ON AVERAGE, FROM 2015-2019, THE POPULATION OF THE SJH SERVICE AREA WAS

135,160. DENVER COUNTY HAD A POPULATION OF 705,576.

IN THE SERVICE AREA, 51.5% OF THE POPULATION WAS MALE AND 48.5% WAS

FEMALE.

YOUTH, AGES 0-19 MAKE UP 16.4% OF THE POPULATION IN THE SERVICE AREA.

73.2% OF THE POPULATION WAS 20 TO 64 YEARS OLD AND 10.4% WERE AGES 65

YEARS AND OLDER. THE SERVICE AREA HAD A HIGHER PERCENTAGE OF ADULTS, AGES

20-34, AND A LOWER PERCENTAGE OF SENIORS THAN DENVER COUNTY. THE MEDIAN

AGE IN THE SERVICE AREA IS 34 YEARS OLD.

IN THE SERVICE AREA, DENVER 80202 HAD THE LOWEST PERCENTAGE OF YOUTH, AGES

5-17 (2.2%) AND DENVER 80207 HAD THE HIGHEST PERCENTAGE OF YOUTH (22.1%).

DENVER 80205 HAD THE SMALLEST PERCENTAGE OF SENIORS (6.6%) IN THE SERVICE

AREA. DENVER 80206 HAD THE HIGHEST PERCENTAGE OF SENIORS (16.5%) IN THE

SERVICE AREA. THE MEDIAN AGE RANGED FROM 32.5 YEARS IN DENVER 80205 TO

37.3 YEARS IN DENVER 80206.

RACE AND ETHNICITY:

Part VI Supplemental Information (Continuation)

IN THE SERVICE AREA, 61.3% OF THE POPULATION IS WHITE, 20.1% ARE HISPANIC/LATINO, 2.1% ARE ASIAN AMERICAN, AND 12% ARE BLACK/AFRICAN AMERICAN. THE SERVICE AREA HAD A GREATER PERCENTAGE OF WHITE, BLACK/AFRICAN AMERICAN, AND MULTI-RACIAL PEOPLE THAN COLORADO.

IN DENVER 80216, OVER HALF OF THE POPULATION (62.8%) IS HISPANIC OR LATINO, THE HIGHEST IN THE SERVICE AREA. DENVER 80202 AND BROOMFIELD HAVE THE HIGHEST PERCENTAGE OF ASIAN AMERICANS (6.0%) IN THE SERVICE AREA. DENVER 80207 HAS THE HIGHEST PERCENTAGE OF BLACK/AFRICAN AMERICANS IN THE SERVICE AREA (26.5%) AND BROOMFIELD HAS THE LOWEST PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS (0.8%). DENVER 80218 HAS THE HIGHEST PERCENTAGE OF WHITE RESIDENTS (82.3%) IN THE SERVICE AREA.

LANGUAGE:

OVER THREE-QUARTERS OF THE SERVICE AREA POPULATION, AGES 5 AND OLDER, SPEAK ONLY ENGLISH IN THE HOME (84.1%). 15.9% OF THE POPULATION SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 12.5% OF THE POPULATION SPEAKS SPANISH IN THE HOME.

PART VI, LINE 5:

WITH ITS 365 LICENSED BEDS IN A STATE OF THE ART FACILITY, SAINT JOSEPH HOSPITAL (SJH) IS POSITIONED TO SERVE THE LOCAL COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES INCLUDING CARDIOLOGY, PULMONARY, ONCOLOGY, ORTHOPEDICS, WOMEN AND FAMILY, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY AND NEUROSURGERY, OBSTETRICS/GYNECOLOGY, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, SENIOR

Part VI Supplemental Information (Continuation)

EMERGENCY DEPARTMENT CARE, PALLIATIVE & HOSPICE CARE AND INTEGRATIVE

HEALTH SERVICES.

SJH EXTENDS CARE BEYOND THE HOSPITAL WALLS IN ORDER TO IMPROVE THE HEALTH OF THE COMMUNITY AS DEMONSTRATED BY A NUMBER OF COMMUNITY ACTIVITIES AND PARTNERSHIPS.

SJH IS A CERTIFIED "BABY FRIENDLY HOSPITAL" IN COLORADO AS PART OF ITS ADOPTION OF STANDARDS THAT PROMOTE BREASTFEEDING. HOSPITALS THAT ACHIEVE THIS STATUS ARE HELPING MOTHERS AND BABIES TO HAVE A HEALTHY START IN LIFE AND REVERSE THE CHILDHOOD OBESITY EPIDEMIC. DUE TO THE HIGH RATE OF TEEN BIRTHS IN OUR COMMUNITY, WE CONTINUED OUR EXISTING TEEN MOM AND PARENTING SERVICES TO ENSURE THIS VULNERABLE POPULATION IS PROVIDED THE NECESSARY RESOURCES FOR A HEALTHY CHILD AND FAMILY UNIT. A RANGE OF OTHER PROGRAMS AND SERVICES COMPRISE THE REMAINDER OF THE TOTAL COMMUNITY BENEFIT OFFERINGS FOR SJH HOSPITAL. IN BETTER SERVING THE PHYSICAL AND MENTAL HEALTH NEEDS OF OUR LOW-INCOME AND UNINSURED PREGNANT WOMEN AND NEWLY DELIVERED MOTHERS, WE EXPANDED OUR PERINATAL SUPPORT PROGRAM TO A NON-AFFILIATED SAFETY NET CLINIC IN OUR LOCAL COMMUNITY, INNER CITY HEALTH CENTER. ADDITIONALLY, WE BEGAN PLANS TO EXPAND TO A SECOND NON-AFFILIATED SAFETY NET CLINIC IN 2020. THE PERINATAL SUPPORT PROGRAM PROVIDES INCENTIVES FOR WOMEN TO PARTICIPATE IN PRENATAL HEALTH SCREENINGS AND PROVIDER VISITS, PERINATAL EDUCATION CLASSES, AND POSTPARTUM SCREENINGS INCLUDING RISK FOR POSTPARTUM DEPRESSION.

THROUGH THE SJH COMMUNITY RESOURCE FORUM, WE CONVENE OTHER NON-PROFIT AND HUMAN SERVICE COMMUNITY AGENCIES TO SHARE INFORMATION AND EDUCATION AS A MEANS TO MAXIMIZE RESOURCES, BUILD COMMUNITY CAPACITY AND SUPPORT BROAD

Part VI Supplemental Information (Continuation)

NEEDS IDENTIFIED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT THAT THE HOSPITAL CANNOT INDEPENDENTLY OR DIRECTLY ADDRESS.

SJH IS THE OLDEST PRIVATE TEACHING HOSPITAL IN COLORADO AND HAS CONTINUED TO INVEST IN MEDICAL PROFESSIONAL TRAINING SINCE INCEPTION OF THE MEDICAL RESIDENCY PROGRAM IN 1893. CURRENTLY, SJH HAS FOUR MEDICAL RESIDENCY PROGRAMS - INTERNAL MEDICINE, FAMILY MEDICINE, OBSTETRICS & GYNECOLOGY, AND GENERAL SURGERY. IN ADDITION TO MEDICAL RESIDENCY, SJH TAKES AN ACTIVE ROLE IN THE CLINICAL TRAINING OF NURSES, ADVANCED PRACTICE NURSES, PHARMACISTS, AND RADIOLOGY TECHNICIANS.

