

PUBLIC DISCLOSURE COPY

Form 8879-TE

IRS E-file Signature Authorization  
for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

2024

Department of the Treasury  
Internal Revenue ServiceDo not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

SAINT JOSEPH HOSPITAL, INC.

EIN or SSN

84-0417134

Name and title of officer or person subject to tax ASHLEY DENTON  
VP FINANCE**Part I** Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

|                                                            |                                                                        |                 |
|------------------------------------------------------------|------------------------------------------------------------------------|-----------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12)     | 1b 645,390,055. |
| 2a Form 990-EZ check here                                  | b Total revenue, if any (Form 990-EZ, line 9)                          | 2b              |
| 3a Form 1120-POL check here                                | b Total tax (Form 1120-POL, line 22)                                   | 3b              |
| 4a Form 990-PF check here                                  | b Tax based on investment income (Form 990-PF, Part V, line 5)         | 4b              |
| 5a Form 8868 check here                                    | b Balance due (Form 8868, line 3c)                                     | 5b              |
| 6a Form 990-T check here                                   | b Total tax (Form 990-T, Part III, line 4)                             | 6b              |
| 7a Form 4720 check here                                    | b Total tax (Form 4720, Part III, line 1)                              | 7b              |
| 8a Form 5227 check here                                    | b FMV of assets at end of tax year (Form 5227, Item D)                 | 8b              |
| 9a Form 5330 check here                                    | b Tax due (Form 5330, Part II, line 19)                                | 9b              |
| 10a Form 8038-CP check here                                | b Amount of credit payment requested (Form 8038-CP, Part III, line 22) | 10b             |

**Part II** Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize SISTERS OF CHARITY OF LEAVENWORTH

ERO firm name

to enter my PIN 18641

Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

**Part III** Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

84967218641

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form 8879-TE (2024)

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

**File a separate application for each return.**  
**Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-0047

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

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

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

**Part I - Identification**

|                                                                                            |                                                                                                              |                                                        |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>Type or Print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization, employer, or other filer, see instructions.<br><br>SAINT JOSEPH HOSPITAL, INC.  | Taxpayer identification number (TIN)<br><br>84-0417134 |
|                                                                                            | Number, street, and room or suite no. If a P.O. box, see instructions.<br>1375 E. 19TH. AVENUE               |                                                        |
|                                                                                            | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>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 4720 (other than individual) | 09          |
| Form 4720 (individual)                   | 03          | Form 5227                         | 10          |
| Form 990-PF                              | 04          | Form 6069                         | 11          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 8870                         | 12          |
| Form 990-T (trust other than above)      | 06          | Form 5330 (individual)            | 13          |
| Form 990-T (corporation)                 | 07          | Form 5330 (other than individual) | 14          |
| Form 1041-A                              | 08          |                                   |             |

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

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

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of COLIN QUINCY

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, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
☒ calendar year 20 23 or  
☐ tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_

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

|                                                                                                                                                                                               |           |    |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                           | <b>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

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

Form **8868** (Rev. 1-2024)

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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](http://www.irs.gov/Form990) for instructions and the latest information.

2024

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

|                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> For the 2024 calendar year, or tax year beginning and ending                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>SAINT JOSEPH HOSPITAL, INC.<br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1375 E. 19TH. AVENUE<br>City or town, state or province, country, and ZIP or foreign postal code<br>DENVER, CO 80218<br><b>F</b> Name and address of principal officer: AMY BLASING<br>SAME AS C ABOVE |
| <b>D</b> Employer identification number<br>84-0417134                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>E</b> Telephone number<br>303-813-5342                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>G</b> Gross receipts \$ 649,056,955.                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>H(c)</b> Group exemption number 0928                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>I</b> 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                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>J</b> Website: SEE SCHEDULE "O"                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>L</b> Year of formation: 1975 <b>M</b> State of legal domicile: CO                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                      |

|                                                                                   |                                                                                                                                                                                    |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I Summary</b>                                                             |                                                                                                                                                                                    |
| <b>Activities &amp; Governance</b>                                                | 1 Briefly describe the organization's mission or most significant activities: <u>WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES</u> |
|                                                                                   | 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 12                                                                                                           |
|                                                                                   | 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 2024 (Part V, line 2a) 5 0                                                                                                 |
|                                                                                   | 6 Total number of volunteers (estimate if necessary) 6 130                                                                                                                         |
|                                                                                   | 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,081,862.                                                                                              |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.    |                                                                                                                                                                                    |
| <b>Revenue</b>                                                                    | 8 Contributions and grants (Part VIII, line 1h) 7,601,689. 1,985,926.                                                                                                              |
|                                                                                   | 9 Program service revenue (Part VIII, line 2g) 599,138,922. 632,345,639.                                                                                                           |
|                                                                                   | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,025,197. 8,796,140.                                                                                             |
|                                                                                   | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,207,238. 2,262,350.                                                                                  |
|                                                                                   | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 616,973,046. 645,390,055.                                                                    |
| <b>Expenses</b>                                                                   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 8,636,985. 8,597,284.                                                                                          |
|                                                                                   | 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) 257,270,239. 241,104,367.                                                                     |
|                                                                                   | 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) 400,699,053. 409,889,889.                                                                                          |
|                                                                                   | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 666,606,277. 659,591,540.                                                                             |
| 19 Revenue less expenses. Subtract line 18 from line 12 -49,633,231. -14,201,485. |                                                                                                                                                                                    |
| <b>Net Assets or Fund Balances</b>                                                | 20 Total assets (Part X, line 16) 1,043,792,569. 1,017,075,901.                                                                                                                    |
|                                                                                   | 21 Total liabilities (Part X, line 26) 222,658,523. 210,147,621.                                                                                                                   |
|                                                                                   | 22 Net assets or fund balances. Subtract line 21 from line 20 821,134,046. 806,928,280.                                                                                            |

|                                                                                                                                                                                                                                                                                                                       |                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <b>Part II Signature Block</b>                                                                                                                                                                                                                                                                                        |                                                                                                |
| 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. |                                                                                                |
| <b>Sign Here</b>                                                                                                                                                                                                                                                                                                      | Signature of officer <u>Ashley Denton</u> <b>SIGN HERE</b> 11/4/25<br>Date                     |
|                                                                                                                                                                                                                                                                                                                       | ASHLEY DENTON, VP FINANCE<br>Type or print name and title                                      |
| <b>Paid Preparer Use Only</b>                                                                                                                                                                                                                                                                                         | Preparer's name Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN |
|                                                                                                                                                                                                                                                                                                                       | Firm's name Firm's EIN<br>Firm's address Phone 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 ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as 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 \$ 560,826,618. including grants of \$ 8,636,985. ) (Revenue \$ 601,276,502. )

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 560,826,618.Form **990** (2023)

**Part IV Checklist of Required Schedules**

|                                                                                                                                                                                                                                                                                                                           | Yes          | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>                                                                                                                                                                      | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions                                                                                                                                                                                                          | <b>2</b> X   |    |
| <b>3</b> 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>                                                                                                                      | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>                                                                                                       | <b>4</b> X   |    |
| <b>5</b> 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>                                                                                      | <b>5</b>     | X  |
| <b>6</b> 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>                                                    | <b>6</b>     | X  |
| <b>7</b> 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>                                                                                            | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>                                                                                                                                                         | <b>8</b>     | X  |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i>         | <b>9</b>     | X  |
| <b>10</b> 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>                                                                                                                               | <b>10</b> X  |    |
| <b>11</b> 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.                                                                                                                                                                |              |    |
| <b>a</b> 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>                                                                                                                                                                       | <b>11a</b> X |    |
| <b>b</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>                                                                                                  | <b>11b</b>   | X  |
| <b>c</b> 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>                                                                                                  | <b>11c</b>   | X  |
| <b>d</b> 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>                                                                                                                     | <b>11d</b> X |    |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>                                                                                                                                                                                     | <b>11e</b> X |    |
| <b>f</b> 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>                                                            | <b>11f</b>   | X  |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>                                                                                                                                                        | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>                                                                        | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>                                                                                                                                                                                                        | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?                                                                                                                                                                                                                    | <b>14a</b>   | X  |
| <b>b</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> | <b>14b</b>   | X  |
| <b>15</b> 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>                                                                                                           | <b>15</b>    | X  |
| <b>16</b> 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>                                                                                                     | <b>16</b>    | X  |
| <b>17</b> 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. See instructions</i>                                                                                             | <b>17</b>    | X  |
| <b>18</b> 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>                                                                                                                           | <b>18</b>    | X  |
| <b>19</b> 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>                                                                                                                                                     | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>                                                                                                                                                                                                             | <b>20a</b> X |    |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?                                                                                                                                                                                                     | <b>20b</b> X |    |
| <b>21</b> 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>                                                                                            | <b>21</b> X  |    |

**Part IV Checklist of Required Schedules** (continued)

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

**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

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

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

|                                                                                                                                                                                                                                                      |             | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return                                                              | <b>2a</b> 0 |     |    |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                                                                                                              | <b>2b</b>   |     |    |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?                                                                                                                                              | <b>3a</b>   | X   |    |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>                                                                                                                          | <b>3b</b>   | X   |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>   |     | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                                                                      |             |     |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?                                                                                                                                      | <b>5a</b>   |     | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                                                                                                            | <b>5b</b>   |     | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?                                                                                                                                                                           | <b>5c</b>   |     |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?                                                                                               | <b>6b</b>   |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>                                                                                                                                                               |             |     |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?                                                                                             | <b>7a</b>   |     | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?                                                                                                                                             | <b>7b</b>   |     |    |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?                                                                                                        | <b>7c</b>   |     | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year                                                                                                                                                                           | <b>7d</b>   |     |    |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                                             | <b>7e</b>   |     | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                                | <b>7f</b>   |     | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?                                                                                                            | <b>7g</b>   |     |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?                                                                                                          | <b>7h</b>   |     |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?                                                     | <b>8</b>    |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                                                                                                                                                                                   |             |     |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?                                                                                                                                                          | <b>9a</b>   |     |    |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?                                                                                                                                           | <b>9b</b>   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                                                                                                                                                                                    |             |     |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12                                                                                                                                                                    | <b>10a</b>  |     |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities                                                                                                                                                 | <b>10b</b>  |     |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                                                                                                                                                                                   |             |     |    |
| <b>a</b> Gross income from members or shareholders                                                                                                                                                                                                   | <b>11a</b>  |     |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)                                                                                                               | <b>11b</b>  |     |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?                                                                                                                                | <b>12a</b>  |     |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year                                                                                                                                                       | <b>12b</b>  |     |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>                                                                                                                                                                           |             |     |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                            | <b>13a</b>  |     |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans                                                                                   | <b>13b</b>  |     |    |
| <b>c</b> Enter the amount of reserves on hand                                                                                                                                                                                                        | <b>13c</b>  |     |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?                                                                                                                                                | <b>14a</b>  |     | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>                                                                                                                            | <b>14b</b>  |     |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>   |     | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.                                                                               | <b>16</b>   |     | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>   |     |    |

**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**

|                                                                                                                                                                                                                                                                                                                          | 1a | 1b | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year .....<br>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. | 10 |    |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....                                                                                                                                                                                                                        |    | 9  |     |    |
| <b>2</b> 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   |    |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....                                                                                                                                                                                          |    |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....                                                                                                                                                                                                |    |    |     | X  |
| <b>6</b> Did the organization have members or stockholders? .....                                                                                                                                                                                                                                                        |    |    | X   |    |
| <b>7a</b> 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>b</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   |    |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:                                                                                                                                                                               |    |    |     |    |
| <b>a</b> The governing body? .....                                                                                                                                                                                                                                                                                       |    |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body? .....                                                                                                                                                                                                                                     |    |    | X   |    |
| <b>9</b> 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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates? .....                                                                                                                                                                                                                         |     | X  |
| <b>b</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? .....                                                                   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....                                                                                                                                                                | X   |    |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.                                                                                                                                                                                                      |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 .....                                                                                                                                                                                                    | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....                                                                                                                                                          | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done .....                                                                                                                                           | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy? .....                                                                                                                                                                                                                                   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy? .....                                                                                                                                                                                                              | X   |    |
| <b>15</b> 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?                                                                              |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official .....                                                                                                                                                                                                                       |     | X  |
| <b>b</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.                                                                                                                                                                                                                          |     |    |
| <b>16a</b> 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>b</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  |

**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)<br>Name and title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) JANIE WADE<br>FORMER OFFICER                            | 0.00<br>50.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 5,604,293.                                                                         | 38,354.                                                                                       |
| (2) LYDIA JUMONVILLE<br>FORMER OFFICER                      | 0.00<br>52.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 3,796,732.                                                                         | 1,103,368.                                                                                    |
| (3) MARK KORTH<br>DIRECTOR (PARTIAL)                        | 1.00<br>55.00                                                                       | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 1,810,663.                                                                         | 626,752.                                                                                      |
| (4) SCOTT PEEK<br>DIRECTOR (PARTIAL)                        | 1.00<br>53.00                                                                       | X                                                                                                            |                       |         |              |                              |        | 0.                                                                            | 1,025,813.                                                                         | 397,369.                                                                                      |
| (5) JAMESON SMITH<br>PRESIDENT SJD                          | 50.00<br>2.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 751,721.                                                                      | 0.                                                                                 | 304,570.                                                                                      |
| (6) SIMON PAYNE<br>FORMER KEY EMPLOYEE                      | 0.00<br>51.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 712,751.                                                                           | 257,604.                                                                                      |
| (7) BARBARA JAHN<br>FORMER KEY EMPLOYEE                     | 0.00<br>50.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 639,182.                                                                           | 218,464.                                                                                      |
| (8) JOHN TYNES<br>VP CHIEF MEDICAL OFFICER SJD              | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 575,418.                                                                      | 0.                                                                                 | 241,641.                                                                                      |
| (9) ALWIN STEINMANN<br>CHIEF ACADEMIC MEDICINE              | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 604,948.                                                                      | 0.                                                                                 | 203,011.                                                                                      |
| (10) DINA BUSH<br>FORMER KEY EMPLOYEE                       | 0.00<br>50.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 511,079.                                                                           | 244,261.                                                                                      |
| (11) JOHN RAHEB<br>FORMER HIGHEST COMPENSATED               | 0.00<br>50.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 660,889.                                                                           | 52,206.                                                                                       |
| (12) KIMBERLY VANDERVEEN<br>PHYSICIAN GME FACULTY           | 50.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 662,438.                                                                      | 0.                                                                                 | 20,064.                                                                                       |
| (13) DAVID BIGGERSTAFF<br>VP CHIEF OPERATING OFFICER SJD    | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 425,808.                                                                      | 0.                                                                                 | 237,557.                                                                                      |
| (14) JASON JOHNSON<br>PHYSICIAN GME PROGRAM DIRECTOR        | 50.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 527,171.                                                                      | 0.                                                                                 | 23,420.                                                                                       |
| (15) JELDEN ARCILLA<br>CHIEF NURSING OFFICER SJD (PARTIAL)  | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 424,128.                                                                      | 0.                                                                                 | 103,000.                                                                                      |
| (16) TROY STOEHR<br>VP FINANCE SJD (PARTIAL)                | 25.00<br>25.00                                                                      |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 339,787.                                                                           | 152,810.                                                                                      |
| (17) WENDY PETERSON<br>ASSOCIATE PROGRAM DIRECTOR PHYSICIAN | 50.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 435,083.                                                                      | 0.                                                                                 | 48,289.                                                                                       |

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

| (A)<br>Name and title                                                | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>VP STRATEGY AND BUS DEVELOPMENT SJD             | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 0.                                                                            | 316,211.                                                                           | 144,470.                                                                                      |
| (19) NOELLE BERTELSON<br>PHYSICIAN GME FACULTY                       | 50.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 412,208.                                                                      | 0.                                                                                 | 47,848.                                                                                       |
| (20) SYDNE MURATORE<br>PHYSICIAN GME FACULTY                         | 50.00<br>0.00                                                                       |                                                                                                              |                       |         |              | X                            |        | 430,122.                                                                      | 0.                                                                                 | 17,664.                                                                                       |
| (21) PETER SCHAAD<br>VP OPERATIONS SJD (PARTIAL)                     | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 0.                                                                            | 362,373.                                                                           | 32,693.                                                                                       |
| (22) PATRICE FARRELL-DELINE<br>FORMER KEY EMPLOYEE                   | 0.00<br>50.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 252,207.                                                                           | 110,951.                                                                                      |
| (23) CAITLIN PRIDE<br>VP MISSION INTEGRATION                         | 50.00<br>0.00                                                                       |                                                                                                              |                       |         | X            |                              |        | 0.                                                                            | 204,193.                                                                           | 105,727.                                                                                      |
| (24) SADIE SULLIVAN<br>SECRETARY (PARTIAL)                           | 1.00<br>51.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 233,662.                                                                           | 45,985.                                                                                       |
| (25) LARA ZARZECKI<br>SECRETARY (PARTIAL)                            | 1.00<br>51.00                                                                       |                                                                                                              |                       | X       |              |                              |        | 0.                                                                            | 225,278.                                                                           | 46,951.                                                                                       |
| (26) THOMAS DONOHOE<br>FORMER OFFICER                                | 0.00<br>54.00                                                                       |                                                                                                              |                       |         |              |                              | X      | 0.                                                                            | 194,619.                                                                           | 5,954.                                                                                        |
| <b>1b Subtotal</b> .....                                             |                                                                                     |                                                                                                              |                       |         |              |                              |        | 5,249,045.                                                                    | 16,889,732.                                                                        | 4,830,983.                                                                                    |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |                                                                                     |                                                                                                              |                       |         |              |                              |        | 0.                                                                            | 123,713.                                                                           | 15,444.                                                                                       |
| <b>d Total (add lines 1b and 1c)</b> .....                           |                                                                                     |                                                                                                              |                       |         |              |                              |        | 5,249,045.                                                                    | 17,013,445.                                                                        | 4,846,427.                                                                                    |

**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

**3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....

|          | Yes | No |
|----------|-----|----|
| <b>3</b> | X   |    |
| <b>4</b> | X   |    |
| <b>5</b> |     | 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? *If "Yes," complete Schedule J for such individual* .....