SJH PROVIDES FOCUSED OPERATIONAL AND STRATEGIC SUPPORT FOR BRUNER FAMILY MEDICINE, THE CARITAS CLINIC, AND SETON WOMEN'S CLINIC, AS WELL AS A CERTIFIED NURSE MIDWIFE CLINIC HOUSED WITHIN THE SETON WOMEN'S CLINIC. THESE CLINICS SERVE THE HEALTH NEEDS FOR LOW-INCOME AND UNINSURED POPULATIONS REGARDLESS OF THE ABILITY TO PAY. CLINIC PROVIDERS AND STAFF WORK CLOSELY TOGETHER TO PROVIDE INTEGRATED CARE FOR THOSE WHO VISIT THE HOSPITAL FACILITY OR THE OUTPATIENT CLINICS FOR THEIR HEALTH NEEDS. THE CLINICS ARE COMMITTED TO PROVIDING ACCESS TO COMPASSIONATE AND TRUSTWORTHY CARE FOR THE UNINSURED POOR. IN ADDITION TO PRIMARY CARE, OBSTETRIC AND GYNECOLOGIC CARE, AND GENERAL SURGERY, THE PACKAGE OF SERVICES INCLUDES FINANCIAL SUPPORT FOR SPECIALIST AND SUBSPECIALTY CARE, AND MEDICATION PURCHASE ASSISTANCE. BRUNER FAMILY MEDICINE IS CURRENTLY ACCREDITED AS A LEVEL 3 PATIENT CENTERED MEDICAL HOME AND PROVIDES PATIENTS WITH ACCESS TO PROGRAMS FOR DIABETES, MENTAL HEALTH, CANCER SCREENING AND TOBACCO CESSATION.

SJH IS AN IMPORTANT COMPONENT OF THE CITY AND COUNTY OF DENVER AND SERVES

Part VI Supplemental Information (Continuation)

THE COMMUNITY IN NUMEROUS WAYS, FROM DELIVERING PREVENTATIVE CARE, DISEASE MANAGEMENT, AND ACUTE HEALTHCARE SERVICES TO SUPPORT OF OTHER CIVIC GROUPS. OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, ALL OF WHOM PROVIDE HOURS OF SERVICE IN SUPPORT OF THE WORK OF THE HOSPITAL. BOARD MEMBERS ARE ALSO INVOLVED IN OUR NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES, AND COMMUNITY OUTREACH TO ENSURE THAT THOSE WHO LIVE AND WORK IN THE CITY AND COUNTY OF DENVER KNOW ABOUT SERVICES AVAILABLE TO THEM THROUGH SJH AND ITS SAFETY NET CLINICS.

WHEN SJH HAS EXCESS REVENUE OVER OPERATING EXPENSES, THE FUNDS ARE USED TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO POINTS OF CARE. THESE INVESTMENTS ENSURE SJH WILL BE SUSTAINED AND AVAILABLE TO PROVIDE CARE TO THE COMMUNITY FOR FUTURE GENERATIONS.

IN ADDITION, SJH SUPPORTS ASSOCIATES (EMPLOYEES) IN VOLUNTEERING FOR COMMUNITY ORGANIZATIONS, INCLUDING SERVING ON COMMUNITY BOARDS, AND PROVIDES OPPORTUNITIES FOR THEM TO SUPPORT CAUSES THROUGH HOSPITAL EVENTS SUCH AS FOOD DRIVES FOR LOCAL FOOD BANKS, SCHOOL SUPPLY DRIVES FOR LOCAL SCHOOLS, AND THE AMERICAN HEART WALK. SJH LEADERS AND ASSOCIATES (EMPLOYEES) STRIVE TO BE GOOD CITIZENS AND PARTNER WITH OTHER ORGANIZATIONS AND AGENCIES TO SUPPORT A THRIVING COMMUNITY THROUGH OUR MEMBERSHIPS WITH THE DENVER CHAMBER OF COMMERCE, THE MILE HIGH HEALTH ALLIANCE, CAPITOL HILL UNITED NEIGHBORHOODS, INC. AND CAPITOL UNITED MINISTRIES.

PART VI, LINE 6:

THE FILING ORGANIZATION IS AN AFFILIATE OF INTERMOUNTAIN HEALTH CARE, INC.

Part VI Supplemental Information (Continuation)

(INTERMOUNTAIN), AN INTEGRATED HEALTH SYSTEM WHOSE VISION IS TO "BE A MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICES AT AN AFFORDABLE COST." INTERMOUNTAIN STRIVES TO FULFILL THAT MISSION THROUGH ACCOMPLISHING ITS STATED MISSION OF "HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE."

INTERMOUNTAIN HEALTH CARE, INC., IS A NONPROFIT CORPORATION EXEMPT UNDER INTERNAL REVENUE CODE 501(C)(3). AFFILIATES WITHIN THE HEALTH SYSTEM NETWORK INCLUDE NONPROFIT CORPORATIONS EXEMPT UNDER IRS 501(C)(3) AND 501(C)(4), TAXABLE CORPORATIONS, PARTNERSHIPS WITH PHYSICIANS, STRATEGIC INVESTMENTS, AND JOINT VENTURES.

HEADQUARTERED IN SALT LAKE CITY, UTAH, INTERMOUNTAIN CONSISTS OF A TEAM OF NEARLY 60,000 CAREGIVERS WHO SERVE THE HEALTHCARE NEEDS OF PEOPLE ACROSS THE INTERMOUNTAIN WEST, INCLUDING UTAH, IDAHO, NEVADA, COLORADO, MONTANA, WYOMING, AND KANSAS. INTERMOUNTAIN PROVIDES SERVICES TO AND PROMOTES THE HEALTH OF THESE COMMUNITIES THROUGH 33 HOSPITALS, HUNDREDS OF CLINICS, A MEDICAL GROUP, AFFILIATE NETWORKS, HOMECARE, TELEHEALTH, INSURANCE PLANS, MEDICAL AIR TRANSPORT, AND OTHER SERVICES. INTERMOUNTAIN IS WIDELY RECOGNIZED AS A LEADER IN TRANSFORMING HEALTHCARE BY USING EVIDENCE-BASED BEST PRACTICES TO CONSISTENTLY DELIVER HIGH-QUALITY OUTCOMES AT SUSTAINABLE COSTS.

INTERMOUNTAIN IS WORKING TO IMPROVE THE HEALTH AND WELL-BEING BY IMPROVING MENTAL WELL-BEING, PREVENTING AVOIDABLE DISEASE, IMPROVING AIR QUALITY, ADDRESSING SOCIAL DETERMINANTS OF HEALTH, AND OTHER COMMUNITY HEALTH INITIATIVES.

Part VI Supplemental Information (Continuation)

THROUGH MULTIPLE CHARITABLE FOUNDATIONS, INTERMOUNTAIN ALSO DEVELOPS
 FINANCIAL AND CHARITABLE SUPPORT FOR ITS PATIENTS WHILE ALSO SUPPORTING
 OTHER NONPROFIT ORGANIZATIONS THAT PROVIDE DIRECT MEDICAL, DENTAL, AND
 MENTAL SERVICES FOR LOW-INCOME, UNINSURED, OR MEDICALLY UNDERSERVED
 POPULATIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization **SAINT JOSEPH HOSPITAL, INC.** Employer identification number **84-0417134**

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCL HEALTH MEDICAL GROUP - DENVER, LLC - 500 ELDORADO BLVD., SUITE 4300 - BROOMFIELD, CO 80021	46-3778226	501(C)(3)	5,803,571.	0.			PROGRAM SUPPORT
SAINT JOSEPH HOSPITAL FOUNDATION 1375 E. 19TH AVENUE DENVER, CO 80218	84-0735096	501(C)(3)	1,110,894.	0.			PROGRAM SUPPORT
INNER CITY HEALTH CENTER 3800 YORK STREET DENVER, CO 80205	74-2426085	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
NATIONAL JEWISH HEALTH 1400 JACKSON STREET DENVER, CO 80206	74-2044647	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
ARRUPE CORPORATE WORK STUDY PROGRAM - 4343 UTICA STREET - DENVER, CO 80212	46-0508814	501(C)(3)	8,000.	0.			PROGRAM SUPPORT
LA CLINICA TEPEYAC, INC. 4725 HIGH STREET DENVER, CO 80216	84-1285505	501(C)(3)	8,000.	0.			PROGRAM SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **6.**
- 3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2022

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

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

PART I, LINE 2:

THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED AND THE

REASON FOR SUCH SUPPORT. ELIGIBILITY FOR FUNDING IS DETERMINED ON AN

INDIVIDUAL BASIS CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES

TO THE ORGANIZATION'S MISSION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYDIA JUMONVILLE FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,457,019.	1,300,392.	435,796.	675,533.	19,797.	3,888,537.	382,586.
(2) JANIE WADE TREASURER 1/1-2/28/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 911,292.	757,353.	586,276.	296,475.	25,350.	2,576,746.	581,138.
(3) MARK KORTH PRESIDENT	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 889,240.	847,403.	5,066.	294,602.	25,700.	2,062,011.	0.
(4) JAMESON SMITH PRESIDENT SJD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 537,248.	174,872.	77,076.	215,149.	25,572.	1,029,917.	72,440.
(5) THOMAS DONOHOE SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 439,403.	237,988.	85,001.	144,291.	28,450.	935,133.	83,350.
(6) JOHN TYNES, MD VP CHIEF MEDICAL OFFICER SJD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 425,811.	94,469.	174,682.	138,767.	26,200.	859,929.	163,959.
(7) SIMON PAYNE FORMER KEY EMPLOYEE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 414,072.	149,703.	52,550.	134,947.	25,888.	777,160.	49,613.
(8) BARBARA JAHN FORMER KEY EMPLOYEE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 416,100.	149,850.	52,402.	129,072.	20,107.	767,531.	45,450.
(9) JOHN RAHEB FORMER HIGHEST COMPENSATED	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 577,428.	104,163.	5,657.	13,035.	33,347.	733,630.	0.
(10) KIMBERLY VANDERVEEN, MD PHYSICIAN GME FACULTY	(i) 417,955.	253,153.	1,985.	3,050.	3,801.	679,944.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(11) ALWIN STEINMANN, MD CHIEF ACADEMIC MEDICINE	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 348,951.	77,509.	51,499.	119,364.	20,089.	617,412.	45,640.
(12) DINA BUSH VP CNO, SJD 1/1-4/25/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 338,548.	64,160.	5,066.	133,114.	27,900.	568,788.	0.
(13) JASON JOHNSON, MD PHYSICIAN GME PROG DIR	(i) 498,049.	0.	2,139.	10,235.	8,735.	519,158.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(14) MICHAEL SKEHAN VP COO SJD 1/1-9/2/22	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 268,254.	107,589.	59,109.	62,867.	14,242.	512,061.	45,184.
(15) BRAD MEMBEL VP FINANCE SJD	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 268,014.	95,654.	1,394.	84,810.	28,550.	478,422.	0.
(16) WENDY PETERSON, MD ASSOC PROG DIR PHYSICIAN GME	(i) 421,811.	150.	1,976.	18,300.	32,194.	474,431.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) EMILY SPEER, MD	(i)	385,638.	0.	1,474.	18,300.	29,103.	434,515.	0.
PHYSICIAN GME FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) JASON GAINES	(i)	0.	0.	0.	0.	0.	0.	0.
VP STRATEGY & BUS DEVELOPMENT SJD	(ii)	245,745.	55,393.	26,147.	78,937.	26,200.	432,422.	24,355.
(19) SYDNE MURATORE, MD	(i)	391,926.	0.	1,430.	14,405.	3,412.	411,173.	0.
PHYSICIAN GME FACULTY	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) PETER SCHAAD	(i)	0.	0.	0.	0.	0.	0.	0.
VP OPERATIONS SJD	(ii)	228,314.	49,810.	23,425.	71,031.	34.	372,614.	21,900.
(21) PATRICE FARRELL-DELINE	(i)	0.	0.	0.	0.	0.	0.	0.
VP MISSION INTEGRATION 1/1-10/30/22	(ii)	181,245.	41,927.	2,039.	56,758.	20,876.	302,845.	0.
(22) GAY CUNNINGHAM	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM VP CNO SJD 5/16-12/31/22	(ii)	183,525.	0.	4,158.	15,060.	649.	203,392.	0.
(23) DAVID BIGGERSTAFF	(i)	0.	0.	0.	0.	0.	0.	0.
VP COO SJD 8/22-12/31/22	(ii)	138,336.	20,000.	948.	22,396.	9,731.	191,411.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR:

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET

Part III Supplemental Information

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

DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS.

THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY

SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE

AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY

INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED

BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY

INTERMOUNTAIN HEALTH CARE INC.'S BOARD, THE COMMITTEE EMPHASIZES THE

IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE

WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION

PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.

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

FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR

MANAGEMENT:

1) COMPENSATION COMMITTEE

2) INDEPENDENT COMPENSATION CONSULTANT

3) FORM 990 OF OTHER ORGANIZATIONS

4) WRITTEN EMPLOYMENT CONTRACTS

Part III Supplemental Information

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

5) COMPENSATION SURVEYS AND STUDIES

6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

PART I, LINE 4B:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN:

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

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

Part III Supplemental Information

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

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

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

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE

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

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

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

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

EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014:

PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT

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

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

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

FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS

Part III Supplemental Information

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

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

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

NQDC SERP PLANS STARTING IN 2014:

STARTING IN 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A
BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE
COMPENSATION. THE VESTING PERIOD IS ROLLING 3 YEARS OR WHEN THE PARTICIPANT
IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN BEFORE JANUARY
1, 2014. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

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

Part III Supplemental Information

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

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

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

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

RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2022 WERE: JANIE WADE -

\$581,138; THOMAS DONOHOE - \$83,350; JAMESON SMITH - \$72,440; JASON GAINES -

\$24,355; PETER SCHAAD - \$21,900; MICHAEL SKEHAN - \$45,184; ALWIN STEINMANN

- \$45,640; JOHN TYNES - \$163,959; LYDIA JUMONVILLE - \$382,586; BARBARA JAHN

- \$45,450; SIMON PAYNE - \$49,613.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION

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

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

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

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

RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY

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

INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN

Part III Supplemental Information

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

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

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

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

REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO

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

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

PART I, LINE 7:

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

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

ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS

CHARITABLE MISSION AND STRATEGIC IMPERATIVES.

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

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

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

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

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

SAFETY, AND PATIENT EXPERIENCE AND FULFILLMENT OF OUR MISSION.

Part III Supplemental Information

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

AWARDS ARE BASED ON THE BOARD'S DETERMINATION ON HOW WELL THE HEALTH CARE SYSTEM PERFORMS RELATIVE TO THE PLAN'S STATED PERFORMANCE STANDARDS AND THE WEIGHT GIVEN TO EACH OF THE PERFORMANCE MEASURES AS DEFINED FOR THAT PLAN YEAR.