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

**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)<br>Name and business address                                                                                                                                          | (B)<br>Description of services | (C)<br>Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|
| NONE                                                                                                                                                                      |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
|                                                                                                                                                                           |                                |                     |
| <b>2</b> 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

Form **990** (2023)

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

| (A)<br>Name and title                                | (B)<br>Average<br>hours<br>per<br>week<br>(list any<br>hours for<br>related<br>organizations<br>below<br>line) | (C)<br>Position<br>(check all that apply) |                       |         |              |                              |        | (D)<br>Reportable<br>compensation<br>from<br>the<br>organization<br>(W-2/1099-MISC) | (E)<br>Reportable<br>compensation<br>from related<br>organizations<br>(W-2/1099-MISC) | (F)<br>Estimated<br>amount of<br>other<br>compensation<br>from the<br>organization<br>and related<br>organizations |
|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
|                                                      |                                                                                                                | Individual trustee or director            | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |                                                                                     |                                                                                       |                                                                                                                    |
| (27) BRAD MEMBEL<br>VP FINANCE SJD (PARTIAL)         | 50.00<br>0.00                                                                                                  |                                           |                       | X       |              |                              |        | 0.                                                                                  | 123,713.                                                                              | 15,444.                                                                                                            |
| (28) BERRY MORTON, MD<br>DIRECTOR                    | 1.00<br>3.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (29) CHRISTINE FORKNER<br>DIRECTOR                   | 1.00<br>2.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (30) DAVID KINNARD, MD<br>VICE CHAIR/CHAIR (PARTIAL) | 1.00<br>1.00                                                                                                   | X                                         |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (31) FAYE HUMMEL<br>DIRECTOR                         | 1.00<br>2.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (32) GILLIAN MCKNIGHT-TUTEIN<br>DIRECTOR             | 1.00<br>1.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (33) KATHY BOELTER<br>DIRECTOR/VICE CHAIR (PARTIAL)  | 1.00<br>1.00                                                                                                   | X                                         |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (34) KELLY SNOW-DUNKIN<br>DIRECTOR                   | 1.00<br>1.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (35) MARK ISAKSON<br>CHAIR/DIRECTOR (PARTIAL)        | 1.00<br>1.00                                                                                                   | X                                         |                       | X       |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
| (36) STEVEN FRANKEL, MD<br>DIRECTOR                  | 1.00<br>1.00                                                                                                   | X                                         |                       |         |              |                              |        | 0.                                                                                  | 0.                                                                                    | 0.                                                                                                                 |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
|                                                      |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     |                                                                                       |                                                                                                                    |
| Total to Part VII, Section A, line 1c .....          |                                                                                                                |                                           |                       |         |              |                              |        |                                                                                     | 123,713.                                                                              | 15,444.                                                                                                            |

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

|                                                                                                                                                    |                                                                                                |                                                                                                |               | (A)<br>Total revenue | (B)<br>Related or exempt<br>function revenue | (C)<br>Unrelated<br>business revenue | (D)<br>Revenue excluded<br>from tax under<br>sections 512 - 514 |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|---------------|----------------------|----------------------------------------------|--------------------------------------|-----------------------------------------------------------------|
| <b>Contributions, Gifts, Grants<br/>and Other Similar Amounts</b>                                                                                  | <b>1 a</b> Federated campaigns .....                                                           | <b>1a</b>                                                                                      |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>b</b> Membership dues .....                                                                 | <b>1b</b>                                                                                      |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> Fundraising events .....                                                              | <b>1c</b>                                                                                      |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> Related organizations .....                                                           | <b>1d</b>                                                                                      | 2,224,120.    |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> Government grants (contributions) .....                                               | <b>1e</b>                                                                                      | 5,376,415.    |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other contributions, gifts, grants, and<br>similar amounts not included above ... | <b>1f</b>                                                                                      | 1,154.        |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g</b> Noncash contributions included in lines 1a-1f                                         | <b>1g</b>                                                                                      | \$            |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>h Total.</b> Add lines 1a-1f .....                                                          |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>Program Service<br/>Revenue</b>                                                                                                                 | <b>2 a</b> PATIENT SERVICE REVENUE                                                             | <b>Business Code</b>                                                                           | 621110        | 599,138,922.         | 598,186,162.                                 | 952,760.                             |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>f</b> All other program service revenue .....                                               |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>g Total.</b> Add lines 2a-2f .....                                                          |                                                                                                |               | 599,138,922.         |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>Other Revenue</b>                                                                           | <b>3</b> Investment income (including dividends, interest, and<br>other similar amounts) ..... |               |                      | 9,478,158.                                   |                                      |                                                                 |
| <b>4</b> Income from investment of tax-exempt bond proceeds .....                                                                                  |                                                                                                |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>5</b> Royalties .....                                                                                                                           |                                                                                                |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>6 a</b> Gross rents .....                                                                                                                       |                                                                                                | (i) Real                                                                                       | (ii) Personal |                      |                                              |                                      |                                                                 |
| <b>6a</b>                                                                                                                                          |                                                                                                | 76,886.                                                                                        |               |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: rental expenses ...                                                                                                                 |                                                                                                | 14,940.                                                                                        |               |                      |                                              |                                      |                                                                 |
| <b>c</b> Rental income or (loss) .....                                                                                                             |                                                                                                | <b>6c</b>                                                                                      | 61,946.       |                      |                                              |                                      |                                                                 |
| <b>d</b> Net rental income or (loss) .....                                                                                                         |                                                                                                |                                                                                                |               | 61,946.              |                                              |                                      | 61,946.                                                         |
| <b>7 a</b> Gross amount from sales of<br>assets other than inventory .....                                                                         |                                                                                                | (i) Securities                                                                                 | (ii) Other    |                      |                                              |                                      |                                                                 |
| <b>7a</b>                                                                                                                                          |                                                                                                | 126,336.                                                                                       |               |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost or other basis<br>and sales expenses .....                                                                                     |                                                                                                | <b>7b</b>                                                                                      | 1,579,297.    |                      |                                              |                                      |                                                                 |
| <b>c</b> Gain or (loss) .....                                                                                                                      |                                                                                                | <b>7c</b>                                                                                      | -1,452,961.   |                      |                                              |                                      |                                                                 |
| <b>d</b> Net gain or (loss) .....                                                                                                                  |                                                                                                |                                                                                                |               | -1,452,961.          |                                              |                                      | -1,452,961.                                                     |
| <b>8 a</b> Gross income from fundraising events (not<br>including \$ _____ of<br>contributions reported on line 1c). See<br>Part IV, line 18 ..... |                                                                                                | <b>8a</b>                                                                                      |               |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               |                                                                                                | <b>8b</b>                                                                                      |               |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from fundraising events .....                                                                                        |                                                                                                |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>9 a</b> Gross income from gaming activities. See<br>Part IV, line 19 .....                                                                      | <b>9a</b>                                                                                      |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: direct expenses .....                                                                                                               | <b>9b</b>                                                                                      |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from gaming activities .....                                                                                         |                                                                                                |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>10 a</b> Gross sales of inventory, less returns<br>and allowances .....                                                                         | <b>10a</b>                                                                                     |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>b</b> Less: cost of goods sold .....                                                                                                            | <b>10b</b>                                                                                     |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>c</b> Net income or (loss) from sales of inventory .....                                                                                        |                                                                                                |                                                                                                |               |                      |                                              |                                      |                                                                 |
| <b>Miscellaneous<br/>Revenue</b>                                                                                                                   | <b>11 a</b> CAFETERIA                                                                          | <b>Business Code</b>                                                                           | 722514        | 2,145,292.           | 2,137,579.                                   | 7,713.                               |                                                                 |
|                                                                                                                                                    | <b>b</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>c</b> .....                                                                                 |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>d</b> All other revenue .....                                                               |                                                                                                |               |                      |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>e Total.</b> Add lines 11a-11d .....                                                        |                                                                                                |               | 2,145,292.           |                                              |                                      |                                                                 |
|                                                                                                                                                    | <b>12 Total revenue.</b> See instructions .....                                                |                                                                                                |               | 616,973,046.         | 600,323,741.                                 | 960,473.                             | 8,087,143.                                                      |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------|----------------------------------------|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...                                                                                                                                | 8,636,985.            | 8,636,985.                      |                                        |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....                                                                                                                                                         |                       |                                 |                                        |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....                                                                                                  |                       |                                 |                                        |                             |
| <b>4</b> Benefits paid to or for members .....                                                                                                                                                                                                   |                       |                                 |                                        |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....                                                                                                                                                          | 5,669,226.            | 5,568,083.                      | 101,143.                               |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....                                                                                      |                       |                                 |                                        |                             |
| <b>7</b> Other salaries and wages .....                                                                                                                                                                                                          | 201,447,860.          | 197,853,888.                    | 3,593,972.                             |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....                                                                                                                                | 9,009,937.            | 8,846,117.                      | 163,820.                               |                             |
| <b>9</b> Other employee benefits .....                                                                                                                                                                                                           | 26,179,733.           | 25,755,381.                     | 424,352.                               |                             |
| <b>10</b> Payroll taxes .....                                                                                                                                                                                                                    | 14,963,483.           | 14,695,775.                     | 267,708.                               |                             |
| <b>11</b> Fees for services (nonemployees):                                                                                                                                                                                                      |                       |                                 |                                        |                             |
| <b>a</b> Management .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>b</b> Legal .....                                                                                                                                                                                                                             |                       |                                 |                                        |                             |
| <b>c</b> Accounting .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>d</b> Lobbying .....                                                                                                                                                                                                                          | 6,886.                |                                 | 6,886.                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17                                                                                                                                                                                 |                       |                                 |                                        |                             |
| <b>f</b> Investment management fees .....                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)                                                                                                                                | 42,361,214.           | 40,301,176.                     | 2,060,038.                             |                             |
| <b>12</b> Advertising and promotion .....                                                                                                                                                                                                        | 162,663.              | 158,200.                        | 4,463.                                 |                             |
| <b>13</b> Office expenses .....                                                                                                                                                                                                                  | 1,835,517.            | 1,793,686.                      | 41,831.                                |                             |
| <b>14</b> Information technology .....                                                                                                                                                                                                           | 33,304,296.           | 41,263.                         | 33,263,033.                            |                             |
| <b>15</b> Royalties .....                                                                                                                                                                                                                        |                       |                                 |                                        |                             |
| <b>16</b> Occupancy .....                                                                                                                                                                                                                        | 10,541,647.           | 9,748,626.                      | 793,021.                               |                             |
| <b>17</b> Travel .....                                                                                                                                                                                                                           | 618,019.              | 500,122.                        | 117,897.                               |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...                                                                                                                                     |                       |                                 |                                        |                             |
| <b>19</b> Conferences, conventions, and meetings .....                                                                                                                                                                                           | 460,865.              | 382,464.                        | 78,401.                                |                             |
| <b>20</b> Interest .....                                                                                                                                                                                                                         | 8,776,712.            | 8,776,712.                      |                                        |                             |
| <b>21</b> Payments to affiliates .....                                                                                                                                                                                                           |                       |                                 |                                        |                             |
| <b>22</b> Depreciation, depletion, and amortization .....                                                                                                                                                                                        | 36,330,205.           | 36,330,205.                     |                                        |                             |
| <b>23</b> Insurance .....                                                                                                                                                                                                                        | 3,071,641.            | 3,071,641.                      |                                        |                             |
| <b>24</b> 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.)                                    |                       |                                 |                                        |                             |
| <b>a</b> MEDICAL SUPPLIES                                                                                                                                                                                                                        | 111,303,124.          | 111,303,124.                    |                                        |                             |
| <b>b</b> MEDICAL PROVIDER TAXES                                                                                                                                                                                                                  | 36,479,551.           | 36,479,551.                     |                                        |                             |
| <b>c</b> CONTRACT SERVICES                                                                                                                                                                                                                       | 24,794,924.           | 16,993,171.                     | 7,801,753.                             |                             |
| <b>d</b> SHARED SERVICES - ADMIN                                                                                                                                                                                                                 | 24,198,885.           |                                 | 24,198,885.                            |                             |
| <b>e</b> All other expenses                                                                                                                                                                                                                      | 66,452,904.           | 33,590,448.                     | 32,862,456.                            |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e                                                                                                                                                                                     | 666,606,277.          | 560,826,618.                    | 105,779,659.                           | 0.                          |
| <b>26</b> 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)<br>Beginning of year |                | (B)<br>End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|--------------------|
| <b>Assets</b>                                                                    | <b>1</b> Cash - non-interest-bearing .....                                                                                                                                                                                     | 12,275.                  | <b>1</b>       | 11,803.            |
|                                                                                  | <b>2</b> Savings and temporary cash investments .....                                                                                                                                                                          |                          | <b>2</b>       |                    |
|                                                                                  | <b>3</b> Pledges and grants receivable, net .....                                                                                                                                                                              |                          | <b>3</b>       |                    |
|                                                                                  | <b>4</b> Accounts receivable, net .....                                                                                                                                                                                        | 65,615,209.              | <b>4</b>       | 66,459,498.        |
|                                                                                  | <b>5</b> 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 ..... |                          | <b>5</b>       |                    |
|                                                                                  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....                                                               |                          | <b>6</b>       |                    |
|                                                                                  | <b>7</b> Notes and loans receivable, net .....                                                                                                                                                                                 | 257,077.                 | <b>7</b>       | 273,046.           |
|                                                                                  | <b>8</b> Inventories for sale or use .....                                                                                                                                                                                     | 10,524,799.              | <b>8</b>       | 9,511,221.         |
|                                                                                  | <b>9</b> Prepaid expenses and deferred charges .....                                                                                                                                                                           | 2,347,131.               | <b>9</b>       | 3,205,096.         |
|                                                                                  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....                                                                                                                           | <b>10a</b> 825,445,757.  |                |                    |
|                                                                                  | <b>b</b> Less: accumulated depreciation .....                                                                                                                                                                                  | <b>10b</b> 61,800,128.   |                |                    |
|                                                                                  |                                                                                                                                                                                                                                | 782,331,746.             | <b>10c</b>     | 763,645,629.       |
|                                                                                  | <b>11</b> Investments - publicly traded securities .....                                                                                                                                                                       |                          | <b>11</b>      |                    |
|                                                                                  | <b>12</b> Investments - other securities. See Part IV, line 11 .....                                                                                                                                                           |                          | <b>12</b>      |                    |
|                                                                                  | <b>13</b> Investments - program-related. See Part IV, line 11 .....                                                                                                                                                            |                          | <b>13</b>      |                    |
|                                                                                  | <b>14</b> Intangible assets .....                                                                                                                                                                                              |                          | <b>14</b>      |                    |
| <b>15</b> Other assets. See Part IV, line 11 .....                               | 230,091,695.                                                                                                                                                                                                                   | <b>15</b>                | 200,686,276.   |                    |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 1,091,179,932.                                                                                                                                                                                                                 | <b>16</b>                | 1,043,792,569. |                    |
| <b>Liabilities</b>                                                               | <b>17</b> Accounts payable and accrued expenses .....                                                                                                                                                                          | 21,885,421.              | <b>17</b>      | 35,588,965.        |
|                                                                                  | <b>18</b> Grants payable .....                                                                                                                                                                                                 |                          | <b>18</b>      |                    |
|                                                                                  | <b>19</b> Deferred revenue .....                                                                                                                                                                                               | 1,911,417.               | <b>19</b>      | 2,969,730.         |
|                                                                                  | <b>20</b> Tax-exempt bond liabilities .....                                                                                                                                                                                    |                          | <b>20</b>      |                    |
|                                                                                  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....                                                                                                                                          |                          | <b>21</b>      |                    |
|                                                                                  | <b>22</b> 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 .....     |                          | <b>22</b>      |                    |
|                                                                                  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....                                                                                                                                                 | 170,253,540.             | <b>23</b>      | 165,608,315.       |
|                                                                                  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....                                                                                                                                                   |                          | <b>24</b>      |                    |
|                                                                                  | <b>25</b> 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 .....                                          | 21,219,956.              | <b>25</b>      | 18,491,513.        |
|                                                                                  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....                                                                                                                                                              | 215,270,334.             | <b>26</b>      | 222,658,523.       |
| <b>Net Assets or Fund Balances</b>                                               | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>                                                                                    |                          |                |                    |
|                                                                                  | <b>27</b> Net assets without donor restrictions .....                                                                                                                                                                          | 875,909,598.             | <b>27</b>      | 821,134,046.       |
|                                                                                  | <b>28</b> Net assets with donor restrictions .....                                                                                                                                                                             |                          | <b>28</b>      |                    |
|                                                                                  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>                                                                                             |                          |                |                    |
|                                                                                  | <b>29</b> Capital stock or trust principal, or current funds .....                                                                                                                                                             |                          | <b>29</b>      |                    |
|                                                                                  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....                                                                                                                                               |                          | <b>30</b>      |                    |
|                                                                                  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....                                                                                                                                               |                          | <b>31</b>      |                    |
|                                                                                  | <b>32</b> Total net assets or fund balances .....                                                                                                                                                                              | 875,909,598.             | <b>32</b>      | 821,134,046.       |
|                                                                                  | <b>33</b> Total liabilities and net assets/fund balances .....                                                                                                                                                                 | 1,091,179,932.           | <b>33</b>      | 1,043,792,569.     |

Form **990** (2023)

**Part XI Reconciliation of Net Assets**

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

☒

|           |                                                                                                                |           |              |
|-----------|----------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)                                                      | <b>1</b>  | 616,973,046. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)                                                       | <b>2</b>  | 666,606,277. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1                                                             | <b>3</b>  | -49,633,231. |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 875,909,598. |
| <b>5</b>  | Net unrealized gains (losses) on investments                                                                   | <b>5</b>  |              |
| <b>6</b>  | Donated services and use of facilities                                                                         | <b>6</b>  |              |
| <b>7</b>  | Investment expenses                                                                                            | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments                                                                                       | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)                                           | <b>9</b>  | -5,142,321.  |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 821,134,046. |

**Part XII Financial Statements and Reporting**

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

☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                           | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.                                                                                                                                              |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.                                                                      | X   |    |
| <b>3a</b> 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? _____                                                                                                                                                                                                                                                           | X   |    |
| <b>b</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 _____                                                                                                                                                                                                       | X   |    |

Form **990** (2023)

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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 ☒ 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).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|-------------------------------------------------------------------------------|-------------------------------------------------------------|----|---------------------------------------------------|-------------------------------------------------|
|                                    |          |                                                                               | Yes                                                         | No |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
|                                    |          |                                                                               |                                                             |    |                                                   |                                                 |
| <b>Total</b>                       |          |                                                                               |                                                             |    |                                                   |                                                 |

**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) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                                                  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                                                     |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                                             |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....                                                                                                                                                                        |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.                                                                                                                                                              |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                                       | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....                                                                                                                                                                |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....                                                    |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                                                                                 |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                                                                   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10                                                                                                                                                   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....                                                                                                                   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|                                                                                                                                                                                                                                                                                                                                                                                                                 |    |   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|
| <b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....                                                                                                                                                                                                                                                                                                         | 14 | % |
| <b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....                                                                                                                                                                                                                                                                                                                                | 15 | % |
| <b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                        |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>b 33 1/3% support test - 2022.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....                                                                                                                                                                     |    |   |
| <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |
| <b>17a 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>                                                                                                                                                                                                                                                                                                                                                                                        |    |   |

Schedule A (Form 990) 2023

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)                                                                                                                                             | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....                                                                       |          |          |          |          |          |           |
| <b>2</b> 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 ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....                                                                             |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....                                                                          |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....                                                                  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....                                                                                                                                             |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....                                                                                                |          |          |          |          |          |           |
| <b>b</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 .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....                                                                                                                                                      |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)                                                                                                                                |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)                                                                                                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....                                                                                                               |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....                                                                                                             |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|                                                                                                         |           |   |
|---------------------------------------------------------------------------------------------------------|-----------|---|
| <b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|                                                                                                                     |           |   |
|---------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>17</b> Investment income percentage for <b>2023</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2022</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2023.** 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 - 2022.** 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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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>                                                                                                                                                                                                                    |     |    |
| <b>2</b> 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>                                                                                                                                                                                                                                                 |     |    |
| <b>3a</b> 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>b</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>                                                                                                                                                                                                                                                               |     |    |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                        |     |    |
| <b>4a</b> 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>b</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>                                                                                                                                                                                                            |     |    |
| <b>c</b> 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>                                                                                                                                                                               |     |    |
| <b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?                                                                                                                                                                                                                                                                                                                                                                      |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?                                                                                                                                                                                                                                                                                                                                                                                                                             |     |    |
| <b>6</b> 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>                                                              |     |    |
| <b>7</b> 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>                                                                                                                                                                                                  |     |    |
| <b>8</b> 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>                                                                                                                                                                                                                                                                                                                                                            |     |    |
| <b>9a</b> 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>b</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>                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>c</b> 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>                                                                                                                                                                                                                                                                                                   |     |    |
| <b>10a</b> 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>b</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 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?                                                                                  |     |    |
| <b>a</b> 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>11a</b>                                                                                                                                                                         |     |    |
| <b>b</b> A family member of a person described on line 11a above?                                                                                                                  |     |    |
| <b>11b</b>                                                                                                                                                                         |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <b>11c</b>                                                                                                                                                                         |     |    |