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

FORM 990, SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES ON APRIL 1, 2022, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AFFILIATED WITH INTERMOUNTAIN HEALTH CARE, INC., CREATING A MODEL HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA, WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS NEARLY 60,000 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE

Part III Supplemental Information

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

MILLION PEOPLE IN UTAH, IDAHO AND NEVADA. INTERMOUNTAIN HEALTH CARE,

INC. AND RELATED TAX-EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE

EXCELLENCE STANDARDS INCLUDING ACCOUNTABILITY. IN KEEPING WITH

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

INTERMOUNTAIN HEALTH CARE, INC.'S BOARD COMPENSATION COMMITTEE

(COMMITTEE) HAS RETAINED THE SERVICES OF AN INDEPENDENT COMPENSATION

ADVISOR. THE COMPENSATION ADVISOR IS RESPONSIBLE FOR ADVISING THE

COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING

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

COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE,

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

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

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 L
(Form 990)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open To Public
Inspection

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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Part I Excess Benefit Transactions

(section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
ERIN MORTON	BERRY MORTON (BOARD	93,399.	EMPLOYMENT		X
IRENE TYNES	JOHN TYNES (KE) IS	101,378.	EMPLOYMENT		X
KELLY MORTON	BERRY MORTON (BOARD	32,940.	EMPLOYMENT		X
JOELY TYNES	JOHN TYNES (KE) IS	30,231.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ERIN MORTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BERRY MORTON (BOARD MEMBER) IS THE GRANDPARENT OF AN EMPLOYEE OF SJH.

(A) NAME OF PERSON: IRENE TYNES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN TYNES (KE) IS THE SPOUSE OF AN EMPLOYEE OF SJH.

(A) NAME OF PERSON: KELLY MORTON

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

BERRY MORTON (BOARD MEMBER) IS THE GRANDPARENT OF AN EMPLOYEE OF SJH.

(A) NAME OF PERSON: JOELY TYNES

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

JOHN TYNES (KE) IS THE PARENT OF AN EMPLOYEE OF SJH.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

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

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PART I, LINE J

WEBSITE ADDRESS:

WWW.SCLHEALTH.ORG/LOCATIONS/SAINT-JOSEPH-HOSPITAL/

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

CARE MODEL BRINGS TOGETHER TWO LEADING HEALTHCARE ORGANIZATIONS WITH

COMPLEMENTARY CULTURES, MISSIONS AND DEDICATION TO EXCELLENCE TO FOCUS

ON PROVIDING THE BEST CARE POSSIBLE. THE STRONG OUTPATIENT APPROACH AND

SPECIALTY EXPERTISE OF NATIONAL JEWISH HEALTH COMBINES WITH THE FOCUSED

INPATIENT EXPERTISE OF SAINT JOSEPH HOSPITAL TO INCREASE OUR ABILITY TO

MANAGE PATIENTS ALONG THE FULL CONTINUUM OF CARE.

THE ORGANIZATIONS DID NOT MERGE, AND NEITHER ORGANIZATION HAS BEEN

PURCHASED BY THE OTHER. NATIONAL JEWISH HEALTH AND SAINT JOSEPH

HOSPITAL ARE JOINTLY MANAGING CLINICAL OPERATIONS. BOTH NATIONAL JEWISH

HEALTH AND SAINT JOSEPH HOSPITAL VALUE THE PROFOUND IMPACT RESEARCH HAS

ON THE UNDERSTANDING AND TREATMENT OF HUMAN DISEASE. BOTH HAVE

OUTSTANDING AND COMPLEMENTARY TEACHING PROGRAMS. TOGETHER, WE ARE

MAXIMIZING THE CAPABILITIES OF BOTH INSTITUTIONS TO FOSTER

COLLABORATION AND EXCELLENCE IN THE TEACHING AREA.

SAINT JOSEPH HOSPITAL IS RELATED TO SCL HEALTH MEDICAL GROUP - DENVER,

LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY A RELATED

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

Schedule O (Form 990) 2022

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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ORGANIZATION, SCL HEALTH - FRONT RANGE, INC. SCL HEALTH MEDICAL GROUP - DENVER, LLC IS A GROUP OF PHYSICIAN CLINICS THAT PROVIDE PROFESSIONAL SERVICES TO THE SAINT JOSEPH HOSPITAL COMMUNITY AND SUPPORTS THE MISSION OF SAINT JOSEPH'S HOSPITAL.

ALTHOUGH SCL HEALTH MEDICAL GROUP - DENVER, LLC IS NOT OWNED DIRECTLY BY SAINT JOSEPH HOSPITAL, SAINT JOSEPH HOSPITAL IS REQUIRED TO FUND A PORTION OF THE OPERATING LOSSES OF SCL HEALTH MEDICAL GROUP - DENVER, LLC. IN 2022, THE HOSPITAL PROVIDED \$26,147,389 IN SUPPORT OF THE LOSSES OF THE PHYSICIAN CLINICS.

ON APRIL 1, 2022, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. AFFILIATED WITH INTERMOUNTAIN HEALTH CARE, INC., CREATING A MODEL HEALTH SYSTEM THAT PROVIDES HIGH-QUALITY, ACCESSIBLE, AND AFFORDABLE HEALTHCARE TO COMMUNITIES IN UTAH, IDAHO, NEVADA, COLORADO, MONTANA, WYOMING, AND KANSAS. THE ORGANIZATION EMPLOYS NEARLY 60,000 CAREGIVERS, OPERATES 33 HOSPITALS (INCLUDING ONE VIRTUAL HOSPITAL), AND RUNS HUNDREDS OF CLINICS, WHILE PROVIDING HEALTH INSURANCE TO OVER ONE MILLION PEOPLE IN UTAH, IDAHO AND NEVADA.

AS PART OF INTERMOUNTAIN HEALTH (INTEGRATED HEALTH SYSTEM), SAINT JOSEPH HOSPITAL HAS DIRECT ACCESS TO BEST PRACTICES, RESOURCES, TECHNOLOGY, TALENT AND STRATEGIC CAPITAL.

SAINT JOSEPH HOSPITAL HAS A VARIETY OF PROGRAMS AND SERVICES TO SERVE THE COMMUNITY INCLUDING BUT NOT LIMITED TO:

- CANCER CARE

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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- EMERGENCY AND TRAUMA SERVICES
- FAMILY MEDICINE
- GRADUATE MEDICAL EDUCATION
- HEART AND VASCULAR CARE
- LABOR AND DELIVERY SERVICES
- ORTHOPEDICS
- PALLIATIVE CARE
- RADIOLOGY, IMAGING AND ANCILLARY SERVICES
- RESPIRATORY HEALTH
- SPORTS MEDICINE
- SURGERY CENTER
- THERAPY AND REHAB SERVICES
- WOMEN'S HEALTH SERVICES

DURING 2022, SAINT JOSEPH HOSPITAL, HAD THE FOLLOWING RESULTS:

ADMISSIONS: 16,078

OUTPATIENT VISITS: 162,334

EMERGENCY DEPARTMENT VISITS: 64,115

BIRTHS: 3,695

SURGERIES: 11,126

LAB TESTS: 1,207,336

MISSION, VISION & VALUES:

MISSION:

WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE

PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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ANDVULNERABLE.

VISION:

INSPIRED BY OUR FAITH, WE WILL PARTNER WITH OUR PATIENTS AND

COMMUNITIES TO EXCEED THEIR EXPECTATIONS FOR HEALTH.

VALUES:

CARING SPIRIT - WE HONOR THE SACRED DIGNITY OF EACH PERSON.

EXCELLENCE - WE SET AND SURPASS HIGH STANDARDS.

GOOD HUMOR - WE CREATE JOYFUL AND WELCOMING ENVIRONMENTS.

INTEGRITY - WE DO THE RIGHT THING WITH OPENNESS AND PRIDE.

SAFETY - WE DELIVER CARE THAT SEEKS TO ELIMINATE ALL HARM FOR PATIENTS

AND ASSOCIATES.

STEWARDSHIP - WE ARE ACCOUNTABLE FOR THE RESOURCES ENTRUSTED TO US.

AWARDS AND RECOGNITION:

SAINT JOSEPH HOSPITAL HAS EARNED A 5-STAR RATING WHEN IT COMES TO

PATIENT EXPERIENCE AS REPORTED BY CENTERS FOR MEDICARE & MEDICAID

SERVICES (CMS).

SAINT JOSEPH HOSPITAL HAS RECEIVED THE PRESS GANEY GUARDIAN OF

EXCELLENCE AWARD FOR PATIENT EXPERIENCE IN 2019, 2020, 2021 AND, 2022,

AN AWARD THAT HONORS HOSPITALS THAT HAVE REACHED THE 95TH PERCENTILE

FOR PATIENT EXPERIENCE.

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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SAINT JOSEPH HOSPITAL RECEIVED AN 'A' GRADE IN SPRING 2022 FROM THE LEAPFROG GROUP FOR HOSPITAL SAFETY. THE LEAPFROG GROUP IS A WASHINGTON D.C. BASED ORGANIZATION AIMING TO IMPROVE HEALTHCARE QUALITY AND SAFETY FOR CONSUMERS AND PURCHASERS. THE LEAPFROG GROUP ASSIGNS LETTER GRADES BASED ON NUMEROUS HEALTH CARE QUALITY MEASURES.

SAINT JOSEPH HOSPITAL IS DESIGNATED BABY-FRIENDLY UNDER THE BABY-FRIENDLY HOSPITAL INITIATIVE, A GLOBAL PROGRAM SPONSORED BY THE WORLD HEALTH ORGANIZATION (WHO) AND THE UNITED NATIONS CHILDREN'S FUND (UNICEF).

THE AMERICAN HEART ASSOCIATION AND AMERICAN STROKE ASSOCIATION RECOGNIZED SAINT JOSEPH HOSPITAL WITH GOLD PLUS QUALITY ACHIEVEMENT AWARD, TARGET STROKE ELITE PLUS HONOR ROLE, AND TARGET TYPE 2 DIABETES HONOR ROLL AWARDS IN 2022 FOR THEIR CONTINUED SUCCESS FOLLOWING GUIDELINES TO SPEED RECOVERY AND REDUCE DEATH AND DISABILITY FOR STROKE PATIENTS.

SAINT JOSEPH HOSPITAL RECEIVED THE CHEST PAIN MI REGISTRY AWARD IN 2022 FROM THE AMERICAN COLLEGE OF CARDIOLOGY WHICH RECOGNIZES HOSPITALS THAT HAVE TOP-LEVEL PERFORMANCE IN THEIR CARE OF PATIENTS WHILE ADHERING TO THEIR SPECIFIC GUIDELINE RECOMMENDATIONS.

SAINT JOSEPH HOSPITAL RECEIVED ACCREDITATION FROM THE PRESTIGIOUS MAGNET RECOGNITION PROGRAM IN MAY 2017 AND WAS RE-ACCREDITED IN 2022. MAGNET ACCREDITATION IS THE NATION'S TOP HONOR FOR NURSING EXCELLENCE, QUALITY PATIENT CARE, AND INNOVATIONS IN PRACTICE. ONLY 9.4% OF U.S. HOSPITALS HAVE ACHIEVED THIS DESIGNATION.

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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RECIPIENT OF HEALTHGRADES 'AMERICA'S 250 BEST HOSPITALS' AWARD 2020,
2021, 2022.

FORM 990, PART V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

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

FORM 990, PART V, LINE 2A

EXPLANATION FOR NUMBER REPORTED ON FORM W-3:

THE ORGANIZATION LEASES EMPLOYEES FROM A RELATED 501(C)(3) TAX-EXEMPT
ORGANIZATION. THE RELATED ORGANIZATION FILES THE REQUIRED W-3 AND
RELATED W-2 TAX FORMS FOR THESE INDIVIDUALS. ACCORDING TO THE FORM 990
INSTRUCTIONS FOR PART IX, WE REFLECT THE LEASED EMPLOYEE'S COMPENSATION
ON THE FORM 990, PART IX AS IF THE ORGANIZATION COMPENSATES THESE
INDIVIDUALS.

FORM 990, PART VI, SECTION A, LINE 4:

SIGNIFICANT CHANGES TO ITS GOVERNING DOCUMENTS SINCE THE PRIOR FORM 990:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ("SCLHS"), THE SOLE
MEMBER OF SAINT JOSEPH HOSPITAL, AFFILIATED WITH INTERMOUNTAIN HEALTH CARE,
INC. ("INTERMOUNTAIN") EFFECTIVE APRIL 1, 2022. AS A RESULT, THE GOVERNING

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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DOCUMENTS OF SAINT JOSEPH HOSPITAL WERE UPDATED TO REFLECT THE NEW PARENT

ORGANIZATION, INTERMOUNTAIN AS A MEMBER OF SCLHS, HOWEVER SCLHS CONTINUES

TO BE THE SOLE MEMBER OF SAINT JOSEPH HOSPITAL.

AS A RESULT OF THE MERGER BETWEEN SCLHS AND INTERMOUNTAIN, RESERVED POWERS

ARE HELD BY BOTH SCLHS AND INTERMOUNTAIN.

SCLHS HAS THE POWER TO APPOINT TRUSTEES TO THE BOARD OF DIRECTORS, SUBJECT

TO RATIFICATION BY INTERMOUNTAIN. RESERVED POWERS HELD BY INTERMOUNTAIN

INCLUDE THE FOLLOWING:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;

- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES,

STANDARDS, AND GUIDELINES FOR THE CORPORATION;

- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;

- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES

TO AND FROM THE BOARD;

- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS

OF THE CORPORATION;

- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING

APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE

OFFICER OF THE CORPORATION;

- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE,

INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR

THE PROPER OPERATION OF THE CORPORATION;

- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE

DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN

ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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EVIDENCED-BASED MEDICINE;

- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE, LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;

- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE RESTRUCTURING OF THE CORPORATION;

- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE CORPORATION; AND

- DIRECT FINANCES AND INVESTMENTS OF THE CORPORATION, INCLUDING CONTROLS, OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

AS PART OF THE MERGER, CERTAIN PROTECTIONS WERE INCLUDED IN THE BYLAWS TO ENSURE THE SCLHS CATHOLIC ENTITIES WERE ABLE TO RETAIN THEIR CATHOLICITY, WHICH MAY NOT BE NEGATED, RESTRICTED, RESCINDED, REVOKED, SUSPENDED, TERMINATED, ALTERED OR AMENDED WITHOUT THE APPROVAL OF LEAVEN MINISTRIES. THE CATHOLIC PROTECTIONS INCLUDE EACH SCL CATHOLIC ENTITY RETAINING THEIR CATHOLIC MISSION AND ALL CATHOLIC MORAL PRINCIPLES, POLICIES, AND PRACTICES THAT ARE REQUIRED BY THE CATHOLIC CHURCH, CONTINUE TO BE SUBJECT TO THE ETHICAL AND RELIGIOUS DIRECTIVES FOR CATHOLIC HEALTH CARE SERVICES AS ADOPTED AND AMENDED BY THE UNITED STATES CONFERENCE OF CATHOLIC BISHOPS, RETAIN THE CATHOLIC REFERENCES IN EACH SCL ENTITY NAME, WILL NOT PERFORM ANY MEDICAL PROCEDURE, CLINICAL INTERVENTION, OR USE ANY DEVICE OR PRODUCT THAT HAS BEEN DEEMED MORALLY OBJECTIONABLE BY THE CHURCH'S TEACHINGS.