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                      | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                             |     |    |

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).                                                                                                                       |     |    |
| <b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.                                                                                |     |    |
| <b>3</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).                                                                                                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.                                                                                                                                                                                                                                                                                                                                                                                                                                |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.                                                                                                                                                                                                                                                                                                                                                                                                         |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).                                                                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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. |  | Yes | No |
| <b>2a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                                                                                                  |  |     |    |
| <b>2b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .                                                                                                                                                                                                                                                                                                              |  |     |    |
| <b>3a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.                                                                                                                                                                                                                                                                                   |  |     |    |
| <b>3b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |     |    |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)                                                                                         | 1d             |                             |
| e                                | <b>Discount</b> 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                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> 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). |   |              |

Schedule A (Form 990) 2023

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

| Section D - Distributions                                                                                                                                    |           | Current Year |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes                                                                               | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations                                                               | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets                                                                                                           | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )                                                      | <b>5</b>  |              |
| <b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.                                                                               | <b>6</b>  |              |
| <b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.                                                                                           | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2023 from Section C, line 6                                                                                                | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by line 9 amount                                                                                                             | <b>10</b> |              |

| Section E - Distribution Allocations (see instructions)                                                                                                                                  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2023 | (iii)<br>Distributable<br>Amount for 2023 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------------|-------------------------------------------|
| <b>1</b> Distributable amount for 2023 from Section C, line 6                                                                                                                            |                             |                                        |                                           |
| <b>2</b> Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.                                                 |                             |                                        |                                           |
| <b>3</b> Excess distributions carryover, if any, to 2023                                                                                                                                 |                             |                                        |                                           |
| <b>a</b> From 2018                                                                                                                                                                       |                             |                                        |                                           |
| <b>b</b> From 2019                                                                                                                                                                       |                             |                                        |                                           |
| <b>c</b> From 2020                                                                                                                                                                       |                             |                                        |                                           |
| <b>d</b> From 2021                                                                                                                                                                       |                             |                                        |                                           |
| <b>e</b> From 2022                                                                                                                                                                       |                             |                                        |                                           |
| <b>f</b> <b>Total</b> of lines 3a through 3e                                                                                                                                             |                             |                                        |                                           |
| <b>g</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>h</b> Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>i</b> Carryover from 2018 not applied (see instructions)                                                                                                                              |                             |                                        |                                           |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                                                                                                                          |                             |                                        |                                           |
| <b>4</b> Distributions for 2023 from Section D, line 7: \$                                                                                                                               |                             |                                        |                                           |
| <b>a</b> Applied to underdistributions of prior years                                                                                                                                    |                             |                                        |                                           |
| <b>b</b> Applied to 2023 distributable amount                                                                                                                                            |                             |                                        |                                           |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.                                                                                                                                |                             |                                        |                                           |
| <b>5</b> Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |                                        |                                           |
| <b>6</b> Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |                                        |                                           |
| <b>7</b> <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.                                                                                                             |                             |                                        |                                           |
| <b>8</b> Breakdown of line 7:                                                                                                                                                            |                             |                                        |                                           |
| <b>a</b> Excess from 2019                                                                                                                                                                |                             |                                        |                                           |
| <b>b</b> Excess from 2020                                                                                                                                                                |                             |                                        |                                           |
| <b>c</b> Excess from 2021                                                                                                                                                                |                             |                                        |                                           |
| <b>d</b> Excess from 2022                                                                                                                                                                |                             |                                        |                                           |
| <b>e</b> Excess from 2023                                                                                                                                                                |                             |                                        |                                           |

Schedule A (Form 990) 2023

## Part VI

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

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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

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

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)

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

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution                                                                                                                                         |
|------------|-----------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1          |                                   | \$ 1,769,768.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 454,352.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

84-0417134

## Part II

[illegible]

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

**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.<br>from<br>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 |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           | (e) Transfer of gift                    |                 |                                          |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |
|                           |                                         |                 |                                          |

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

**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<br><br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br><br>84-0417134 |
|---------------------------------------------------------|--------------------------------------------------|

**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<br>filing organization's<br>funds. If none, enter -0-. | (e) Amount of political<br>contributions received and<br>promptly and directly<br>delivered to a separate<br>political organization.<br>If none, enter -0-. |
|----------|-------------|---------|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |
|          |             |         |                                                                             |                                                                                                                                                             |

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

Schedule C (Form 990) 2023

**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<br>(The term "expenditures" means amounts paid or incurred.)                                                                     |                                                    | (a) Filing organization's totals | (b) Affiliated group totals |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------|-----------------------------|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....                                                                    |                                                    |                                  |                             |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....                                                                     |                                                    |                                  |                             |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....                                                                                                 |                                                    |                                  |                             |
| <b>d</b> Other exempt purpose expenditures .....                                                                                                                 |                                                    |                                  |                             |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....                                                                                           |                                                    |                                  |                             |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.                                                                  |                                                    |                                  |                             |
| <b>If the amount on line 1e, column (a) or (b) is:</b>                                                                                                           | <b>The lobbying nontaxable amount is:</b>          |                                  |                             |
| 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.                                       |                                  |                             |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....                                                                                               |                                                    |                                  |                             |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....                                                                                         |                                                    |                                  |                             |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....                                                                                         |                                                    |                                  |                             |
| <b>j</b> 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<br>(or fiscal year beginning in)                      | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

Schedule C (Form 990) 2023

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

|                                                                                                                                                                                                                                         | (a) |    | (b)    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
|                                                                                                                                                                                                                                         | Yes | No | Amount |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....                                                                                                                                                                                                              |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...                                                                                                                               |     | X  |        |
| <b>c</b> Media advertisements? .....                                                                                                                                                                                                    |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public? .....                                                                                                                                                                         |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements? .....                                                                                                                                                                      |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....                                                                                                                                                                     |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....                                                                                                                              |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....                                                                                                                                |     | X  |        |
| <b>i</b> Other activities? .....                                                                                                                                                                                                        | X   |    | 6,886. |
| <b>j</b> Total. Add lines 1c through 1i .....                                                                                                                                                                                           |     |    | 6,886. |
| <b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....                                                                                                                           |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....                                                                                                                                                        |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....                                                                                                                               |     |    |        |
| <b>d</b> 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 |
|------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                                        | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> 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."**

|                                                                                                                                                                                                                                                            |    |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....                                                                                                                                                                                          | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).                                                                                        |    |  |
| <b>a</b> Current year .....                                                                                                                                                                                                                                | 2a |  |
| <b>b</b> Carryover from last year .....                                                                                                                                                                                                                    | 2b |  |
| <b>c</b> Total .....                                                                                                                                                                                                                                       | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....                                                                                                                                             | 3  |  |
| <b>4</b> 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  |  |
| <b>5</b> 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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).

|                                                                                                     |                                                                             |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) | <input type="checkbox"/> Preservation of a historically important land area |
| <input type="checkbox"/> Protection of natural habitat                                              | <input type="checkbox"/> Preservation of a certified historic structure     |
| <input type="checkbox"/> 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 on line 2a .....                                                             | 2c                              |
| d Number of conservation easements included on line 2c 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? .....

☐ Yes ☐ No

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

☐ Yes ☐ No

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) 2023

**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

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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:

**c** Beginning balance

**d** Additions during the year

**e** Distributions during the year

**f** Ending balance

|           | Amount |
|-----------|--------|
| <b>1c</b> |        |
| <b>1d</b> |        |
| <b>1e</b> |        |
| <b>1f</b> |        |

**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 in 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 |
|---------------------------------------------------------|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 13,070,205.      | 14,404,188.    | 11,116,244.        | 13,857,972.          | 9,351,404.          |
| <b>b</b> Contributions                                  | 3,173,864.       | 3,623,432.     | 4,025,260.         | 2,169,381.           | 5,853,270.          |
| <b>c</b> Net investment earnings, gains, and losses     | 664,228.         | -782,741.      | 691,631.           | 662,187.             | 632,149.            |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 1,921,317.       | 4,174,674.     | 1,428,947.         | 5,573,296.           | 1,978,851.          |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 14,986,980.      | 13,070,205.    | 14,404,188.        | 11,116,244.          | 13,857,972.         |

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment \_\_\_\_\_ %

**b** Permanent endowment 52.8000 %

**c** Term endowment 47.2000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations? \_\_\_\_\_

(ii) Related organizations? \_\_\_\_\_

|               | Yes | No |
|---------------|-----|----|
| <b>3a(i)</b>  |     | X  |
| <b>3a(ii)</b> | X   |    |
| <b>3b</b>     | 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 |
|-------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                                                                                        |                                      | 106,459,873.                    |                              | 106,459,873.   |
| <b>b</b> Buildings                                                                                    | 8,179,411.                           | 608,291,225.                    | 32,153,813.                  | 584,316,823.   |
| <b>c</b> Leasehold improvements                                                                       |                                      | 3,788,488.                      | 441,990.                     | 3,346,498.     |
| <b>d</b> Equipment                                                                                    |                                      | 94,867,551.                     | 29,133,727.                  | 65,733,824.    |
| <b>e</b> Other                                                                                        |                                      | 3,859,209.                      | 70,598.                      | 3,788,611.     |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) |                                      |                                 |                              | 763,645,629.   |

Schedule D (Form 990) 2023

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

| (a) Description                                                           | (b) Book value |
|---------------------------------------------------------------------------|----------------|
| (1) INTERCOMPANY RECEIVABLES                                              | 172,247,546.   |
| (2) LEASED ASSETS                                                         | 14,289,729.    |
| (3) OTHER ASSETS                                                          | 1,419,493.     |
| (4) OTHER RECEIVABLES                                                     | 12,729,508.    |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 200,686,276.   |

**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                                         | 1,303,320.     |
| (3) LESSEE DEPOSITS                                                       | 110,193.       |
| (4) INTERCOMPANY NOTES PAYABLE                                            | 17,078,000.    |
| (5) .....                                                                 |                |
| (6) .....                                                                 |                |
| (7) .....                                                                 |                |
| (8) .....                                                                 |                |
| (9) .....                                                                 |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 18,491,513.    |

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

Schedule D (Form 990) 2023

**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.

|          |                                                                                                      |           |           |  |
|----------|------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |           |  |
| <b>a</b> | Net unrealized gains (losses) on investments .....                                                   | <b>2a</b> |           |  |
| <b>b</b> | Donated services and use of facilities .....                                                         | <b>2b</b> |           |  |
| <b>c</b> | Recoveries of prior year grants .....                                                                | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                 | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                          |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                     |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                 | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                              |           | <b>4c</b> |  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... |           | <b>5</b>  |  |

**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.

|          |                                                                                                       |           |           |  |
|----------|-------------------------------------------------------------------------------------------------------|-----------|-----------|--|
| <b>1</b> | Total expenses and losses per audited financial statements .....                                      |           | <b>1</b>  |  |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |           |  |
| <b>a</b> | Donated services and use of facilities .....                                                          | <b>2a</b> |           |  |
| <b>b</b> | Prior year adjustments .....                                                                          | <b>2b</b> |           |  |
| <b>c</b> | Other losses .....                                                                                    | <b>2c</b> |           |  |
| <b>d</b> | Other (Describe in Part XIII.) .....                                                                  | <b>2d</b> |           |  |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> .....                                                           |           | <b>2e</b> |  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> .....                                                      |           | <b>3</b>  |  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |           |  |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> |           |  |
| <b>b</b> | Other (Describe in Part XIII.) .....                                                                  | <b>4b</b> |           |  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> .....                                                               |           | <b>4c</b> |  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... |           | <b>5</b>  |  |

**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:

SAINT JOSEPH HOSPITAL 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 &amp;

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**Open to Public  
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....                                                                                                                                                                                                                                                                                                                                                                                                                                                               | X   |    |
| <b>b</b> If "Yes," was it a written policy? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | X   |    |
| <b>2</b> 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:<br><input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities<br><input type="checkbox"/> Generally tailored to individual hospital facilities                                                                                                                        |     |    |
| <b>3</b> 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.<br><b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care?<br>If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....<br><input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other 250 % | X   |    |
| <b>b</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: .....<br><input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other 500 %                                                                                                                                            | X   |    |
| <b>c</b> 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.                                                                                                                                                                                                                |     |    |
| <b>4</b> 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   |    |
| <b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                     | X   |    |
| <b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     | X  |
| <b>c</b> 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? .....                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| <b>6a</b> Did the organization prepare a community benefit report during the tax year? .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | X   |    |
| <b>b</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**

| Financial Assistance and Means-Tested Government Programs                                                | (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 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| <b>a</b> Financial Assistance at cost (from Worksheet 1) .....                                           |                                                 |                               | 14,940,927.                         | 0.                            | 14,940,927.                       | 2.29%                        |
| <b>b</b> Medicaid (from Worksheet 3, column a) .....                                                     |                                                 |                               | 141,298,078.                        | 101,836,514.                  | 39,461,564.                       | 6.05%                        |
| <b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....              |                                                 |                               | 744,865.                            | 478,412.                      | 266,453.                          | .04%                         |
| <b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....                          |                                                 |                               | 156,983,870.                        | 102,314,926.                  | 54,668,944.                       | 8.38%                        |
| <b>Other Benefits</b>                                                                                    |                                                 |                               |                                     |                               |                                   |                              |
| <b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) ..... |                                                 |                               | 1,020,832.                          | 0.                            | 1,020,832.                        | .16%                         |
| <b>f</b> Health professions education (from Worksheet 5) .....                                           |                                                 |                               | 40,757,657.                         | 14,931,394.                   | 25,826,263.                       | 3.96%                        |
| <b>g</b> Subsidized health services (from Worksheet 6) .....                                             |                                                 |                               | 21,270,540.                         | 13,347,275.                   | 7,923,265.                        | 1.22%                        |
| <b>h</b> Research (from Worksheet 7) .....                                                               |                                                 |                               | 0.                                  | 0.                            |                                   |                              |
| <b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....                   |                                                 |                               | 7,147,824.                          | 0.                            | 7,147,824.                        | 1.10%                        |
| <b>j Total.</b> Other Benefits .....                                                                     |                                                 |                               | 70,196,853.                         | 28,278,669.                   | 41,918,184.                       | 6.44%                        |
| <b>k Total.</b> Add lines 7d and 7j .....                                                                |                                                 |                               | 227,180,723.                        | 130,593,595.                  | 96,587,128.                       | 14.82%                       |

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

332091 12-26-23

Schedule H (Form 990) 2023





**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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>Community Health Needs Assessment</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |     |    |
| 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? .....                                                                                                                                                                                                                                                                       | 1   | 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 .....                                                                                                                                                                                                                                          | 2   | 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 .....                                                                                                                                                                                                                                                                     | 3   | 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: 20 21                                                                                                                                                                                                                                                                                                                                                                                   |     |    |
| 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 ..... | 5   | 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 .....                                                                                                                                                                                                                                                                                                    | 6a  | 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 .....                                                                                                                                                                                                                                                                                        | 6b  | X  |
| 7 Did the hospital facility make its CHNA report widely available to the public? .....                                                                                                                                                                                                                                                                                                                                                                       | 7   | 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): SEE PART V, SECTION C                                                                                                                                                                                                                                                                                                                                                          |     |    |
| 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 .....                                                                                                                                                                                                                                                              | 8   | X  |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 22                                                                                                                                                                                                                                                                                                                                                                 |     |    |
| 10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....                                                                                                                                                                                                                                                                                                                                                       | 10  | X  |
| a If "Yes," (list url): SEE PART V, SECTION C                                                                                                                                                                                                                                                                                                                                                                                                                |     |    |
| b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....                                                                                                                                                                                                                                                                                                                                           | 10b |    |
| 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)? .....                                                                                                                                                                                                                                                                                                | 12a | X  |
| b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....                                                                                                                                                                                                                                                                                                                                                     | 12b |    |
| 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:                                                                                                                                                                                                                                                      |             |    |
| <b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....                                                                                                                                                                                                                       | <b>13</b> X |    |
| If "Yes," indicate the eligibility criteria explained in the FAP:                                                                                                                                                                                                                                                                                            |             |    |
| <b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> %<br>and FPG family income limit for eligibility for discounted care of <u>500</u> %                                                                                                                 |             |    |
| <b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)                                                                                                                                                                                                                                                                        |             |    |
| <b>c</b> <input type="checkbox"/> Asset level                                                                                                                                                                                                                                                                                                                |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Medical indigency                                                                                                                                                                                                                                                                                               |             |    |
| <b>e</b> <input type="checkbox"/> Insurance status                                                                                                                                                                                                                                                                                                           |             |    |
| <b>f</b> <input checked="" type="checkbox"/> Underinsurance status                                                                                                                                                                                                                                                                                           |             |    |
| <b>g</b> <input type="checkbox"/> Residency                                                                                                                                                                                                                                                                                                                  |             |    |
| <b>h</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>14</b> Explained the basis for calculating amounts charged to patients? .....                                                                                                                                                                                                                                                                             | <b>14</b> X |    |
| <b>15</b> Explained the method for applying for financial assistance? .....                                                                                                                                                                                                                                                                                  | <b>15</b> 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):                                                                                                                                                          |             |    |
| <b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of their application                                                                                                                                                                                               |             |    |
| <b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of their application                                                                                                                                                                                   |             |    |
| <b>c</b> <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                                                                                                                                                            |             |    |
| <b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications                                                                                                                                                                      |             |    |
| <b>e</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |
| <b>16</b> Was widely publicized within the community served by the hospital facility? .....                                                                                                                                                                                                                                                                  | <b>16</b> X |    |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply):                                                                                                                                                                                                                                                                   |             |    |
| <b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>                                                                                                                                                                                                                              |             |    |
| <b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>                                                                                                                                                                                                             |             |    |
| <b>c</b> <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>                                                                                                                                                                                                  |             |    |
| <b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)                                                                                                                                                                                                |             |    |
| <b>e</b> <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)                                                                                                                                                                               |             |    |
| <b>f</b> <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)                                                                                                                                                                    |             |    |
| <b>g</b> <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 |             |    |
| <b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP                                                                                                                                                                                             |             |    |
| <b>i</b> <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                                                                                                                                       |             |    |
| <b>j</b> <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                              |             |    |

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**Part V Facility Information** (continued)**Billing and Collections**

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

|                                                                                                                                                                                                                                                                                   | Yes | No |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| <b>17</b> 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? ..... | X   |    |
| <b>18</b> 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:                            |     |    |
| a <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                        |     |    |
| b <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                          |     |    |
| 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                                                                           |     |    |
| d <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                       |     |    |
| e <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                          |     |    |
| f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted                                                                                                                                                                               |     |    |
| <b>19</b> 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? .....                                                 |     | X  |
| If "Yes," check all actions in which the hospital facility or a third party engaged:                                                                                                                                                                                              |     |    |
| a <input type="checkbox"/> Reporting to credit agency(ies)                                                                                                                                                                                                                        |     |    |
| b <input type="checkbox"/> Selling an individual's debt to another party                                                                                                                                                                                                          |     |    |
| 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                                                                           |     |    |
| d <input type="checkbox"/> Actions that require a legal or judicial process                                                                                                                                                                                                       |     |    |
| e <input type="checkbox"/> Other similar actions (describe in Section C)                                                                                                                                                                                                          |     |    |
| <b>20</b> 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):                                                                                     |     |    |
| 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)                                       |     |    |
| 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)                                                                                                             |     |    |
| c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)                                                                                                                                                          |     |    |
| d <input checked="" type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)                                                                                                                                                                 |     |    |
| e <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                          |     |    |
| f <input type="checkbox"/> None of these efforts were made                                                                                                                                                                                                                        |     |    |

**Policy Relating to Emergency Medical Care**

|                                                                                                                                                                                                                                                                                                                                                         |    |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---|--|
| <b>21</b> 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? ..... | 21 | X |  |
| If "No," indicate why:                                                                                                                                                                                                                                                                                                                                  |    |   |  |
| a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions                                                                                                                                                                                                                                              |    |   |  |
| b <input type="checkbox"/> The hospital facility's policy was not in writing                                                                                                                                                                                                                                                                            |    |   |  |
| c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)                                                                                                                                                                                                      |    |   |  |
| d <input type="checkbox"/> Other (describe in Section C)                                                                                                                                                                                                                                                                                                |    |   |  |

Schedule H (Form 990) 2023

**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 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>22</b> 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:                                                                                                                      |           |    |
| <b>a</b> <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>b</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                                                                  |           |    |
| <b>c</b> <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                               |           |    |
| <b>d</b> <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method                                                                                                                                                                                                                  |           |    |
| <b>23</b> 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? .....<br>If "Yes," explain in Section C. | <b>23</b> | X  |
| <b>24</b> 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? .....<br>If "Yes," explain in Section C.                                                                                                   | <b>24</b> | X  |

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**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: AS PART OF THE CHNA PROCESS, ST. JOSEPH

HOSPITAL (SJH) IDENTIFIED THE MOST PRESSING COMMUNITY HEALTH NEEDS THROUGH

COMMUNITY SURVEYS AND EXISTING DEMOGRAPHIC DATA. SJH SURVEYED COMMUNITY

MEMBERS AT COVID-19 VACCINE EVENTS ABOUT PRIORITY COMMUNITY HEALTH NEEDS

AND OTHER COMMUNITY EVENTS HELD FROM FEBRUARY TO SEPTEMBER 2021 AT THE

NATIONAL WESTERN COMPLEX. AT THESE EVENTS, SJH SURVEYED 1,389 PEOPLE WHO

IDENTIFIED THE FOLLOWING TOP FIVE AREAS OF CONCERN: 1) SOCIAL ISOLATION,

2) ACCESSING HEALTH CARE, 3) HEALTH BENEFITS, 4) RESOURCE AWARENESS, AND

5) ACCESS TO VACCINES.

ADDITIONALLY, THE COLORADO HEALTH INSTITUTE SURVEYED COMMUNITY MEMBERS

IDENTIFYING THE MOST PRESSING HEALTH CONCERNS FROM A LIST OF OPTIONS.

HOUSING WAS CONSIDERED THE MOST PRESSING ISSUE IN THE COMMUNITY.

ON SEPTEMBER 23, 2021, SJH HELD A COMMUNITY MEETING WITH HOSPITAL LEADERS,

DEPARTMENTAL REPRESENTATIVES, PUBLIC HEALTH OFFICIALS, AND LEADERS FROM

THE COMMUNITY TO DISCUSS AND PRIORITIZE SIGNIFICANT COMMUNITY 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 FROM THE COMMUNITY HEALTH

REGIONAL DIRECTOR AND VICE PRESIDENT OF MISSION INTEGRATION. PRIMARY DATA

FINDINGS INCLUDED THE RESULTS OF THE 2021 COMMUNITY SURVEY AND THE 2021

COVID VACCINE CLINIC SPOT SURVEY. THE GROUP THEN PRIORITIZED THE IDENTIFIED

HEALTH ISSUES WITH THE FOLLOWING CRITERIA: 1) THE PERCEIVED SEVERITY OF AN

ISSUE AS IT AFFECTS THE HEALTH AND LIVES OF THOSE IN THE COMMUNITY; 2) THE

**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.

LEVEL OF IMPORTANCE THE HOSPITAL SHOULD PLACE ON ADDRESSING THE ISSUE.

MEMBERS VOTED ON FINAL PRIORITIZATION THROUGH A ZOOM POLL. BASED ON THE

CHNA PROCESS, SJH IDENTIFIED THREE HEALTH PRIORITIES: 1) MENTAL HEALTH, 2)

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

PRIORITY HEALTH NEEDS TO BE ADDRESSED.

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.

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS/INTERMOUNTAIN-HEALTH-SAINT-JO](https://intermountainhealthcare.org/locations/intermountain-health-saint-jo)

SEPH-HOSPITAL

SAINT JOSEPH HOSPITAL, INC.:

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

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/ABOUT/WHO-WE-ARE/CHNA-REPORTS](https://intermountainhealthcare.org/about/who-we-are/chna-reports)

SAINT JOSEPH HOSPITAL, INC.:

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

ASSESSMENT PROCESS, COMMUNITY MEMBERS AND STAKEHOLDERS CONVENED TO REVIEW

DATA AND DISCUSS AND PRIORITIZE NEEDS IDENTIFIED. THE GROUP DETERMINED THE

**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.

FOLLOWING THREE PRIORITY AREAS OF FOCUS FOR SJH: 1) MENTAL HEALTH, 2)

COMMUNITY WEALTH BUILDING (ECONOMIC STABILITY), AND 3) HEALTH EQUITY.

IMPROVED MENTAL HEALTH:

SJH MADE PROGRESS IN MENTAL HEALTH PROGRAMMING INCLUDING SUPPORTING

INTEGRATED BEHAVIORAL HEALTH SERVICES AND MENTAL HEALTH AND SUICIDE

PREVENTION INITIATIVES.

ACTIVITY: SJH SUPPORTED THE IMPLEMENTATION OF INTEGRATED BEHAVIORAL HEALTH

SERVICES ALONGSIDE PRIMARY CARE AT UPTOWN COMMUNITY HEALTH, A FEDERALLY

QUALIFIED HEALTH CENTER (FQHC). THE INTEGRATED HEALTH MODEL DESTIGMATIZES

HELP-SEEKING FOR MENTAL HEALTH AND IMPROVES ACCESS TO CARE BY CREATING

CO-LOCATING PHYSICAL AND MENTAL HEALTH SERVICES AT ONE APPOINTMENT FOR THE

PATIENT.

OUTCOME/RESULT: IN 2023, THREE MENTAL HEALTH PROVIDERS PROVIDED 1,837

MENTAL HEALTH VISITS AT THE FQHC.

ACTIVITY: THE BLOOM PROGRAM ADDRESSED MATERNAL MENTAL HEALTH, WHICH IS A

HIGH-RISK PERIOD FOR DEPRESSION AND MOOD DISORDER IN WOMEN. AS A LEADER IN

WOMEN'S HEALTH CARE, SJH PRIORITIZED THIS ASPECT OF MENTAL HEALTH

TREATMENT AND WELLNESS FOR THE COMMUNITIES IT SERVES.

OUTCOME/RESULT: IN 2023, 508 WOMEN RECEIVED SERVICES TO ADDRESS PERINATAL

MOOD AND ANXIETY DISORDERS

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

BEHAVIORAL HEALTH TEAM IN THE SJH EMERGENCY DEPARTMENT (ED) OFFERED

FOLLOW-UP SERVICES TO PATIENTS PRESENTING WITH A SUICIDE ATTEMPT OR

SUICIDAL IDEATION. RESEARCH SHOWED WHEN A PERSON ATTEMPTED OR CONSIDERED

ATTEMPTING SUICIDE RECEIVED RAPID FOLLOW-UP FROM A CONCERNED CAREGIVER,

THE PROBABILITY OF A REPEAT SUICIDE ATTEMPT DECREASED SIGNIFICANTLY. SJH

OFFERED CONNECTIONS TO THESE PATIENTS WITH RMCP, WHICH PROVIDED IMMEDIATE

FOLLOW-UP AND REGULAR CHECK-INS FOR THE NEXT 90 DAYS WITH ADDITIONAL

CONNECTIONS TO OTHER COMMUNITY SERVICES.

OUTCOME/RESULT: IN 2023, CAREGIVERS AT SJH EMERGENCY DEPARTMENTS OFFERED

MORE THAN 330 PEOPLE CONNECTION TO RMCP AND 71 RECEIVED FOLLOW-UP

SERVICES. ACCORDING TO TRACKING AVAILABLE THROUGH RMCP, NONE OF THE

PARTICIPANTS WERE READMITTED TO THE SJH ED WITH A SUICIDE CONCERN DURING

2023.

COMMUNITY WEALTH BUILDING (ECONOMIC STABILITY):

SJH WAS COMMITTED TO MOVING UPSTREAM TO ADDRESS CAUSES OF POOR HEALTH

INCLUDING A LACK OF ECONOMIC STABILITY, WHICH IS ASSOCIATED WITH REDUCED

ACCESS TO HEALTH CARE, FOOD, HOUSING, AND EDUCATION. IN 2023, SJH

IMPLEMENTED MULTIPLE EFFORTS TO REDUCE HEALTH INEQUALITIES DUE TO ECONOMIC

STABILITY.

WORKER/OWNER COOPERATIVE DEVELOPMENT

ACTIVITY: IN 2023, SJH COLLABORATED WITH THE CENTER FOR 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.

BUILDING (CCWB) TO ENGAGE IN WORKER/OWNER COOPERATIVES THAT IMPROVE THE

LOCAL ECONOMY FOR INDIVIDUALS WHO HAVE EXPERIENCED HISTORICAL

INEQUALITIES. SJH HOSPITAL SUPPORTED PRESENTATIONS BY THE CCWB THAT

EDUCATED 241 ATTENDEES ABOUT COOPERATIVE OWNERSHIP. THESE PRESENTATIONS

GENERATED FOLLOW-UP INQUIRIES, AND THE 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.

ACTIVITY: SJH COLLABORATED WITH A NEIGHBORHOOD JOB TRAINING AND POVERTY

ALLEVIATION ORGANIZATION CALLED CROSS PURPOSE. SJH HOSTED STUDENTS FROM

THEIR MEDICAL ASSISTANCE PROGRAM EXTERNSHIP AND DESIGNED A CLINICAL

TRAINING OPPORTUNITY FOR STUDENTS TO BECOME CERTIFIED NURSE AIDS.

OUTCOME/RESULT: IN 2023, SJH HIRED SEVEN COMMUNITY MEMBERS INTO PERMANENT,

FULL-TIME MEDICAL ASSISTING AND CNA ROLES.

ACTIVITY: THROUGH A COLLABORATION WITH DENVER PUBLIC SCHOOLS, SJH HOSTED

CERTIFIED NURSING ASSISTANT (CNA) TRAINING FOR HIGH SCHOOL SENIORS FROM

WEST AND MANUAL HIGH SCHOOLS. THESE STUDENTS, MANY OF WHOM WERE

FIRST-GENERATION HIGH SCHOOL GRADUATES, PARTICIPATED IN A CUSTOMIZED

TRAINING PROGRAM THAT POSITIONS THEM TO WORK AT SJH WITH ACCESS TO

RESOURCES FOR CAREER ADVANCEMENT AS REGISTERED NURSES, TECHS, PHYSICIAN

ASSISTANTS, ETC. STUDENTS PARTICIPATED IN 100 HOURS OF DIDACTIC CNA

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

**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.

OUTCOME/RESULT: NINE STUDENTS COMPLETED TRAINING. FOLLOWING COMPLETION OF  
THEIR TRAINING HOURS, THEY CAN SIT FOR THE CERTIFICATION EXAM AND BEGIN  
WORKING AT SJH OR OTHER MEDICAL PROVIDER LOCATIONS AS FULLY CERTIFIED  
NURSE ASSISTANTS.

HEALTH EQUITY:

HEALTH EQUITY WAS A PRIMARY CONCERN IN MOST COMMUNITY PROGRAMMING AT SJH,  
AND THE EXAMPLE BELOW DEMONSTRATED HOW SJH FOCUSED ON FACTORS THAT HAVE  
LIFELONG IMPACTS ON HEALTH.

ACTIVITY: THE BABY BOOTIQUE AT SJH ENSURED THE BEST POSSIBLE START FOR  
LOWER-INCOME CHILDREN AND FAMILIES. THIS POPULATION HISTORICALLY HAD  
DISPROPORTIONATE LOW BIRTHWEIGHT BABIES, WHICH IS LINKED TO A VARIETY OF  
COSTLY AND STRESSFUL LIFE-LONG HEALTH ISSUES FOR CHILDREN. THE BABY  
BOOTIQUE INCENTIVIZED FAMILIES THAT FOLLOW GUIDELINES FOR HEALTHY  
PREGNANCY INCLUDING REGULAR MEDICAL APPOINTMENTS, EDUCATION ABOUT  
PREGNANCY AND BIRTH, AND MAKING HEALTH MODIFICATIONS THAT LED TO IMPROVED  
OUTCOMES. FAMILIES EARNED INCENTIVE COUPONS TO SELECT NEEDED BABY ITEMS AT  
A STORE LOCATED ON THE SJH CAMPUS.

OUTCOME/RESULT: IN 2023, THE PROGRAM SERVED 478 FAMILIES. CHILDREN BORN TO  
FAMILIES WHO PARTICIPATED IN THE PROGRAM HAD A 9.1% LOW BIRTHWEIGHT RATE.  
A SAMPLE OF A DEMOGRAPHICALLY SIMILAR GROUP HAD A 14.0% LOW BIRTHWEIGHT  
RATE. THE COLORADO AVERAGE IS 9.0 TO 9.4%.

**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.

ADDITIONAL NEEDS NOT PRIORITIZED

SJH RECOGNIZES OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE 2021

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

NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING THE OTHER NEEDS

THAT WERE NOT PRIORITIZED BY SJH. DUE TO LIMITED EXPERTISE AND RESOURCES,

SJH NARROWED ITS PRIORITY HEALTH NEEDS TO THE THREE HEALTH NEEDS

DISCUSSED. HOWEVER, SJH CONTINUES TO COLLABORATE WITH OTHER COMMUNITY

AGENCIES IN OUR PRIMARY SERVICE AREA TO EXPAND OUR FOOTPRINT INTO ALL

RELEVANT HEALTH PRIORITY AREAS WITHOUT OVERTAXING AVAILABLE RESOURCES IN

OUR IDENTIFIED PRIORITY AREAS.

SAINT JOSEPH HOSPITAL, INC.:

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

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/FOR-PATIENTS/FINANCIAL-ASSISTANCE/COLOR](https://intermountainhealthcare.org/for-patients/financial-assistance/color)

ADO-MONTANA-WYOMING

**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? 7

| Name and address                         | Type of facility (describe) |
|------------------------------------------|-----------------------------|
| 1 DOWNTOWN SURGERY SPECIALISTS           | OUTPATIENT PHYSICIAN CLINIC |
| 1960 N OGDEN ST                          |                             |
| DENVER, CO 80218                         |                             |
| 2 IH BIRTH CENTER OF DENVER              | OUTPATIENT PHYSICIAN CLINIC |
| 1830 FRANKLIN ST. STE 330                |                             |
| DENVER, CO 80218-1128                    |                             |
| 3 BRUNER FAMILY MEDICINE                 | OUTPATIENT PHYSICIAN CLINIC |
| 1960 N OGDEN ST                          |                             |
| DENVER, CO 80218-3670                    |                             |
| 4 RAINIER GENERAL SURGERY CLINIC         | OUTPATIENT PHYSICIAN CLINIC |
| 1960 N OGDEN ST                          |                             |
| DENVER, CO 80218-3670                    |                             |
| 5 ST JOSEPH HOSPITAL-CANCER CENTERS OF C | OUTPATIENT PHYSICIAN CLINIC |
| 1825 MARION ST                           |                             |
| DENVER, CO 80218                         |                             |
| 6 CARITAS INTERNAL MEDICINE              | OUTPATIENT PHYSICIAN CLINIC |
| 1960 N OGDEN ST                          |                             |
| DENVER, CO 80218-3670                    |                             |
| 7 SETON WOMEN'S CENTER                   | OUTPATIENT PHYSICIAN CLINIC |
| 1960 N OGDEN ST                          |                             |
| DENVER, CO 80218-3669                    |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |
|                                          |                             |

Schedule H (Form 990) 2023

**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 3C:

MAXIMUM FINANCIAL ASSISTANCE IS PROVIDED TO PATIENTS AT OR BELOW 250% OF

THE FEDERAL POVERTY GUIDELINES ("FPG"). APPLICANTS EQUAL TO OR BELOW THIS

THRESHOLD RECEIVE A 100% WAIVER OF PATIENT FINANCIAL OBLIGATION.

A SLIDING SCALE IS USED FOR PATIENTS BETWEEN 250% AND 500% OF FPG.

TO DETERMINE ELIGIBILITY FOR PROVIDING FREE OR DISCOUNTED CARE, A VARIETY

OF FACTORS IS USED, INCLUDING INCOME, MEDICAL INDIGENCE, INSURANCE STATUS,

SOCIAL-ECONOMIC, GEOGRAPHICAL LOCATION, AND MEDICAID ELIGIBILITY.

TOTAL CHARGES ARE LIMITED IN RELATION TO THE GROSS HOUSEHOLD INCOME.

CHARGES ARE DISCOUNTED TO NOT EXCEED 25% OF GROSS ANNUAL HOUSEHOLD INCOME.

SINCE EACH PATIENT'S CIRCUMSTANCES VARY, ALLOWANCE IS MADE FOR EXTENUATING

CIRCUMSTANCES NOT DIRECTLY ADDRESSED IN THE FINANCIAL ASSISTANCE POLICIES

TO BE CONSIDERED WHEN DETERMINING ELIGIBILITY FOR FINANCIAL ASSISTANCE.

**Part VI** Supplemental Information (Continuation)

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 \$14,679,029.