RESERVED POWERS GRANTED TO LEAVEN MINISTRIES INCLUDE THE FOLLOWING:

- TO APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE CIVIL ARTICLES OF

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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INCORPORATION OR BYLAWS OF SCLHS, OF ANY CIVIL CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, AND OF ANY SUBSIDIARY CORPORATION OF SCLHS;

- TO FIX THE NUMBER AND APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF SCLHS;

- TO REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF TRUSTEES OF SCLHS;

- TO APPROVE FOR SCLHS, ANY CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, OR ANY SUBSIDIARY CORPORATION OF SCLHS, THE INCURRENCE OF INDEBTEDNESS OR THE SALE, TRANSFER, ASSIGNMENT, OR ENCUMBERING OF THE ASSETS, PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBERS OF LEAVEN MINISTRIES;

- TO APPROVE ANY OTHER ACTION WHICH, IN ACCORDANCE WITH THE CIVIL CORPORATE DOCUMENTS GOVERNING SCLHS IS RESERVED TO THE MEMBERS OF LEAVEN MINISTRIES;

- TO APPROVE ANY ALIENATION, SALE, GIFT OR OTHER TRANSFER OF THE REAL PROPERTY HELD BY ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL GOODS;

- TO APPROVE ANY DISSOLUTION, FILING OF A BANKRUPTCY PETITION, MERGER, CONSOLIDATION OR CHANGE OF MAJORITY CONTROL OF ANY SCLHS CATHOLIC ENTITY;

- TO APPROVE ANY MORTGAGE OR OTHER SECURITY INSTRUMENT THAT DIRECTLY ENCUMBERS THE REAL PROPERTY OF ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL GOODS;

- TO MONITOR, OVERSEE AND ENFORCE THE CATHOLIC PROTECTIONS INCLUDING THOSE ON-GOING OBLIGATIONS OF THE CONSOLIDATED SYSTEM PARENT SET FORTH IN THE MERGER AGREEMENT THAT ARE FOR THE BENEFIT OF LEAVEN MINISTRIES; AND

- TO APPROVE ANY ALTERATION, REVOCATION, SUSPENSION, OR OTHER TERMINATION OR MODIFICATION OF THE RESERVED POWERS SET FORTH HEREIN.

IN THE EVENT ANY CONFLICTS ARISE BETWEEN THE ENTITY BYLAWS AND EITHER THE

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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CATHOLIC PROTECTIONS OR LEAVEN RESERVED POWERS, THE CATHOLIC PROTECTIONS AND LEAVEN RESERVED POWERS WILL CONTROL.

THE TAX-EXEMPT PURPOSE OF SAINT JOSEPH HOSPITAL WAS UPDATED TO INCLUDE THE FURTHERANCE OF THE TAX-EXEMPT PURPOSES OF INTERMOUNTAIN.

THE MAXIMUM NUMBER OF BOARD MEMBERS WAS INCREASED FROM 17 TO 22 TO PROVIDE ADDITIONAL FLEXIBILITY MOVING FORWARD.

THE TERM THE BOARD CHAIR MAY SERVE WAS EXTENDED FROM 2 YEARS TO 3 YEARS.

THE DISSOLUTION CLAUSE WAS UPDATED TO THE NEW ORGANIZATIONAL PARENT, INTERMOUNTAIN, WHO REPLACED SCLHS.

CHANGES TO THE GOVERNING DOCUMENTS MAY BE PROPOSED BY THE MEMBER, BUT NEED TO BE APPROVED BY THE INTERMOUNTAIN BOARD, PRIOR TO ADOPTION.

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

MEMBERS OR STOCKHOLDERS:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. IS THE SOLE MEMBER OF THE SAINT JOSEPH HOSPITAL, INC.

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

POWER TO ELECT OR APPOINT MEMBERS:

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., THE SOLE MEMBER OF THE SAINT JOSEPH HOSPITAL, INC., HAS THE POWER TO APPOINT MEMBERS OF THE

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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SAINT JOSEPH HOSPITAL, INC. BOARD OF DIRECTORS, SUBJECT TO THE RATIFICATION

BY THE BOARD OF INTERMOUNTAIN HEALTH CARE, INC.

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

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS:

WHILE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. ("SCLHS") IS

THE SOLE MEMBER OF SAINT JOSEPH HOSPITAL, INC., RESERVED POWERS ARE

PRIMARILY HELD BY INTERMOUNTAIN HEALTH CARE, INC. ("INTERMOUNTAIN"), WHO AS

A RESULT OF MERGER, IS A MEMBER OF SCLHS. SCLHS, HAS THE POWER TO APPOINT

TRUSTEES TO THE BOARD OF DIRECTORS, WHICH ARE SUBJECT TO RATIFICATION BY

INTERMOUNTAIN. RESERVED POWERS HELD BY INTERMOUNTAIN INCLUDE:

- ESTABLISH THE MISSION, VISION, AND VALUES FOR THE CORPORATION;

- DEVELOP, ADOPT, AND OVERSEE STRATEGY, GOALS, OBJECTIVES, POLICIES,

STANDARDS, AND GUIDELINES FOR THE CORPORATION;

- ADOPT, AMEND, OR REPEAL THE GOVERNING DOCUMENTS OF THE CORPORATION;

- FIX THE NUMBER OF TRUSTEES OF THE BOARD AND APPOINT AND REMOVE TRUSTEES

TO AND FROM THE BOARD;

- APPOINT AND REMOVE THE TRUSTEES, DIRECTORS, MANAGERS, OR BOARD OFFICERS

OF THE CORPORATION;

- PROVIDE FOR THE OVERALL MANAGEMENT OF THE CORPORATION, INCLUDING

APPOINTING, OVERSEEING, AND REMOVING THE PRESIDENT AND CHIEF EXECUTIVE

OFFICER OF THE CORPORATION;

- OVERSEE AUDIT AND COMPLIANCE, CLINICAL EXCELLENCE, COMPENSATION, FINANCE,

INVESTMENT, NOMINATING AND GOVERNANCE, AND ANY OTHER NEEDED FUNCTIONS FOR

THE PROPER OPERATION OF THE CORPORATION;

- OVERSEE THE MEDICAL GROUPS OF THE SYSTEM IN A MANNER TO ENCOURAGE THE

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DELIVERY OF COST-EFFECTIVE PROFESSIONAL SERVICES TO PATIENTS SERVED AND, IN ACCORDANCE WITH APPLICABLE STATE LAW, OVERSEE CLINICAL PRACTICE AND EVIDENCED-BASED MEDICINE;

- APPROVE THE ACQUISITION OF ASSETS, INCURRENCE OF INDEBTEDNESS, SALE, LEASE, TRANSFER, ASSIGNMENT, OR ENCUMBRANCE OF ALL OR SUBSTANTIALLY ALL OF THE ASSETS OF THE CORPORATION;

- APPROVE ANY MERGER, CHANGE OF CONTROL, DISSOLUTION, OR CORPORATE RESTRUCTURING OF THE CORPORATION;

- OVERSEE THE ACQUISITION OR FORMATION OF ANY NEW SUBSIDIARY OF THE CORPORATION; AND

- DIRECT FINANCES AND INVESTMENTS OF THE CORPORATION, INCLUDING CONTROLS, OPERATING AND CAPITAL BUDGETS, INTERCOMPANY TRANSFERS OR LOANS, AND SELECTION AND REMOVAL OF EXTERNAL AUDITORS.