PART II, COMMUNITY BUILDING ACTIVITIES:

COMMUNITY-BUILDING ACTIVITIES IMPROVE THE HEALTH AND SAFETY OF COMMUNITY  
MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G., POVERTY,  
HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). IN 2023, SJH CONTINUED TO EXPAND  
SEVERAL COLLABORATIONS INTENDED TO DIRECTLY ADDRESS THE HEALTH AND SAFETY  
NEEDS OF RESIDENTS IN THE CITY AND COUNTY OF DENVER. ONE EXAMPLE IS AN  
ONGOING COLLABORATION WITH INCLUSIVE HOUSING DENVER WITH COLORADO HOUSING  
AND FINANCE AUTHORITY AND DEVELOPMENT PATHWAYS. THIS PROGRAM PROVIDES  
SUPPORT FOR INTELLECTUALLY/DEVELOPMENTALLY DISABLED COMMUNITY MEMBERS IN  
INDEPENDENT HOUSING. A TECHNICAL ADVISOR WAS HIRED TO CONSULT ON THE  
POSSIBLE USAGE OF AN SJH BUILDING FOR AFFORDABLE HOUSING FOR THIS

**Part VI** Supplemental Information (Continuation)

POPULATION. SJH'S COLLABORATION INCLUDES CHARITABLE CONTRIBUTIONS AND

IN-KIND DONATIONS INCLUDING EMPLOYEE VOLUNTEERISM AND PROGRAM DEVELOPMENT

THAT WOULD PROVIDE SUPPORTING MENTAL AND PHYSICAL HEALTH SERVICES, AS WELL

AS NAVIGATION TO OTHER COMMUNITY RESOURCES.

ADDITIONALLY, SJH SPONSORED A TEAM OF FOUR STUDENTS FROM ARRUEP JESUIT

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

SCHOOL GRADUATES, AND THEY WORKED ONE DAY PER WEEK IN VARIOUS ROLES AT

SJH. THE WAGES THEY EARN GO INTO A SAVING ACCOUNT AT ARRUEP JESUIT FOR

THEIR COLLEGE TUITION. SJH SUPPORTED 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 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.

**Part VI** Supplemental Information (Continuation)

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.

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

**Part VI** Supplemental Information (Continuation)

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 12 AND 13 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  
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. ABSENT THE  
MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR  
CHARITY CARE OR OTHER NEEDS-BASED GOVERNMENT PROGRAMS. BY ACCEPTING  
PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, BURDENS BORNE BY  
GOVERNMENTS ARE RELIEVED.

**Part VI** Supplemental Information (Continuation)

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

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS/INTERMOUNTAIN-HEALTH-SAINT](https://intermountainhealthcare.org/locations/intermountain-health-saint)

-JOSEPH-HOSPITAL

PART VI, LINE 2:

AS PART OF SJH'S CORE COMMITMENT OF SERVICE TO THE POOR AND VULNERABLE,

**Part VI** Supplemental Information (Continuation)

THE HOSPITAL TAKES STEPS TO DETERMINE WHERE THERE IS THE MOST NEED TO  
PROVIDE THE GREATEST GOOD THROUGH AN 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 INCLUDING THE NINE DENVER  
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

**Part VI** Supplemental Information (Continuation)

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

INFORM THE 2021 CHNA.

HOSPITALS IN THE SERVICE AREA: IN INNER CITY DENVER, THERE ARE THREE ACUTE

CARE HOSPITALS: SJH, DENVER HEALTH-DENVER DEPARTMENT OF PUBLIC HEALTH AND

ENVIRONMENT, AND ST. LUKE'S PRESBYTERIAN (FOR-PROFIT, OWNED BY HEALTHONE).

TOTAL POPULATION:

FROM 2015 - 2019, THE AVERAGE 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, WERE 16.4% OF THE POPULATION IN THE SERVICE AREA. 73.2%

OF THE POPULATION WERE 20 TO 64 YEARS OLD, AND 10.4% WERE AGED 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 WAS 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).

**Part VI** Supplemental Information (Continuation)

SOURCE: AMERICAN COMMUNITY SURVEY, SCL HEALTH CHNA DATABASE 2015-2019.

[HTTPS://DATA.CENSUS.GOV/CEDSCI/](https://data.census.gov/cedsci/)

## RACE AND ETHNICITY:

IN THE SERVICE AREA, 61.3% OF THE POPULATION WERE WHITE, 20.1% WERE  
HISPANIC/LATINO, 2.1% WERE ASIAN AMERICAN, AND 12% WERE 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%, WAS HISPANIC OR  
LATINO, WHICH WAS THE HIGHEST IN THE SERVICE AREA. DENVER (80202) AND  
BROOMFIELD HAD THE HIGHEST PERCENTAGE OF ASIAN AMERICANS, 6.0%, IN THE  
SERVICE AREA. DENVER (80207) HAD THE HIGHEST PERCENTAGE OF BLACK/AFRICAN  
AMERICANS IN THE SERVICE AREA, 26.5%, AND BROOMFIELD HAD THE LOWEST  
PERCENTAGE OF BLACK/AFRICAN AMERICAN RESIDENTS, 0.8%. DENVER (80218) HAD  
THE HIGHEST PERCENTAGE OF WHITE RESIDENTS, 82.3%, IN THE SERVICE AREA.

SOURCE: AMERICAN COMMUNITY SURVEY, SCL HEALTH CHNA DATABASE 2015-2019.

[HTTPS://DATA.CENSUS.GOV/CEDSCI/](https://data.census.gov/cedsci/)

## LANGUAGE:

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

**Part VI** Supplemental Information (Continuation)

SOURCE: AMERICAN COMMUNITY SURVEY, SCL HEALTH CHNA DATABASE 2015-2019.

[HTTPS://DATA.CENSUS.GOV](https://data.census.gov)

EDUCATION: 90.5% OF PERSONS AGE 25+ARE HIGH SCHOOL GRADUATES OR HIGHER,

54.2% OF PERSONS AGED 25 AND OLDER HAVE EARNED A BACHELOR'S DEGREE OR

HIGHER. STATEWIDE AVERAGES AREA 89.1% AND 34.3%, RESPECTIVELY.

MEDIAN HOUSEHOLD INCOME: \$85,853 (2022 DOLLARS, DENVER COUNTY) WHICH IS

HIGHER THAN THE U.S. AVERAGE \$75,149 (2022 DOLLARS).

PERSONS LIVING IN POVERTY: 11.9% IN DENVER COUNTY WHICH IS HIGHER THAN THE

U.S. AVERAGE OF 11.5%. (US CENSUS)

UNINSURED RATE: 10.9%, WHICH IS HIGHER THAN THE U.S. AVERAGE OF 9.3%.

URBAN AND RURAL AREAS OF DENVER COUNTY: DENVER COUNTY IS NOT RURAL, PER

U.S. HEALTH RESOURCES SERVICES ADMINISTRATION RURAL HEALTH GRANTS

ELIGIBILITY ANALYZER ([HTTPS://DATA.HRSA.GOV/TOOLS/RURAL-HEALTH](https://data.hrsa.gov/tools/rural-health)).

PART VI, LINE 5:

SJH SERVED THE LOCAL COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES

WITH 365 LICENSED BEDS IN A STATE-OF-THE-ART FACILITY, 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 EMERGENCY DEPARTMENT CARE,

PALLIATIVE & HOSPICE CARE, AND INTEGRATIVE HEALTH SERVICES.

**Part VI** Supplemental Information (Continuation)

SJH EXTENDED CARE BEYOND THE HOSPITAL WALLS TO IMPROVE THE COMMUNITY'S  
HEALTH, AS DEMONSTRATED BY SEVERAL COMMUNITY ACTIVITIES AND PARTNERSHIPS.

SJH WAS CERTIFIED IN COLORADO AS A "BABY FRIENDLY HOSPITAL" FOR ITS  
ADOPTION OF STANDARDS THAT PROMOTE BREASTFEEDING. HOSPITALS THAT ACHIEVE  
THIS STATUS HELP 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, SJH CONTINUED ITS  
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 COMPRISED 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, INNER  
CITY HEALTH CENTER. ADDITIONALLY, WE EXPANDED TO A SECOND NON-AFFILIATED  
SAFETY NET CLINIC. 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 CONVENED 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  
NEEDS IDENTIFIED IN OUR CHNA THAT SJH CANNOT INDEPENDENTLY OR DIRECTLY  
ADDRESS.

**Part VI** Supplemental Information (Continuation)

SJH IS THE OLDEST PRIVATE TEACHING HOSPITAL IN COLORADO AND HAS CONTINUED

TO INVEST IN MEDICAL PROFESSIONAL TRAINING SINCE THE INCEPTION OF THE

MEDICAL RESIDENCY PROGRAM IN 1893. SJH HAS FOUR MEDICAL RESIDENCY

PROGRAMS: INTERNAL MEDICINE, FAMILY MEDICINE, OBSTETRICS AND GYNECOLOGY,

AND GENERAL SURGERY. IN ADDITION TO MEDICAL RESIDENCY, SJH TOOK AN ACTIVE

ROLE IN THE CLINICAL TRAINING OF NURSES, ADVANCED PRACTICE NURSES,

PHARMACISTS, AND RADIOLOGY TECHNICIANS.

SJH PROVIDED GRADUATE MEDICAL EDUCATION PROGRAM FACULTY AND RESIDENTS TO

SUPPORT THE CLINICS OF UPTOWN COMMUNITY HEALTH CENTER: 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 OF 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 INCLUDED

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 IN NUMEROUS

WAYS, FROM DELIVERING PREVENTATIVE CARE, DISEASE MANAGEMENT, AND ACUTE

**Part VI** Supplemental Information (Continuation)

HEALTHCARE SERVICES TO SUPPORT OF OTHER CIVIC GROUPS. THE HOSPITAL'S BOARD

OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, ALL OF WHOM

PROVIDED HOURS OF SERVICE IN SUPPORT OF THE HOSPITAL'S WORK. BOARD MEMBERS

ARE ALSO INVOLVED IN THE 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 HAD EXCESS REVENUE OVER OPERATING EXPENSES, THE FUNDS WERE USED

TO OBTAIN CURRENT HEALTHCARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT

CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND 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 SUPPORTED EMPLOYEES IN VOLUNTEERING FOR COMMUNITY

ORGANIZATIONS, INCLUDING SERVING ON COMMUNITY BOARDS, AND PROVIDED

OPPORTUNITIES TO SUPPORT CAUSES THROUGH HOSPITAL EVENTS SUCH AS FOOD

DRIVES, SCHOOL SUPPLY DRIVES, AND THE AMERICAN HEART WALK. SJH LEADERS AND

EMPLOYEES STRIVED TO BE GOOD CITIZENS AND COLLABORATE WITH OTHER

ORGANIZATIONS AND AGENCIES TO SUPPORT A THRIVING COMMUNITY THROUGH

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.

(INTERMOUNTAIN), AN INTEGRATED HEALTH SYSTEM WHOSE VISION IS TO "BE A

MODEL HEALTH SYSTEM BY PROVIDING EXTRAORDINARY CARE AND SUPERIOR SERVICES

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

AT AN AFFORDABLE COST." INTERMOUNTAIN STRIVES TO FULFILL THAT MISSION

THROUGH ACCOMPLISHING ITS STATED MISSION OF "HELPING PEOPLE LIVE THE

HEALTHIEST LIVES POSSIBLE."

INTERMOUNTAIN, 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 UTAH WITH LOCATIONS IN SEVEN STATES AND ADDITIONAL

OPERATIONS ACROSS THE WESTERN U.S., INTERMOUNTAIN IS A NONPROFIT SYSTEM OF

MORE THAN 66,000 CAREGIVERS, 33 HOSPITALS, 385 CLINICS, MEDICAL GROUPS, A

HEALTH PLAN (SELECTHEALTH, INC.) WITH MORE THAN ONE MILLION MEMBERS, AND

OTHER HEALTH SERVICES. HELPING PEOPLE LIVE THE HEALTHIEST LIVES POSSIBLE,

INTERMOUNTAIN IS COMMITTED TO IMPROVING COMMUNITY HEALTH AND 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.

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

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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)                       | 6,676,432.               | 0.                               |                                                       |                                       | PROGRAM SUPPORT                    |
| SAINT JOSEPH HOSPITAL FOUNDATION<br>1375 E. 19TH AVENUE<br>DENVER, CO 80218                    | 84-0735096 | 501(C)(3)                       | 1,892,886.               | 0.                               |                                                       |                                       | PROGRAM SUPPORT                    |
| ARRUPE CORPORATE WORK STUDY PROGRAM - 4343 UTICA STREET - DENVER, CO 80212                     | 46-0508814 | 501(C)(3)                       | 43,333.                  | 0.                               |                                                       |                                       | PROGRAM SUPPORT                    |
| CENTER FOR PERSONALIZED EDUCATION FOR PROFESSIONALS - 720 S COLORADO BLVD - DENVER, CO 80246   | 74-2044647 | 501(C)(3)                       | 10,000.                  | 0.                               |                                                       |                                       | PROGRAM SUPPORT                    |
| LA CLINICA TEPEYAC, INC.<br>4725 HIGH STREET<br>DENVER, CO 80216                               | 84-1285505 | 501(C)(3)                       | 6,000.                   | 0.                               |                                                       |                                       | PROGRAM SUPPORT                    |
|                                                                                                |            |                                 |                          |                                  |                                                       |                                       |                                    |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 5.

**3** Enter total number of other organizations listed in the line 1 table ..... 0.

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

Schedule I (Form 990) 2023

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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

|           |   |   |
|-----------|---|---|
|           |   |   |
| <b>1b</b> |   |   |
| <b>2</b>  |   |   |
|           |   |   |
| <b>4a</b> | X |   |
| <b>4b</b> | X |   |
| <b>4c</b> |   | X |
|           |   |   |
| <b>5a</b> |   | X |
| <b>5b</b> |   | X |
|           |   |   |
| <b>6a</b> |   | X |
| <b>6b</b> |   | X |
|           |   |   |
| <b>7</b>  |   | X |
| <b>8</b>  |   | X |
| <b>9</b>  |   |   |

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

Schedule J (Form 990) 2023

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

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

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

| (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) JANIE WADE                      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER OFFICER                      | (ii) | 814,843.                                                           | 278,696.                            | 4,510,754.                          | 15,838.                                        | 22,516.                 | 5,642,647.                      | 691,795.                                                              |
| (2) LYDIA JUMONVILLE                | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER OFFICER                      | (ii) | 1,335,578.                                                         | 1,836,066.                          | 625,088.                            | 1,081,392.                                     | 21,976.                 | 4,900,100.                      | 600,047.                                                              |
| (3) MARK KORTH                      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| DIRECTOR (PARTIAL)                  | (ii) | 907,305.                                                           | 700,064.                            | 203,294.                            | 599,392.                                       | 27,360.                 | 2,437,415.                      | 302,323.                                                              |
| (4) SCOTT PEEK                      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| DIRECTOR (PARTIAL)                  | (ii) | 705,729.                                                           | 135,762.                            | 184,322.                            | 365,711.                                       | 31,658.                 | 1,423,182.                      | 0.                                                                    |
| (5) JAMESON SMITH                   | (i)  | 549,764.                                                           | 123,104.                            | 78,853.                             | 277,336.                                       | 27,234.                 | 1,056,291.                      | 196,289.                                                              |
| PRESIDENT SJD                       | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (6) SIMON PAYNE                     | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER KEY EMPLOYEE                 | (ii) | 500,243.                                                           | 157,856.                            | 54,652.                             | 229,178.                                       | 28,426.                 | 970,355.                        | 116,334.                                                              |
| (7) BARBARA JAHN                    | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER KEY EMPLOYEE                 | (ii) | 427,190.                                                           | 151,411.                            | 60,581.                             | 197,023.                                       | 21,441.                 | 857,646.                        | 110,935.                                                              |
| (8) JOHN TYNES                      | (i)  | 434,833.                                                           | 66,507.                             | 74,078.                             | 213,281.                                       | 28,360.                 | 817,059.                        | 66,507.                                                               |
| VP CHIEF MEDICAL OFFICER SJD        | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (9) ALWIN STEINMANN                 | (i)  | 354,858.                                                           | 54,567.                             | 195,523.                            | 179,414.                                       | 23,597.                 | 807,959.                        | 54,567.                                                               |
| CHIEF ACADEMIC MEDICINE             | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (10) DINA BUSH                      | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER KEY EMPLOYEE                 | (ii) | 389,162.                                                           | 87,138.                             | 34,779.                             | 215,172.                                       | 29,089.                 | 755,340.                        | 115,989.                                                              |
| (11) JOHN RAHEB                     | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER HIGHEST COMPENSATED          | (ii) | 510,280.                                                           | 142,330.                            | 8,279.                              | 15,150.                                        | 37,056.                 | 713,095.                        | 0.                                                                    |
| (12) KIMBERLY VANDERVEEN            | (i)  | 413,693.                                                           | 246,484.                            | 2,261.                              | 14,677.                                        | 5,387.                  | 682,502.                        | 0.                                                                    |
| PHYSICIAN GME FACULTY               | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (13) DAVID BIGGERSTAFF              | (i)  | 400,628.                                                           | 22,396.                             | 2,784.                              | 206,445.                                       | 31,112.                 | 663,365.                        | 22,396.                                                               |
| VP CHIEF OPERATING OFFICER SJD      | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (14) JASON JOHNSON                  | (i)  | 524,140.                                                           | 0.                                  | 3,031.                              | 14,470.                                        | 8,950.                  | 550,591.                        | 0.                                                                    |
| PHYSICIAN GME PROGRAM DIRECTOR      | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (15) JELDEN ARCILLA                 | (i)  | 249,052.                                                           | 25,000.                             | 150,076.                            | 82,876.                                        | 20,124.                 | 527,128.                        | 0.                                                                    |
| CHIEF NURSING OFFICER SJD (PARTIAL) | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (16) TROY STOEHR                    | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VP FINANCE SJD (PARTIAL)            | (ii) | 287,337.                                                           | 30,661.                             | 21,789.                             | 123,120.                                       | 29,690.                 | 492,597.                        | 49,545.                                                               |

**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) WENDY PETERSON                  | (i)  | 432,312.                                                           | 0.                                  | 2,771.                              | 14,203.                                        | 34,086.                 | 483,372.                        | 0.                                                                    |
| ASSOCIATE PROGRAM DIRECTOR PHYSICIAN | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (18) JASON GAINES                    | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VP STRATEGY AND BUS DEVELOPMENT SJD  | (ii) | 250,877.                                                           | 38,997.                             | 26,337.                             | 115,610.                                       | 28,860.                 | 460,681.                        | 63,482.                                                               |
| (19) NOELLE BERTELSON                | (i)  | 410,289.                                                           | 0.                                  | 1,919.                              | 14,142.                                        | 33,706.                 | 460,056.                        | 0.                                                                    |
| PHYSICIAN GME FACULTY                | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (20) SYDNE MURATORE                  | (i)  | 428,656.                                                           | 0.                                  | 1,466.                              | 14,159.                                        | 3,505.                  | 447,786.                        | 0.                                                                    |
| PHYSICIAN GME FACULTY                | (ii) | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| (21) PETER SCHAAD                    | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VP OPERATIONS SJD (PARTIAL)          | (ii) | 133,678.                                                           | 35,066.                             | 193,629.                            | 7,924.                                         | 24,769.                 | 395,066.                        | 126,996.                                                              |
| (22) PATRICE FARRELL-DELINE          | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER KEY EMPLOYEE                  | (ii) | 199,879.                                                           | 30,582.                             | 21,746.                             | 91,371.                                        | 19,580.                 | 363,158.                        | 46,947.                                                               |
| (23) CAITLIN PRIDE                   | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| VP MISSION INTEGRATION               | (ii) | 172,668.                                                           | 26,759.                             | 4,766.                              | 78,887.                                        | 26,840.                 | 309,920.                        | 26,759.                                                               |
| (24) SADIE SULLIVAN                  | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| SECRETARY (PARTIAL)                  | (ii) | 216,610.                                                           | 16,441.                             | 611.                                | 34,708.                                        | 11,277.                 | 279,647.                        | 16,441.                                                               |
| (25) LARA ZARZECKI                   | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| SECRETARY (PARTIAL)                  | (ii) | 220,178.                                                           | 4,294.                              | 806.                                | 28,087.                                        | 18,864.                 | 272,229.                        | 4,294.                                                                |
| (26) THOMAS DONOHOE                  | (i)  | 0.                                                                 | 0.                                  | 0.                                  | 0.                                             | 0.                      | 0.                              | 0.                                                                    |
| FORMER OFFICER                       | (ii) | 33,934.                                                            | 90,379.                             | 70,306.                             | 3,434.                                         | 2,520.                  | 200,573.                        | 116,571.                                                              |
|                                      | (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.