THE OTHER MEMBER OF SCLHS IS LEAVEN MINISTRIES, WHO WAS GRANTED THE FOLLOWING RESERVED POWERS:

- TO APPROVE THE ADOPTION, AMENDMENT OR REPEAL OF THE CIVIL ARTICLES OF INCORPORATION OR BYLAWS OF SCLHS, OF ANY CIVIL CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, AND OF ANY SUBSIDIARY CORPORATION OF SCLHS;
- TO FIX THE NUMBER AND APPOINT THE MEMBERS OF THE BOARD OF TRUSTEES OF SCLHS;
- TO REMOVE, WITH OR WITHOUT CAUSE, ANY MEMBER OF THE BOARD OF TRUSTEES OF SCLHS;
- TO APPROVE FOR SCLHS, ANY CORPORATION OF WHICH SCLHS IS THE CONTROLLING MEMBER, OR ANY SUBSIDIARY CORPORATION OF SCLHS, THE INCURRENCE OF INDEBTEDNESS OR THE SALE, TRANSFER, ASSIGNMENT, OR ENCUMBERING OF THE ASSETS, PURSUANT TO POLICIES ESTABLISHED FROM TIME TO TIME BY THE MEMBERS

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OF LEAVEN MINISTRIES;

- TO APPROVE ANY OTHER ACTION WHICH, IN ACCORDANCE WITH THE CIVIL CORPORATE

DOCUMENTS GOVERNING SCLHS IS RESERVED TO THE MEMBERS OF LEAVEN MINISTRIES;

- TO APPROVE ANY ALIENATION, SALE, GIFT OR OTHER TRANSFER OF THE REAL

PROPERTY HELD BY ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES ECCLESIASTICAL

GOODS;

- TO APPROVE ANY DISSOLUTION, FILING OF A BANKRUPTCY PETITION, MERGER,

CONSOLIDATION OR CHANGE OF MAJORITY CONTROL OF ANY SCLHS CATHOLIC ENTITY;

- TO APPROVE ANY MORTGAGE OR OTHER SECURITY INSTRUMENT THAT DIRECTLY

ENCUMBERS THE REAL PROPERTY OF ANY SCLHS CATHOLIC ENTITY THAT CONSTITUTES

ECCLESIASTICAL GOODS;

- TO MONITOR, OVERSEE AND ENFORCE THE CATHOLIC PROTECTIONS INCLUDING THOSE

ON-GOING OBLIGATIONS OF THE CONSOLIDATED SYSTEM PARENT SET FORTH IN THE

MERGER AGREEMENT THAT ARE FOR THE BENEFIT OF LEAVEN MINISTRIES; AND

- TO APPROVE ANY ALTERATION, REVOCATION, SUSPENSION, OR OTHER TERMINATION

OR MODIFICATION OF THE RESERVED POWERS SET FORTH HEREIN.

IN THE EVENT ANY CONFLICTS ARISE BETWEEN THE RESERVED POWERS GRANTED TO

LEAVEN MINISTRIES AND THOSE OF INTERMOUNTAIN, THE LEAVEN RESERVED POWERS

WILL CONTROL.

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

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

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

FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS ARE

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ADDRESSED TO THE TAX DEPARTMENT PRIOR TO FILING THE FORM 990 WITH THE
INTERNAL REVENUE SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

SAINT JOSEPH HOSPITAL, INC., AND SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC. (COLLECTIVELY REFERRED TO AS SCL HEALTH), REGULARLY AND
CONSISTENTLY MONITORS AND ENFORCES ITS CONFLICT OF INTEREST POLICY BY
PROVIDING EDUCATION AND TRAINING FOR ITS EMPLOYEES, OFFICERS AND DIRECTORS.
PERSONS CONSIDERED TO BE IN AN INFLUENTIAL POSITION, SUCH AS BOARD MEMBERS,
OFFICERS, PHYSICIANS, EXECUTIVES AND DIRECTOR LEVEL MANAGERS ARE ALL
REQUIRED TO COMPLETE A CONFLICT OF INTEREST STATEMENT UPON HIRE/APPOINTMENT
AND ON AN ANNUAL BASIS TO DISCLOSE ANY POTENTIAL CONFLICT ISSUES. THESE
STATEMENTS ARE CAREFULLY REVIEWED BY THE SCL HEALTH INTEGRITY AND
COMPLIANCE DEPARTMENT AND APPROPRIATE LEADERSHIP.

THE BUSINESS AND AFFAIRS OF SCL HEALTH WILL AT ALL TIMES BE CONDUCTED IN A
MANNER THAT IS SOLELY IN THE BEST INTERESTS OF SCL HEALTH AND NOT BE
INFLUENCED BY CONFLICTING INTERESTS OF PERSONS RESPONSIBLE FOR
ADMINISTERING THOSE AFFAIRS. THE EXISTENCE OF ANY CONFLICTS OF INTEREST
WILL BE DISCLOSED AND THE PROCEDURES SET FORTH HEREIN WILL BE FOLLOWED.
CERTAIN TRANSACTIONS DETERMINED TO CONSTITUTE A CONFLICT OF INTEREST ARE
PROHIBITED.

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

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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- BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS;

- SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS);

- EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES);

- MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT;

- DEPARTMENT DIRECTORS; AND

- OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE.

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

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

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR, EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED.

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

UPON MAKING HIS OR HER DISCLOSURE, THE INTERESTED PERSON WILL LEAVE THE MEETING OR OTHERWISE REMOVE HIM OR HERSELF FROM THE DELIBERATIONS OR OTHER DECISION-MAKING PROCESS UNTIL SUCH TIME AS A DETERMINATION IS REACHED. IF A DETERMINATION HAS BEEN MADE THAT NO CONFLICT OF INTEREST EXISTS, THE INTERESTED PERSON MAY BE PRESENT AND PARTICIPATE IN THE DELIBERATION REGARDING THE TRANSACTION OR ARRANGEMENT. HOWEVER, IF AN INTERESTED PERSON HAS BEEN DETERMINED TO HAVE A CONFLICT OF INTEREST, HE OR SHE MAY NOT PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT; BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING; OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES.

WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL

HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY

PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY

INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST,

DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST

INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED

DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD,

COMMITTEE OR OTHER DECISION-MAKING BODY.

MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND

COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND

REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR AUDIT AND

COMPLIANCE COMMITTEES. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL

ALSO BE REPORTED TO AND REVIEWED BY THE HEALTH CARE SYSTEM'S TAX DEPARTMENT

FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.