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

THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE

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

REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR

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

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

MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF

REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE

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

AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP

NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND

LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET

DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS.

**Part III Supplemental Information**

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

THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY

SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE

AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY

INTERMOUNTAIN HEALTH CARE, INC. AND CURRENT COMPENSATION SURVEYS COMPILED

BY AN INDEPENDENT FIRM. THE BOARD PLACES A HIGH PRIORITY ON THE NEED TO

RECURIT AND RETAIN A STRONG LEADERSHIP TEAM AND TO CREATE A HIGHLY

MOTIVATED AND ENGAGED WORKFORCE. COMPENSATION LEVELS FOLLOW IRS GUIDELINES

AND ARE SUBJECT TO IRS OVERSIGHT.

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

FOLLOWING IN ESTABLISHING THE COMPENSATION OF OFFICERS AND SENIOR

MANAGEMENT.

1) COMPENSATION COMMITTEE

2) INDEPENDENT COMPENSATION CONSULTANT

3) FORM 990 OF OTHER ORGANIZATIONS

4) COMPENSATION SURVEYS AND STUDIES

5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**Part III Supplemental Information**

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

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

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

PART I, LINES 4A-B:

PART I, LINE 4A

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE

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

SEVERANCE IN 2023 WERE: PETER SCHAAD - \$93,648, LYDIA JUMONVILLE - \$45,708,

JANIE WADE - \$3,903,603.

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

**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.

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED

LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT

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

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

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

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

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

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN

DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE

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

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

THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A

SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE

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

EXECUTIVE UPON VESTING.

NQDC SERP PLANS STARTING IN 2014

**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.

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

CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2023.  
VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT UPON THE END OF EMPLOYMENT.  
THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE  
TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2023 WERE: MARK KORTH -  
\$168,447; JAMESON SMITH - \$73,185; TROY STOEHR - \$18,884; JASON GAINES -  
\$24,485; PETER SCHAAD - \$91,930; ALWIN STEINMANN - \$186,895; JOHN TYNES -  
\$65,285; LYDIA JUMONVILLE - \$395,839; BARBARA JAHN - \$46,050; SIMON PAYNE -  
\$51,509; JANIE WADE - \$552,445; THOMAS DONOHUE - \$47,631; DINA BUSH -  
\$28,851; PATRICE FARRELL-DELINE - \$16,365.

FORM 990, SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

**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.

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

**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<br>(a) Name of disqualified person | (b) Relationship between disqualified person and organization | (c) Description of transaction | (d) Corrected? |    |
|--------------------------------------|---------------------------------------------------------------|--------------------------------|----------------|----|
|                                      |                                                               |                                | Yes            | No |
| (1)                                  |                                                               |                                |                |    |
| (2)                                  |                                                               |                                |                |    |
| (3)                                  |                                                               |                                |                |    |
| (4)                                  |                                                               |                                |                |    |
| (5)                                  |                                                               |                                |                |    |
| (6)                                  |                                                               |                                |                |    |

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 |
| (1)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (2)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (3)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (4)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (5)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (6)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (7)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (8)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (9)                           |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |
| (10)                          |                                    |                     |                                       |      |                               |                 |                 |    |                                     |    |                        |    |

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 |
|-------------------------------|-----------------------------------------------------------------|--------------------------|------------------------|---------------------------|
| (1)                           |                                                                 |                          |                        |                           |
| (2)                           |                                                                 |                          |                        |                           |
| (3)                           |                                                                 |                          |                        |                           |
| (4)                           |                                                                 |                          |                        |                           |
| (5)                           |                                                                 |                          |                        |                           |
| (6)                           |                                                                 |                          |                        |                           |
| (7)                           |                                                                 |                          |                        |                           |
| (8)                           |                                                                 |                          |                        |                           |
| (9)                           |                                                                 |                          |                        |                           |
| (10)                          |                                                                 |                          |                        |                           |

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

Schedule L (Form 990) 2023

**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 |
| (1) ERIN MORTON               | BERRY MORTON (BOARD                                             | 70,960.                   | EMPLOYMENT                     |                                         | X  |
| (2) IRENE TYNES               | JOHN TYNES (KE) IS                                              | 121,791.                  | EMPLOYMENT                     |                                         | X  |
| (3) KELLY MORTON              | BERRY MORTON (BOARD                                             | 63,719.                   | EMPLOYMENT                     |                                         | X  |
| (4) JOELY TYNES               | JOHN TYNES (KE) IS                                              | 10,378.                   | EMPLOYMENT                     |                                         | X  |
| (5)                           |                                                                 |                           |                                |                                         |    |
| (6)                           |                                                                 |                           |                                |                                         |    |
| (7)                           |                                                                 |                           |                                |                                         |    |
| (8)                           |                                                                 |                           |                                |                                         |    |
| (9)                           |                                                                 |                           |                                |                                         |    |
| (10)                          |                                                                 |                           |                                |                                         |    |

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

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:

[HTTPS://INTERMOUNTAINHEALTHCARE.ORG/LOCATIONS/INTERMOUNTAIN-HEALTH-](https://intermountainhealthcare.org/locations/intermountain-health-saint-joseph-hospital)

[SAINT-JOSEPH-HOSPITAL](https://intermountainhealthcare.org/locations/intermountain-health-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,

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY A RELATED 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 2023, THE HOSPITAL PROVIDED \$27,160,950 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 66,000 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:

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

- CANCER CARE

- 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 2023, SAINT JOSEPH HOSPITAL, HAD THE FOLLOWING RESULTS:

ADMISSIONS: 16,559

OUTPATIENT VISITS: 153,969

EMERGENCY DEPARTMENT VISITS: 54,856

BIRTHS: 3,755

SURGERIES: 11,993

LAB TESTS: 1,148,509

MISSION, VISION & VALUES:

MISSION:

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

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR  
AND VULNERABLE.

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 WAS NAMED AS ONE OF NEWSWEEK'S 2024 RANKINGS OF WORLD'S

BEST HOSPITALS. THE PRESTIGIOUS LIST AIMS TO HIGHLIGHT THE BEST

FACILITIES EACH YEAR BY USING A MIX OF METHODOLOGY THAT EVALUATES

QUALITY AND SAFETY MEASURES MEANT TO PROVIDE A GUIDE FOR PATIENTS AND

FAMILIES IN CHOOSING HEALTHCARE SERVICES IN THEIR COMMUNITIES. NEWSWEEK

LOOKED AT DATA FROM 2,400 HOSPITALS ACROSS 30 COUNTRIES TO COMPILE

THEIR LIST. THE FINAL SCORES WERE BASED ON SURVEYS FROM MEDICAL

EXPERTS, PATIENT/DOCTOR RATIOS, AND PATIENT SATISFACTION SURVEYS, AMONG

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

OTHER METRICS.

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 RECEIVED AN 'A' GRADE IN SPRING 2024 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 ACHIEVEMENT AWARD,

TARGET STROKE ELITE HONOR ROLE, AND TARGET TYPE 2 DIABETES HONOR ROLL

AWARDS 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

AND 2023 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.

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

RECIPIENT OF HEALTHGRADES 'AMERICA'S 250 BEST HOSPITALS' AWARD 2020,  
2021, 2022, 2023.

FORM 990, PART V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096:

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

FORM 990, PART V, LINE 2A

EXPLANATION FOR NUMBER REPORTED ON FORM W-3:

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

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

MARK KORTH / SADIE SULLIVAN / LARA ZARZECKI - BUSINESS RELATIONSHIP

(EMPLOYER/EMPLOYEE RELATIONSHIP IN SISTERS OF CHARITY OF LEAVENWORTH  
HEALTH SYSTEM, INC., A RELATED TAX-EXEMPT ORGANIZATION).

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

MEMBERS OR STOCKHOLDERS:

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

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  
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;

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
|---------------------------------------------------------|----------------------------------------------|

- 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

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

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
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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 RESERVED POWERS GRANTED TO

LEAVEN MINISTRIES AND THOSE OF INTERMOUNTAIN, THE LEAVEN RESERVED POWERS

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
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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

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

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

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

SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

CONFLICT OF INTEREST QUESTIONNAIRE AT LEAST ANNUALLY. THESE INDIVIDUALS

HAVE BEEN INSTRUCTED TO UPDATE THEIR QUESTIONNAIRE INFORMATION IF THEY

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

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

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

CONFLICTS.

ACCORDING TO POLICY, THE QUESTIONNAIRES ARE COLLECTED AND REVIEWED BY

INTERMOUNTAIN'S CHIEF COMPLIANCE OFFICER. POTENTIAL CONFLICTS OF INTEREST

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

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

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

CONFLICT OF INTEREST, A DETERMINATION IS MADE WHETHER THE SITUATION CAN BE

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
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MANAGED (SUCH AS BY RECUSAL IN DECISION-MAKING SETTINGS) OR MUST BE

ELIMINATED (SUCH AS THROUGH DIVESTITURE OF THE OUTSIDE INTEREST).

FINDINGS ARE REPORTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF

INTERMOUNTAIN HEALTH CARE, INC.

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

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.

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

THE INTERMOUNTAIN HEALTH CARE, INC. BOARD COMPENSATION COMMITTEE

(COMMITTEE) ON BEHALF OF SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM,

INC. AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES

COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES

RECOMMENDATIONS TO INTERMOUNTAIN HEALTH CARE, INC.'S BOARD FOR APPROVAL OF

ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE

COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR

THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE

SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE

CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT

COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH

SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS

AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS

PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED

INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR

FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN

|                                                         |                                              |
|---------------------------------------------------------|----------------------------------------------|
| Name of the organization<br>SAINT JOSEPH HOSPITAL, INC. | Employer identification number<br>84-0417134 |
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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) COMPENSATION SURVEYS AND STUDIES

5) APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

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

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

MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY

PHILOSOPHY SET BY THE BOARD.

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

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC:

THE ORGANIZATION MAKES ITS CONFLICT OF INTEREST POLICY, FINANCIAL

STATEMENTS, AND GOVERNING DOCUMENTS AVAILABLE UPON REQUEST.

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

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:

ASBESTOS LIABILITY ADJUSTMENT -500,000.

FAIR VALUE ACQUISITION ADJUSTMENT -4,642,321.

TOTAL TO FORM 990, PART XI, LINE 9 -5,142,321.

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

SAINT JOSEPH HOSPITAL, INC.

Employer identification number

84-0417134

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

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

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

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

Schedule R (Form 990) 2023

SEE PART VII FOR CONTINUATIONS

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization                                                       | (b)<br>Primary activity                                                  | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity        | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|--------------------------------------------|----------------------------------------------------------|----|
|                                                                                                                |                                                                          |                                                     |                               |                                                           |                                            | Yes                                                      | No |
| BRIGHTON COMMUNITY HOSPITAL ASSOCIATION -<br>84-0482695, 1600 PRAIRIE CENTER PARKWAY,<br>BRIGHTON, CO 80601    | HOSPITAL SERVICES                                                        | COLORADO                                            | 501(C)(3)                     | LINE 3                                                    | INTEGRITY HEALTH                           | X                                                        |    |
| PLATTE VALLEY MEDICAL CENTER FOUNDATION -<br>74-2255936, 1600 PRAIRIE CENTER PARKWAY,<br>BRIGHTON, CO 80601    | SUPPORTING ORGANIZATION                                                  | COLORADO                                            | 501(C)(3)                     | LINE 12A, I                                               | BRIGHTON<br>COMMUNITY<br>HOSPITAL          | X                                                        |    |
| MOUNT ST. VINCENT HOME, INC. - 84-0405260<br>4159 LOWELL BOULEVARD<br>DENVER, CO 80211                         | RESIDENT CARE                                                            | COLORADO                                            | 501(C)(3)                     | LINE 10                                                   | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |
| NJH-SJH, INC. - 47-1194849<br>500 ELDORADO BLVD., SUITE 4300<br>DENVER, CO 80211                               | MANAGEMENT OF RELATED TAX<br>EXEMPT HOSPITALS AND<br>HEALTHCARE SERVICES | COLORADO                                            | 501(C)(3)                     | LINE 12A, I                                               | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |
| SAINT JOSEPH HOSPITAL FOUNDATION -<br>84-0735096, 1375 EAST 19TH AVENUE, DENVER,<br>CO 80218                   | SUPPORT RELATED TAX EXEMPT<br>ORGANIZATIONS                              | COLORADO                                            | 501(C)(3)                     | LINE 7                                                    | SAINT JOSEPH<br>HOSPITAL, INC.             | X                                                        |    |
| SCL HEALTH - FRONT RANGE, INC. - 84-1103606<br>500 ELDORADO BLVD., SUITE 4300<br>BROOMFIELD, CO 80021          | HOSPITAL SERVICES                                                        | COLORADO                                            | 501(C)(3)                     | LINE 3                                                    | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |
| GOOD SAMARITAN MEDICAL CENTER FOUNDATION -<br>84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE,<br>CO 80026           | SUPPORT RELATED TAX EXEMPT<br>ORGANIZATIONS                              | COLORADO                                            | 501(C)(3)                     | LINE 7                                                    | SCL HEALTH-FRONT<br>RANGE, INC.            | X                                                        |    |
| LUTHERAN MEDICAL CENTER FOUNDATION -<br>20-8846152, 8300 WEST 38TH AVENUE, WHEAT<br>RIDGE, CO 80033            | SUPPORT RELATED TAX EXEMPT<br>ORGANIZATIONS                              | COLORADO                                            | 501(C)(3)                     | LINE 7                                                    | SCL HEALTH-FRONT<br>RANGE, INC.            | X                                                        |    |
| ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. -<br>84-0425720, 2635 NORTH 7TH STREET, GRAND<br>JUNCTION, CO 81501 | HOSPITAL SERVICES                                                        | COLORADO                                            | 501(C)(3)                     | LINE 3                                                    | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |
| ST. MARY'S HOSPITAL FOUNDATION - 23-7001007<br>2635 NORTH 7TH STREET<br>GRAND JUNCTION, CO 81501               | SUPPORTING ORGANIZATION                                                  | COLORADO                                            | 501(C)(3)                     | LINE 12A, I                                               | ST. MARYS<br>HOSPITAL &<br>MEDICAL CENTER, | X                                                        |    |
| CARITAS CLINICS, INC. - 48-1009910<br>818 NORTH 7TH STREET<br>LEAVENWORTH, KS 66048                            | CLINIC SERVICES                                                          | KANSAS                                              | 501(C)(3)                     | LINE 3                                                    | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |
| HOLY ROSARY HEALTHCARE - 81-0231792<br>2600 WILSON STREET<br>MILES CITY, MT 59301                              | HOSPITAL SERVICES                                                        | MONTANA                                             | 501(C)(3)                     | LINE 3                                                    | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH    | X                                                        |    |

**Part II** Continuation of Identification of Related Tax-Exempt Organizations

| (a)<br>Name, address, and EIN<br>of related organization                                                               | (b)<br>Primary activity                     | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity       | (g)<br>Section 512(b)(13)<br>controlled<br>organization? |    |
|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|-------------------------------|-----------------------------------------------------------|-------------------------------------------|----------------------------------------------------------|----|
|                                                                                                                        |                                             |                                                     |                               |                                                           |                                           | Yes                                                      | No |
| HOLY ROSARY HEALTHCARE FOUNDATION, INC. -<br>20-2270238, 2600 WILSON STREET, MILES CITY,<br>MT 59301                   | SUPPORTING ORGANIZATION                     | MONTANA                                             | 501(C)(3)                     | LINE 12A, I                                               | HOLY ROSARY<br>HEALTHCARE                 | X                                                        |    |
| ST. JAMES HEALTHCARE - 81-0231785<br>400 SOUTH CLARK STREET<br>BUTTE, MT 59701                                         |                                             |                                                     |                               |                                                           | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH   | X                                                        |    |
| ST. JAMES HEALTHCARE FOUNDATION, INC. -<br>65-1202190, 400 SOUTH CLARK STREET, BUTTE,<br>MT 59701                      | SUPPORTING ORGANIZATION                     | MONTANA                                             | 501(C)(3)                     | LINE 12A, I                                               | ST. JAMES<br>HEALTHCARE                   | X                                                        |    |
| SCL HEALTH - MONTANA - 81-0232124<br>1233 NORTH 30TH STREET<br>BILLINGS, MT 59101                                      |                                             |                                                     |                               |                                                           | SISTERS OF<br>CHARITY OF<br>LEAVENWORTH   | X                                                        |    |
| ST. VINCENT HEALTHCARE FOUNDATION, INC. -<br>81-0468034, 1106 NORTH 30TH STREET,<br>BILLINGS, MT 59101                 | SUPPORT RELATED TAX EXEMPT<br>ORGANIZATIONS | MONTANA                                             | 501(C)(3)                     | LINE 7                                                    | SCL HEALTH -<br>MONTANA                   | X                                                        |    |
| INTERMOUNTAIN HEALTH CARE, INC. - 87-0269232<br>36 SOUTH STATE, SUITE 2200<br>SALT LAKE CITY, UT 84111                 |                                             |                                                     |                               |                                                           | N/A                                       |                                                          | X  |
| INTERMOUNTAIN COMMUNITY CARE FOUNDATION,<br>INC. - 94-2853320, 36 SOUTH STATE, SUITE<br>2200, SALT LAKE CITY, UT 84111 | COMMUNITY HEALTH                            | UTAH                                                | 501(C)(3)                     | LINE 12B, II                                              | INTERMOUNTAIN<br>HEALTH CARE, INC.        | X                                                        |    |
| SELECTHEALTH, INC. - 87-0409820<br>5381 GREEN STREET<br>MURRAY, UT 84123                                               |                                             |                                                     |                               |                                                           | INTERMOUNTAIN<br>HEALTH CARE, INC.        | X                                                        |    |
| INTERMOUNTAIN HEALTH CARE RETIREE VEBA -<br>74-2675605, 36 SOUTH STATE, SUITE 2200, SALT<br>LAKE CITY, UT 84111        | RETIREE BENEFIT                             | UTAH                                                | 501(C)(9)                     |                                                           | INTERMOUNTAIN<br>HEALTH CARE, INC.        | X                                                        |    |
| INTERMOUNTAIN HEALTHCARE FOUNDATION, INC. -<br>80-0225150, 36 SOUTH STATE, SUITE 2200, SALT<br>LAKE CITY, UT 84111     |                                             |                                                     |                               |                                                           | INTERMOUNTAIN<br>HEALTH SERVICES,<br>INC. | X                                                        |    |
| INTERMOUNTAIN MEDICAL HOLDINGS NEVADA, INC.<br>- 20-0160881, 6355 SOUTH BUFFALO, LAS VEGAS,<br>NV 89113                | HOLDING COMPANY                             | DELAWARE                                            | 501(C)(3)                     | LINE 3                                                    | INTERMOUNTAIN<br>HEALTH SERVICES,<br>INC. | X                                                        |    |
| IHC HEALTH SERVICES, INC. - 94-2854057<br>36 S STATE STREET, SUITE 2200<br>SALT LAKE CITY, UT 84111                    |                                             |                                                     |                               |                                                           | INTERMOUNTAIN<br>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)<br>Name, address, and EIN<br>of related organization                                                             | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-----------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                      |                         |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                     | No |                                                                         | Yes                                       | No |                                |
| SCLH-GI ENDOSCOPY HOLDINGS,<br>LLC - 81-2979243, 382 S.<br>ARTHUR AVENUE, LOUISVILLE, CO<br>80027                    | OP ENDOSCOPY            | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                         | X  | N/A                                                                     |                                           | X  | N/A                            |
| SCLTDI JV, LLC - 47-2294770<br>4200 SIX FORKS ROAD, SUITE 100<br>RALEIGH, NC 27609                                   | RADIOLOGY               | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                         | X  | N/A                                                                     |                                           | X  | N/A                            |
| ATHLETIC MEDICINE &<br>PERFORMANCE, LLC (SVB IS<br>PARTNER) - 27-2270640, 1144<br>NORTH 28TH STREET, BILLINGS,<br>MT | PHYSICAL<br>THERAPY     | MT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                         | X  | N/A                                                                     |                                           | X  | N/A                            |
| SUMMIT SURGERY CENTER, LLC -<br>81-0536068, 434 SOUTH CLARK<br>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)<br>Name, address, and EIN<br>of related organization                                                                        | (b)<br>Primary activity   | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|---------------------------------------------------------------------------------------------------------------------------------|---------------------------|-----------------------------------------------------------|-------------------------------------|--------------------------------------------------------|---------------------------------|------------------------------------------|--------------------------------|-------------------------------------------------------|----|
|                                                                                                                                 |                           |                                                           |                                     |                                                        |                                 |                                          |                                | Yes                                                   | No |
| CARENT LABORATORY SOLUTIONS, LLC -<br>32-0557616, 22240 COUNTRY ROAD 39, LASALLE,<br>CO 80645                                   | MEDICAL LABORATORY        | CO                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            | X                                                     |    |
| CARITAS, INC. AND SUBSIDIARIES - 48-0941069<br>500 ELDORADO BLVD., SUITE 4300<br>BROOMFIELD, CO 80021                           | HEALTHCARE                | KS                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            | X                                                     |    |
| WEST END ASSOCIATION, INC. - 85-4261243<br>500 ELDORADO BLVD., SUITE 4300<br>BROOMFIELD, CO 80021                               | REAL ESTATE<br>MANAGEMENT | MT                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            | X                                                     |    |
| LEAVEN INSURANCE COMPANY, LTD. - 98-0370522<br>23 LIME TREE BAY AVENUE, WEST BAY ROAD<br>GRAND CAYMAN, KY1-1102, CAYMAN ISLANDS | INSURANCE                 | CAYMAN<br>ISLANDS                                         | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            | X                                                     |    |
| ROCKY MOUNTAIN ACCOUNTABLE HEALTH NETWORK,<br>INC. - 46-3632053, 500 ELDORADO BLVD.,<br>SUITE 4300, BROOMFIELD, CO 80021        | HEALTHCARE                | MT                                                        | N/A                                 | C CORP                                                 | N/A                             | N/A                                      | N/A                            | X                                                     |    |

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

| (a)<br>Name, address, and EIN<br>of related organization                                                           | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                    |                          |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                       | No |                                                                         | Yes                                       | No |                                |
| GRAND VALLEY SURGICAL CENTER,<br>LLC - 84-1505075, 710<br>WELLINGTON AVENUE, SUITE 21,<br>GRAND JUNCTION, CO 81501 | OP SURGERY               | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| HEALTHCARE MANAGEMENT, LLC -<br>84-1238904, P.O. BOX 1929,<br>GRAND JUNCTION, CO 81502                             | MANAGEMENT<br>SERVICES   | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| MONUMENT HEALTH, LLC. -<br>47-4424617, 744 HORIZON CT.,<br>STE. 260, GRAND JUNCTION, CO<br>81506                   | HEALTH CARE<br>NETWORK   | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| PAVILION IMAGING, LLC -<br>03-0516198, 750 WELLINGTON<br>AVENUE, GRAND JUNCTION, CO<br>81501                       | RADIOLOGY                | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| SAN JUAN CANCER CENTER, LLC -<br>20-2856331, 600 SOUTH 5TH<br>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,<br>LLC - 47-3525381, 500<br>ELDORADO BLVD., SUITE 4300,<br>BROOMFIELD, CO 80021         | MEDICAL AIR<br>TRANSPORT | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| MED-MAP, LLC - 81-0491356<br>P.O. BOX 1295<br>BILLINGS, MT 59103                                                   | RENTAL REAL<br>ESTATE    | MT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| YELLOWSTONE SURGERY CENTER,<br>LLC - 72-1519467, 1144 NORTH<br>28TH STREET, BILLINGS, MT<br>59101                  | OP SURGERY               | MT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| GALLATIN VALLEY SURGERY<br>CENTER, LLC - 88-2505265,<br>2825 WEST MAIN STREET, SUITE<br>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)<br>Name, address, and EIN<br>of related organization                                                               | (b)<br>Primary activity  | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                        |                          |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                       | No |                                                                         | Yes                                       | No |                                |
| FIRST FLIGHT OF WYOMING, LLC<br>- 92-1785143, 500 ELDORADO<br>BLVD., SUITE 4300,<br>BROOMFIELD, CO 80021               | MEDICAL AIR<br>TRANSPORT | CO                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| MCKAY DEE SURGICAL CENTER,<br>LLC - 26-0286308, 3895<br>HARRISON BLVD, STE 200,<br>OGDEN, UT 84403                     | OP SURGERY               | UT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| GRANDEUR PEAK INTERNATIONAL<br>STALWARTS, LP - 47-5468723,<br>136 S. MAIN STREET, STE 720,<br>SALT LAKE CITY, UT 84101 | INVESTMENTS              | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| INNOVATION FUND HOLDINGS<br>COMPANY, LLC - 47-1525723,<br>1000 WEST FULTON STREET, STE<br>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,<br>LLC - 46-5338772, 33 WEST<br>MONROE STREET, STE 1700,<br>CHICAGO, IL 60603              | INNOVATION               | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| INTERMOUNTAIN VENTURES FUND,<br>LLC - 84-4037085, 36 SOUTH<br>STATE, SUITE 2200, SALT LAKE<br>CITY, UT 84111           | INVESTMENTS              | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| PELION OPPORTUNITY FUND III,<br>LLC - 84-2757193, 2750 E<br>COTTONWOOD PARKWAY, STE 600,<br>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<br>II, LP - 82-4971663, ONE<br>EMBARCADERO, 16TH FLOOR, SAN<br>FRANCISCO, CA 94111         | INVESTMENTS              | CAYMAN<br>ISLANDS                                            | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| AACP SPECIAL SITUATIONS II,<br>LP - 83-2883726, ONE<br>EMBARCADERO, 16TH FLOOR, SAN<br>FRANCISCO, CA 94111             | INVESTMENTS              | CAYMAN<br>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)<br>Name, address, and EIN<br>of related organization                                                       | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportion-<br>ate allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|----------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------|------------------------------------------|-------------------------------------------|----|-------------------------------------------------------------------------|-------------------------------------------|----|--------------------------------|
|                                                                                                                |                         |                                                              |                                     |                                                                                                   |                                 |                                          | Yes                                       | No |                                                                         | Yes                                       | No |                                |
| AACP KOREA BUYOUT INVESTORS<br>IV, LP - 98-1549044, ONE<br>EMBARCADERO, 16TH FLOOR, SAN<br>FRANCISCO, CA 94111 | INVESTMENTS             | CAYMAN<br>ISLANDS                                            | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| LOGAN SURGERY CENTER, LLC -<br>86-1965725, 1300 NORTH 500<br>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,<br>LLC - 85-3880188, 652 SOUTH<br>MEDICAL CENTER DRIVE, ST.<br>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 -<br>84-5119941, 875 S VANGUARD<br>WAY, SUITE 120, MERIDIAN, ID<br>83642             | OP SURGERY              | ID                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| NORTHPOINTE SURGICAL CENTER,<br>LLC - 46-1487986, 2326 NORTH<br>400 EAST, STE 100, TOOELE, UT<br>84074         | OP SURGERY              | UT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| HW AE CO-INVESTMENT PARTNERS,<br>LP - 87-3405511, 2500 N.<br>MILITARY TRAIL #470, BOCA<br>RATON, FL 33431      | INVESTMENTS             | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| PERFORMANCE EQUITY GROWTH<br>OPPORTUNITIES FUND, LP -<br>85-3942801, 5 GREENWICH<br>OFFICE PARK, THIRD FLOOR,  | INVESTMENTS             | DE                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| MURRAY SURGERY CENTER, LLC -<br>87-3940183, 5848 SOUTH<br>FASHION BOULEVARD, MURRAY, UT<br>84107               | OP SURGERY              | UT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |
| PROVO SURGERY CENTER, LLC -<br>87-3623664, 1157 NORTH 300<br>WEST, PROVO, UT 84604                             | OP SURGERY              | UT                                                           | N/A                                 | N/A                                                                                               | N/A                             | N/A                                      |                                           | X  | N/A                                                                     |                                           | X  | N/A                            |

[illegible]

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

[illegible]

**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.

|                                                                                                                                                                                       | Yes       | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>1</b> 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?                          |           |    |
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....                                                                        | <b>1a</b> | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                                                                                        | <b>1b</b> | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                                                                                                      | <b>1c</b> | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                                                                                             | <b>1d</b> | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....                                                                                                                    | <b>1e</b> | X  |
| <b>f</b> Dividends from related organization(s) .....                                                                                                                                 | <b>1f</b> | X  |
| <b>g</b> Sale of assets to related organization(s) .....                                                                                                                              | <b>1g</b> | X  |
| <b>h</b> Purchase of assets from related organization(s) .....                                                                                                                        | <b>1h</b> | X  |
| <b>i</b> Exchange of assets with related organization(s) .....                                                                                                                        | <b>1i</b> | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                                                                                             | <b>1j</b> | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                                                                                           | <b>1k</b> | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....                                                                         | <b>1l</b> | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....                                                                          | <b>1m</b> | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....                                                                          | <b>1n</b> | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....                                                                                                                 | <b>1o</b> | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                                                                                             | <b>1p</b> | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                                                                                             | <b>1q</b> | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                                                                                          | <b>1r</b> | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                                                                                        | <b>1s</b> | X  |
| <b>2</b> 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)<br>Name of related organization                       | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----------------------------------------------------------|----------------------------------|------------------------|----------------------------------------------|
| (1) SCL HEALTH - FRONT RANGE, INC.                        | B                                | 6,676,432.             | FMV                                          |
| (2) SAINT JOSEPH HOSPITAL FOUNDATION                      | B                                | 1,892,886.             | FMV                                          |
| (3) SAINT JOSEPH HOSPITAL FOUNDATION                      | C                                | 1,769,768.             | FMV                                          |
| (4) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. | C                                | 454,352.               | FMV                                          |
| (5) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. | M                                | 89,970,081.            | FMV                                          |
| (6) SCL HEALTH RESEARCH INSTITUTE, INC.                   | M                                | 304,195.               | FMV                                          |

**Part V** Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

| (a)<br>Name of other organization                         | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining<br>amount involved |
|-----------------------------------------------------------|----------------------------------|------------------------|-------------------------------------------------|
| (7) SCL HEALTH - FRONT RANGE, INC.                        | P                                | 7,667,307.             | FMV                                             |
| (8) SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. | P                                | 2,582,865.             | FMV                                             |
| (9) SCL HEALTH - FRONT RANGE, INC.                        | R                                | 20,484,517.            | CASH                                            |
| (10)                                                      |                                  |                        |                                                 |
| (11)                                                      |                                  |                        |                                                 |
| (12)                                                      |                                  |                        |                                                 |
| (13)                                                      |                                  |                        |                                                 |
| (14)                                                      |                                  |                        |                                                 |
| (15)                                                      |                                  |                        |                                                 |
| (16)                                                      |                                  |                        |                                                 |
| (17)                                                      |                                  |                        |                                                 |
| (18)                                                      |                                  |                        |                                                 |
| (19)                                                      |                                  |                        |                                                 |
| (20)                                                      |                                  |                        |                                                 |
| (21)                                                      |                                  |                        |                                                 |
| (22)                                                      |                                  |                        |                                                 |
| (23)                                                      |                                  |                        |                                                 |
| (24)                                                      |                                  |                        |                                                 |

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

[illegible]

**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. MARY'S HOSPITAL &amp; MEDICAL CENTER, INC.

DIRECT CONTROLLING ENTITY: SISTERS OF CHARITY OF LEAVENWORTH HEALTH

SYSTEM, INC.

NAME OF RELATED ORGANIZATION:

ST. MARY'S HOSPITAL FOUNDATION

DIRECT CONTROLLING ENTITY: ST. MARYS HOSPITAL &amp; 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:

HOLY ROSARY HEALTHCARE

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.

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 &amp; PERFORMANCE, LLC (SVB IS PARTNER)

EIN: 27-2270640

1144 NORTH 28TH STREET

BILLINGS, MT 59101

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

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

NAME OF RELATED ORGANIZATION:

MONUMENT HEALTH, LLC.

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

**Part VII** Supplemental Information

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

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

Electronic Filing PDF Attachment



## CONSOLIDATED FINANCIAL STATEMENTS

Intermountain Health Care, Inc. and Affiliated Companies  
Years Ended December 31, 2023 and 2022  
with Independent Auditors' Report



KPMG LLP  
Suite 1500  
15 W. South Temple  
Salt Lake City, UT 84101

## **Independent Auditors' Report**

Audit and Compliance Committee  
Intermountain Health Care, Inc.:

### ***Opinion***

We have audited the consolidated financial statements of Intermountain Health Care, Inc. and affiliated companies (the Health System), which comprise the consolidated balance sheets as of December 31, 2023 and 2022, and the related consolidated statements of operations and changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Health System as of December 31, 2023 and 2022, and the results of their operations and their cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

### ***Basis for Opinion***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Health System and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### ***Responsibilities of Management for the Consolidated Financial Statements***

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with U.S. generally accepted accounting principles, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.



### ***Auditors' Responsibilities for the Audit of the Consolidated Financial Statements***

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health System's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health System's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**KPMG LLP**

Salt Lake City, Utah  
March 19, 2024

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Balance Sheets  
(In Millions)

|                                                               | December 31             |                         |
|---------------------------------------------------------------|-------------------------|-------------------------|
|                                                               | 2023                    | 2022                    |
| <b>Assets</b>                                                 |                         |                         |
| Current assets:                                               |                         |                         |
| Cash and equivalents                                          | \$ 801                  | \$ 792                  |
| Assets limited as to use                                      | 1,726                   | 1,429                   |
| Patient accounts receivable                                   | 1,437                   | 1,388                   |
| Due from brokers for securities sold                          | 553                     | 300                     |
| Inventory                                                     | 266                     | 284                     |
| Other current assets                                          | 901                     | 608                     |
| <b>Total current assets</b>                                   | <u>5,684</u>            | <u>4,801</u>            |
| Assets limited as to use                                      | 13,638                  | 12,438                  |
| Property and equipment, net                                   | 6,481                   | 6,145                   |
| Other assets                                                  | 1,550                   | 1,508                   |
| <b>Total assets</b>                                           | <u><u>\$ 27,353</u></u> | <u><u>\$ 24,892</u></u> |
| <b>Liabilities and net assets</b>                             |                         |                         |
| Current liabilities:                                          |                         |                         |
| Accounts payable and accrued liabilities                      | \$ 1,000                | \$ 924                  |
| Compensation and related liabilities                          | 615                     | 579                     |
| Due to brokers for securities purchased                       | 1,103                   | 525                     |
| Medical claims payable                                        | 325                     | 347                     |
| Other current liabilities                                     | 452                     | 364                     |
| Current portion of long-term debt                             | 54                      | 59                      |
| Long-term debt subject to short-term remarketing arrangements | 623                     | 904                     |
| <b>Total current liabilities</b>                              | <u>4,172</u>            | <u>3,702</u>            |
| Long-term debt                                                | 3,784                   | 3,628                   |
| Other liabilities                                             | 1,087                   | 857                     |
| Net assets:                                                   |                         |                         |
| Without donor restrictions                                    | 17,771                  | 16,194                  |
| With donor restrictions                                       | 539                     | 511                     |
|                                                               | <u>18,310</u>           | <u>16,705</u>           |
| <b>Total liabilities and net assets</b>                       | <u><u>\$ 27,353</u></u> | <u><u>\$ 24,892</u></u> |

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Operations and Changes in Net Assets  
(In Millions)

|                                                                | <b>Year Ended December 31</b> |                 |
|----------------------------------------------------------------|-------------------------------|-----------------|
|                                                                | <b>2023</b>                   | <b>2022</b>     |
| <b>Revenues</b>                                                |                               |                 |
| Patient services                                               | \$ 9,474                      | \$ 8,074        |
| Premiums and capitation                                        | 5,646                         | 5,112           |
| Other revenues                                                 | 940                           | 751             |
|                                                                | <u>16,060</u>                 | <u>13,937</u>   |
| <b>Expenses</b>                                                |                               |                 |
| Employee compensation and benefits                             | 6,933                         | 5,988           |
| Supplies                                                       | 2,897                         | 2,466           |
| Medical claims                                                 | 2,800                         | 2,574           |
| Other expenses                                                 | 2,575                         | 2,135           |
|                                                                | <u>15,205</u>                 | <u>13,163</u>   |
| <b>Earnings before interest, depreciation and amortization</b> | 855                           | 774             |
| Depreciation and amortization                                  | 615                           | 552             |
| Interest                                                       | 103                           | 101             |
|                                                                | <u>718</u>                    | <u>653</u>      |
| <b>Net operating income</b>                                    | 137                           | 121             |
| <b>Nonoperating income</b>                                     |                               |                 |
| Investment income (loss)                                       | 1,505                         | (1,568)         |
| Contribution from affiliation                                  | (36)                          | 4,078           |
|                                                                | <u>1,469</u>                  | <u>2,510</u>    |
| <b>Excess of revenues over expenses</b>                        | <u>\$ 1,606</u>               | <u>\$ 2,631</u> |

(continued)

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Operations and Changes in Net Assets (continued)  
(In Millions)

|                                                                       | <b>Year Ended December 31</b> |                  |
|-----------------------------------------------------------------------|-------------------------------|------------------|
|                                                                       | <b>2023</b>                   | <b>2022</b>      |
| <b>Net assets without donor restrictions</b>                          |                               |                  |
| Excess of revenues over expenses                                      | \$ 1,606                      | \$ 2,631         |
| Unrecognized changes in funded status of postretirement benefit plans | (56)                          | 335              |
| Other                                                                 | 27                            | 34               |
| <b>Increase in net assets without donor restrictions</b>              | <b>1,577</b>                  | <b>3,000</b>     |
| <b>Net assets with donor restrictions</b>                             |                               |                  |
| Contributions                                                         | 75                            | 123              |
| Investment income (loss)                                              | 13                            | (13)             |
| Restricted contribution from affiliation                              | —                             | 97               |
| Net assets released from restrictions and other                       | (60)                          | (99)             |
| <b>Increase in net assets with donor restrictions</b>                 | <b>28</b>                     | <b>108</b>       |
| <b>Increase in net assets</b>                                         | <b>1,605</b>                  | <b>3,108</b>     |
| Net assets at beginning of year                                       | 16,705                        | 13,597           |
| <b>Net assets at end of year</b>                                      | <b>\$ 18,310</b>              | <b>\$ 16,705</b> |

See accompanying notes to consolidated financial statements.