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

FORM 990, PART VI, SECTION B (POLICIES) LINES 15(A) & 15(B):

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

ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL

HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY

THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE

(COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE

COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS

AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO INTERMOUNTAIN HEALTH

CARE, INC.'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE

OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

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

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

- 1) COMPENSATION COMMITTEE
- 2) INDEPENDENT COMPENSATION CONSULTANT
- 3) FORM 990 OF OTHER ORGANIZATIONS
- 4) WRITTEN EMPLOYMENT CONTRACTS
- 5) COMPENSATION SURVEYS AND STUDIES
- 6) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

Name of the organization SAINT JOSEPH HOSPITAL, INC.	Employer identification number 84-0417134
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THE ITEMS LISTED ABOVE SUPPORT THE COMPENSATION COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED TO ITS OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 19:
AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

PART VII, SECTION B, LINE 1:
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:
FAIR VALUE ACQUISITION ADJUSTMENT 215,327,967.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization <p align="center">SAINT JOSEPH HOSPITAL, INC.</p>	Employer identification number <p align="center">84-0417134</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH		X
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SISTERS OF CHARITY OF LEAVENWORTH		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SISTERS OF CHARITY OF LEAVENWORTH		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.	X	
SCL HEALTH - FRONT RANGE, INC. - 84-1103606 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.		X
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.		X
ST. MARYS HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. MARYS HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,		X
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
HOLY ROSARY HEALTHCARE - 81-0231792 2600 WILSON STREET MILES CITY, MT 59301	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
HOLY ROSARY HEALTHCARE FOUNDATION, INC. - 20-2270238, 2600 WILSON STREET, MILES CITY, MT 59301	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	HOLY ROSARY HEALTHCARE		X
ST. JAMES HEALTHCARE - 81-0231785 400 SOUTH CLARK STREET BUTTE, MT 59701	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. JAMES HEALTHCARE FOUNDATION, INC. - 65-1202190, 400 SOUTH CLARK STREET, BUTTE, MT 59701	SUPPORTING ORGANIZATION	MONTANA	501(C)(3)	LINE 12A, I	ST. JAMES HEALTHCARE		X
SCL HEALTH - MONTANA - 81-0232124 1233 NORTH 30TH STREET BILLINGS, MT 59101	HOSPITAL SERVICES	MONTANA	501(C)(3)	LINE 3	SISTERS OF CHARITY OF LEAVENWORTH		X
ST. VINCENT HEALTHCARE FOUNDATION, INC. - 81-0468034, 1106 NORTH 30TH STREET, BILLINGS, MT 59101	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	MONTANA	501(C)(3)	LINE 7	SCL HEALTH - MONTANA		X
INTERMOUNTAIN HEALTH CARE, INC. - 87-0269232 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	HOLDING COMPANY	UTAH	501(C)(3)	LINE 12B, II	N/A		X
INTERMOUNTAIN COMMUNITY CARE FOUNDATION, INC. - 94-2853320, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 12B, II	INTERMOUNTAIN HEALTH CARE, INC.		X
SELECTHEALTH, INC. - 87-0409820 5381 GREEN STREET MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UTAH	501(C)(4)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTH CARE RETIREE VEBA - 74-2675605, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	RETIREE BENEFIT	UTAH	501(C)(9)		INTERMOUNTAIN HEALTH CARE, INC.		X
INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. - 80-0225150, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	COMMUNITY HEALTH	UTAH	501(C)(3)	LINE 7	INTERMOUNTAIN HEALTH SERVICES, INC.		X
INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC. - 00-0160881, 6355 SOUTH BUFFALO, LAS VEGAS, NV 89113	HOLDING COMPANY	DELAWARE	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH SERVICES, INC.		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
IHC HEALTH SERVICES, INC. - 94-2854057 36 S STATE STREET, SUITE 2200 SALT LAKE CITY, UT 84111	HEALTHCARE	UTAH	501(C)(3)	LINE 3	INTERMOUNTAIN HEALTH CARE, INC.		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER) - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS,	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A		X
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	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 GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK, INC. - 46-3632053, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	MT	N/A	C CORP	N/A	N/A	N/A		X
SELECTHEALTH BENEFIT ASSURANCE COMPANY - 87-0497549, 5381 GREEN STREET, MURRAY, UT 84123	DELIVERY OF HEALTH BENEFITS	UT	N/A	C CORP	N/A	N/A	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MONUMENT HEALTH, LLC. - 47-4424617, 744 HORIZON CT., STE. 260, GRAND JUNCTION, CO 81506	HEALTH CARE NETWORK	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
GALLATIN VALLEY SURGERY CENTER, LLC - 88-2505265, 2825 WEST MAIN STREET, SUITE C, BOZEMAN, MT 59718	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AACP KOREA BUYOUT INVESTORS IV, LP - 98-1549044, ONE EMBARCADERO, 16TH FLOOR, SAN FRANCISCO, CA 94111	INVESTMENTS	CAYMAN ISLANDS	N/A	N/A	N/A	N/A		X	N/A		X	N/A
LOGAN SURGERY CENTER, LLC - 86-1965725, 1300 NORTH 500 EAST, LOGAN, UT 84341	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ST. GEORGE SURGERY CENTER, LLC - 85-3880188, 652 SOUTH MEDICAL CENTER DRIVE, ST. GEORGE, UT 84790	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SALTZER ASC TEN MILE, LLC - 84-5119941, 875 S VANGUARD WAY, SUITE 120, MERIDIAN, ID 83642	OP SURGERY	ID	N/A	N/A	N/A	N/A		X	N/A		X	N/A
NORTHPOINTE SURGICAL CENTER, LLC - 46-1487986, 2326 NORTH 400 EAST, STE 100, TOOELE, UT 84074	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A
HW AE CO-INVESTMENT PARTNERS, LP - 87-3405511, 2500 N. MILITARY TRAIL #470, BOCA RATON, FL 33431	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP - 85-3942801, 5 GREENWICH OFFICE PARK, THIRD FLOOR, MURRAY SURGERY CENTER, LLC - 87-3940183, 5848 SOUTH FASHION BOULEVARD, MURRAY, UT 84107	INVESTMENTS	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
PROVO SURGERY CENTER, LLC - 87-3623664, 1157 NORTH 300 WEST, PROVO, UT 84604	OP SURGERY	UT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HEALTHCARE CAPTIVE INSURANCE COMPANY - 20-1937561, 36 SOUTH STATE, SUITE 2200, SALT LAKE CITY, UT 84111	INSURANCE	AZ	N/A	C CORP	N/A	N/A	N/A		X
NAVICAN GENOMICS, INC. - 81-4153832 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	CANCER TREATMENT	DE	N/A	C CORP	N/A	N/A	N/A		X
ALLUCEO, INC. - 82-4614934 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	MENTAL HEALTH INTEGRATION SERVICES	DE	N/A	C CORP	N/A	N/A	N/A		X
SALTZER MEDICAL GROUP, INC. - 82-0299231 215 EAST HAWAII AVENUE NAMPA, ID 83686	MEDICAL SERVICES	ID	N/A	C CORP	N/A	N/A	N/A		X
CLASSIC MEDICAL, INC. - 46-1141912 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CLASSIC HELICOPTERS, INC. - 46-1153642 1021 SOUTH DOUGLAS STREET SALT LAKE CITY, UT 84105	AIRCRAFT HOLDING COMPANY	UT	N/A	C CORP	N/A	N/A	N/A		X
CULMINATION BIO, INC. - 36-5016511 36 SOUTH STATE, SUITE 2200 SALT LAKE CITY, UT 84111	BIOREPOSITORY	DE	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SAINT JOSEPH HOSPITAL FOUNDATION	B	1,110,894. FMV	
(2) SAINT JOSEPH HOSPITAL FOUNDATION	C	4,165,643. FMV	
(3)			
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

SCL HEALTH FOUNDATION

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH RESEARCH INSTITUTE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

INTEGRITY HEALTH

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

MOUNT ST. VINCENT HOME, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

NJH-SJH, INC.

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - FRONT RANGE, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL & MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL FOUNDATION

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

NAME OF RELATED ORGANIZATION:

CARITAS CLINICS, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

MARIAN CLINIC, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH
SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

Part VII Supplemental Information

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

HOLY ROSARY HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. JAMES HEALTHCARE

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

SCL HEALTH - MONTANA

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

ATHLETIC MEDICINE & PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

Part VII Supplemental Information

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

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

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:

PERFORMANCE EQUITY GROWTH OPPORTUNITIES FUND, LP

EIN: 85-3942801

5 GREENWICH OFFICE PARK, THIRD FLOOR

GREENWICH, CT 06831