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Cash Flows  
(In Millions)

|                                                                                               | <b>Year Ended December 31</b> |               |
|-----------------------------------------------------------------------------------------------|-------------------------------|---------------|
|                                                                                               | <b>2023</b>                   | <b>2022</b>   |
| <b>Reconciliation of increase in net assets to net cash provided by operating activities</b>  |                               |               |
| Increase in net assets                                                                        | \$ 1,605                      | \$ 3,108      |
| Adjustments to reconcile increase in net assets to net cash provided by operating activities: |                               |               |
| Investment losses (gains), net                                                                | (1,232)                       | 1,922         |
| Contribution from affiliation                                                                 | 36                            | (4,175)       |
| Net change in fair value of interest rate swaps                                               | 3                             | (149)         |
| Unrecognized changes in funded status of postretirement benefit plans                         | 56                            | (335)         |
| Postretirement benefit plans expense, net of contributions                                    | 71                            | (8)           |
| Restricted contributions                                                                      | (31)                          | (42)          |
| Depreciation and amortization                                                                 | 615                           | 552           |
| Net change in current assets and liabilities:                                                 |                               |               |
| Patient accounts receivable                                                                   | (73)                          | (98)          |
| Inventory                                                                                     | 18                            | (14)          |
| Other current assets                                                                          | (293)                         | (46)          |
| Accounts payable and accrued liabilities                                                      | 76                            | 47            |
| Compensation and related liabilities                                                          | 36                            | (25)          |
| Medical claims payable                                                                        | (22)                          | 72            |
| Other current liabilities                                                                     | 81                            | (272)         |
| Other                                                                                         | 26                            | (136)         |
| <b>Net cash provided by operating activities</b>                                              | <b>\$ 972</b>                 | <b>\$ 401</b> |

(continued)

Intermountain Health Care, Inc. and Affiliated Companies  
Consolidated Statements of Cash Flows (continued)  
(In Millions)

|                                                            | <b>Year Ended December 31</b> |               |
|------------------------------------------------------------|-------------------------------|---------------|
|                                                            | <b>2023</b>                   | <b>2022</b>   |
| <b>Investing activities</b>                                |                               |               |
| Purchases of property and equipment                        | \$ (930)                      | \$ (814)      |
| Net sales (purchases) of investments                       | 77                            | (100)         |
| Cash acquired through affiliation                          | —                             | 104           |
| <b>Net cash used in investing activities</b>               | <b>(853)</b>                  | <b>(810)</b>  |
| <b>Financing activities</b>                                |                               |               |
| Proceeds from issuance of debt                             | 13                            | 1,448         |
| Repayment of debt                                          | (107)                         | (671)         |
| Borrowings under term loan agreement                       | —                             | 234           |
| Repayment of borrowings under term loan agreement          | —                             | (234)         |
| Restricted contributions and other                         | 31                            | 42            |
| <b>Net cash provided by (used in) financing activities</b> | <b>(63)</b>                   | <b>819</b>    |
| <b>Net increase in cash and equivalents</b>                | <b>56</b>                     | <b>410</b>    |
| Cash and equivalents at beginning of year                  | 833                           | 423           |
| <b>Cash and equivalents at end of year</b>                 | <b>\$ 889</b>                 | <b>\$ 833</b> |
| <b>Reconciliation of cash and equivalents</b>              |                               |               |
| Cash and equivalents                                       | \$ 801                        | \$ 792        |
| Cash in assets limited as to use                           | 88                            | 41            |
| <b>Cash and equivalents</b>                                | <b>\$ 889</b>                 | <b>\$ 833</b> |

See accompanying notes to consolidated financial statements.

# Intermountain Health Care, Inc. and Affiliated Companies

## Notes to Consolidated Financial Statements

*(Dollars in Millions)*

### 1. Organization

The mission of Intermountain Health Care, Inc. (Intermountain) is “helping people live the healthiest lives possible.” Intermountain is a Utah nonprofit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Internal Revenue Code (Code). Intermountain is the sole corporate member or parent company of several nonprofit companies, the most significant of which is IHC Health Services, Inc. (Health Services). Health Services, which has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, owns and manages hospitals, clinics and other health-related operations, principally in Utah and Idaho. Intermountain is the sole corporate member of SelectHealth, Inc. (Select Health), a licensed health maintenance organization and third-party administrator that has been granted an exemption from federal income tax as a social welfare organization under Section 501(c)(4) of the Code. Intermountain is also the sole corporate member of Intermountain Medical Holdings Nevada, Inc. (Intermountain Nevada), which provides medical services to members under capitation agreements and operates clinics in the state of Nevada. Health Services’ membership interest in Intermountain Nevada was assigned to Intermountain on January 1, 2022.

Effective April 1, 2022, Sisters of Charity of Leavenworth Health System, Inc. (SCL Health), a Catholic ministry that operates as a Kansas nonprofit corporation that has been granted an exemption from federal income tax as a charitable organization under Section 501(c)(3) of the Code, affiliated with Intermountain and the combined entity began doing business as Intermountain Health. SCL Health operates hospitals and clinics in Colorado, Montana, Kansas and Wyoming. Leaven Ministries is a canonical entity and the sponsor of SCL Health. The mission of SCL Health is to reveal and foster God’s healing love by improving the health of the people and communities that SCL Health serves, especially those who are poor and vulnerable. The applicable SCL Health care sites continue to operate in accordance with the Catholic ethical and religious directives.

SCL Health contributed \$4,042 of net assets without donor restrictions and \$97 of net assets with donor restrictions to Intermountain, inclusive of adjustments during the one-year measurement period, which are reported as contributions from affiliation in the consolidated statements of operations and changes in net assets. See Note 3.

### 2. Significant Accounting Policies

#### Principles of Consolidation

The consolidated financial statements include the operations of Intermountain and its affiliated companies (the Health System), which include Health Services, SCL Health, Select Health and Intermountain Nevada. Intercompany balances and transactions have been eliminated in consolidation.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. generally accepted accounting principles requires certain estimates that affect the reported amounts of assets, liabilities, revenues and expenses and amounts disclosed in the notes to the consolidated financial statements. Due to uncertainties inherent in these estimation processes, there is at least a reasonable possibility that actual results may differ materially from these estimates in the near term.

Charity Care

The Health System is dedicated to the principle that generally available and medically necessary health services should be accessible to all residents of the communities it serves without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, protected veteran status or ability to pay. Decisions about medical necessity and the appropriate course of treatment are made by a physician or other licensed medical practitioner. The Health System has established a financial assistance policy for both the uninsured and the underinsured. The Health System offers discounts of up to 100% of charges on a sliding scale, which is based on household income as a percentage of the federal poverty level guidelines and charges for services rendered. The Health System's financial assistance guidelines also have provisions that are responsive to those patients subject to catastrophic healthcare expenses. Charity care services are not reported as revenue because payment is not anticipated. Charity care represents only one component of the community benefit provided by the Health System.

Cash and Equivalents

Cash and equivalents consist of deposits with banks and highly liquid investments in interest-bearing securities with original maturity dates of three months or less at the date of purchase. Certain cash equivalents included in assets limited as to use in the consolidated balance sheets are intended to be invested on a long-term basis and are therefore excluded from cash and equivalents in the consolidated statements of cash flows.

Assets Limited as to Use

Assets limited as to use primarily consists of investments that are classified as trading or other-than-trading securities based on management's intent and ability to hold each investment. Other-than-trading fixed-income securities that experience declines in value are regularly evaluated for other-than-temporary impairment. Impairment losses for declines in the value of other-than-trading fixed-income securities below cost are evaluated based on relevant facts and circumstances for each investment. Impairment losses are recognized as allowances against investment balances in the consolidated balance sheets and as investment losses in the consolidated statements of operations and changes in net assets when deemed to be other than temporary.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Assets Limited as to Use (continued)

The Health System accounts for its investments on a trade-date basis. Investment sales and purchases initiated prior to the consolidated balance sheet date that are to be settled subsequent to the consolidated balance sheet date result in amounts due from and to brokers. Changes in these assets and liabilities represent noncash investing activities excluded from the consolidated statements of cash flows. The cost of investments sold is determined in accordance with the average-cost method. Realized gains and losses are included in investment income (loss) in the consolidated statements of operations and changes in net assets.

Fair Value of Financial Instruments

Fair value is the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction among market participants on the measurement date. The carrying amounts of patient accounts receivable and accounts payable and accrued liabilities approximate fair value due to the short-term nature of these instruments. Cash and equivalents and assets limited as to use are carried at fair value.

Concentrations of Credit Risk

Financial instruments that potentially subject the Health System to concentrations of credit risk consist primarily of patient accounts receivable. Medicare and Medicaid accounts, including amounts receivable from government-sponsored plans through Select Health, represent 51% and 47% of net patient accounts receivable as of December 31, 2023 and 2022, respectively. Management does not believe there are any other significant concentrations of credit risk as of December 31, 2023 or 2022.

Inventory

Inventory is carried at the lower of cost, determined on the average-cost method, or net realizable value.

Property and Equipment

Property and equipment are stated on the basis of cost. Expenditures that increase values or extend useful lives are capitalized, and routine maintenance and repairs are charged to expense in the period incurred. Depreciation is computed using the straight-line method over the estimated useful lives of the assets. Depreciation begins in the month of acquisition or when constructed assets are ready for their intended use. Useful lives are generally assigned as listed in the American Hospital Association publication, *Estimated Useful Lives of Depreciable Hospital Assets*.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Long-lived Assets

Long-lived assets are reviewed for impairment when there is evidence that events or changes in circumstances indicate the carrying amount of such assets may not be fully recoverable. Recoverability of an asset or asset group is assessed by comparing the carrying amount to the estimated undiscounted future net cash flows. If impairment is indicated, then the carrying amount of long-lived assets is reduced to the approximate fair value. In addition, remaining estimated useful lives of long-lived assets are reduced based on planned changes in the intended use of the assets.

Goodwill

Goodwill is reviewed for impairment on an annual basis or sooner if indicators of impairment arise. Indicators of impairment are generally based on market conditions and operational performance.

Medical Claims Payable

Medical claims payable represents amounts payable to unaffiliated healthcare providers for claims reported to Select Health and Intermountain Nevada and actuarial estimates of claims incurred but not reported as of the consolidated balance sheet dates. The liability for these medical benefits is reviewed on a regular basis and reflects management's best estimate of claims Select Health and Intermountain Nevada expect to pay.

Leases

The Health System determines if an arrangement is a lease at the inception of the contract and recognizes rights and obligations of lease contracts as right-of-use assets and lease liabilities, respectively, at the contract commencement date based on the present value of the lease payments over the expected lease term. In the absence of a stated interest rate in the lease contract, the Health System uses its incremental borrowing rate to determine the present value of the lease payments. The Health System does not separate lease components from nonlease components of the lease contract when determining lease rights and obligations.

Pension and Other Postretirement Plans

Intermountain records amounts related to its pension and other postretirement plans based on estimates that incorporate various actuarial and other assumptions, including discount rates, mortality, rates of return, compensation increases and employee turnover rates. Management reviews these assumptions on an annual basis and modifies them based on current rates and trends, as appropriate. The financial impact of modifications to the assumptions is recorded as a change in net assets without donor restrictions excluded from excess of revenues over expenses and is amortized to nonoperating income over future periods using the corridor method. Management believes that the assumptions utilized in recording its obligations under its pension and other postretirement plans are reasonable based on the experience of these plans and market conditions.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Net Assets

Net assets not restricted by donors are reported as net assets without donor restrictions in the consolidated balance sheets.

Net assets restricted by donors for specified purposes or investment in perpetuity are reported as net assets with donor restrictions in the consolidated balance sheets. When donor-specified purposes are satisfied, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the consolidated statements of operations and changes in net assets as other revenues or other changes in unrestricted net assets, depending on the nature of the restriction.

Patient Services Revenues

Patient services revenues are derived from contracts for healthcare services provided by the Health System to patients. The Health System receives payments directly from patients or on behalf of patients from the federal government under the Medicare program, state governments under their Medicaid programs, private insurance companies and managed care programs. The Health System recognizes patient services revenues from patients and third-party payers at amounts it expects to receive (net of contractual adjustments, adjustments for unpaid services and discounts), including variable consideration for certain estimated retroactive adjustments under payment programs with third-party payers, in exchange for providing patient care. Estimates of contractual adjustments for third-party payers are based on payment terms in the associated contractual agreements and payment history. Patient services revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to patient services revenues in the period of the change.

For uninsured patients who do not qualify for charity care, the Health System recognizes patient services revenues for services provided on a discounted basis from its established rates, as provided by policy. Accordingly, the Health System records adjustments to patient services revenues in the period services are rendered for amounts not expected to be paid.

Management estimates the adjustments recorded for these unpaid services by assessing the collectibility, timing and amount of patient services revenues by considering historical collection rates for each major payer source, general economic trends and other indicators. Management also assesses the adequacy of the adjustments for unpaid services based on historical write-offs, patient accounts receivable aging and other factors.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Patient Services Revenues (continued)

Performance obligations for healthcare services provided to patients generally relate to contracts of one year or less. Performance obligations for inpatient services are generally completed at the time the patients are discharged. Performance obligations for outpatient services are generally satisfied over a period of less than a day. Because its performance obligations relate to contracts with a duration of less than one year, the Health System has not disclosed the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially satisfied at the end of the reporting period. The unsatisfied or partially satisfied performance obligations are primarily related to inpatient services at the end of the reporting period.

Premiums and Capitation

Premium revenues are derived from Select Health membership contracts with employer groups, individuals and government entities that are generally written on an annual basis. The associated premiums are recognized as revenue in the period in which enrolled members are entitled to receive healthcare services. Amounts received by Select Health prior to the period of coverage are included in other current liabilities in the consolidated balance sheets.

Intermountain Nevada has capitation contracts with third-party payers that pay annual fixed amounts per enrolled member to effectively subcontract a significant portion of the responsibilities and risks for managing patient care to Intermountain Nevada. Intermountain Nevada recognizes capitation revenues from third-party payers at amounts it expects to receive in exchange for providing patient care, including variable consideration for certain estimated retroactive adjustments under these capitation contracts. Capitation revenues are also adjusted in future periods as final settlements and reconciliations with third-party payers are determined. Subsequent changes to the estimates of the transaction price are generally recorded as adjustments to capitation revenues in the period of the change. Performance obligations for capitation revenues are generally satisfied over a period of one year or less.

Other Revenues

Other revenues primarily include pharmacy sales, lab services to unaffiliated healthcare providers, foundation funds released from restriction, population health at-risk contracts, third-party administration fees, medical office rentals and cafeteria sales. The Health System recognizes other revenues at amounts that reflect the consideration it has received, or to which it expects to be entitled, in exchange for providing products or services. Performance obligations for other revenues are generally satisfied over a period of one year or less.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
(Dollars in Millions)

**2. Significant Accounting Policies (continued)**

Operating and Nonoperating Activities

The Health System's primary objective is to meet the health needs of individuals through a broad range of general and specialized healthcare services, including inpatient acute care, outpatient services, clinical services, health insurance and other healthcare services. Activities directly associated with the furtherance of this objective are considered to be operating activities. Nonoperating activities are included in nonoperating income in the consolidated statements of operations and changes in net assets and include investment activities, contributions from affiliation and the financial results of certain affiliates for which the Health System has controlling ownership interests, but are peripheral to the Health System's primary objective.

Excess of Revenues over Expenses

Excess of revenues over expenses includes the Health System's operating and nonoperating activities. Changes in net assets without donor restrictions not included in excess of revenues over expenses primarily include unrecognized changes in funded status of postretirement benefit plans.

**3. Organizational Changes**

As described in Note 1, effective April 1, 2022, Intermountain affiliated with SCL Health. This strategic affiliation was designed to provide expanded access to healthcare services and greater affordability in the communities served within the geographic footprint of the Health System.

The affiliation was accounted for under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 958-805, *Not-for-Profit Entities – Business Combinations*. The affiliation did not involve the payment of consideration and resulted in an excess of assets contributed over liabilities assumed, which are reported as contributions from affiliation in the consolidated statements of operations and changes in net assets. The Health System finalized all adjustments associated with the business combination in 2023.

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**3. Organizational Changes (continued)**

The following table summarizes the fair value of the SCL Health assets contributed and liabilities assumed as of April 1, 2022, inclusive of adjustments during the one-year measurement period:

|                                                               |                 |
|---------------------------------------------------------------|-----------------|
| Cash and equivalents                                          | \$ 104          |
| Assets limited as to use, current                             | 152             |
| Patient accounts receivable                                   | 332             |
| Due from brokers for securities sold                          | 60              |
| Inventory                                                     | 58              |
| Other current assets                                          | 166             |
| Assets limited as to use, noncurrent                          | 2,646           |
| Property and equipment, net                                   | 2,432           |
| Other assets                                                  | 238             |
| Accounts payable and accrued liabilities                      | (211)           |
| Compensation and related liabilities                          | (143)           |
| Due to brokers for securities purchased                       | (127)           |
| Other current liabilities                                     | (172)           |
| Current portion of long-term debt                             | (32)            |
| Long-term debt subject to short-term remarketing arrangements | (111)           |
| Long-term debt                                                | (1,042)         |
| Other liabilities                                             | (211)           |
| Fair value of assets and liabilities                          | <u>4,139</u>    |
| Net assets without donor restrictions                         | 4,042           |
| Net assets with donor restrictions                            | 97              |
| Total contribution from affiliation                           | <u>\$ 4,139</u> |

The following table summarizes the financial results of SCL Health, subsequent to the affiliation on April 1, 2022, included in the Health System's consolidated statement of operations and changes in net assets for the year ended December 31, 2022:

|                                   |                 |
|-----------------------------------|-----------------|
| Revenues                          | \$ 2,391        |
| Expenses                          | <u>(2,538)</u>  |
| Net operating loss                | (147)           |
| Nonoperating loss                 | <u>(237)</u>    |
| Deficit of revenues over expenses | <u>\$ (384)</u> |

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
*(Dollars in Millions)*

**3. Organizational Changes (continued)**

The following financial information presents the consolidated Health System results as if the affiliation had occurred as of the beginning of the Health System's fiscal year for the year ended December 31, 2022:

|                                               | <b>Actual</b>   | <b>Pro forma<br/>(unaudited)</b> |
|-----------------------------------------------|-----------------|----------------------------------|
| Revenues                                      | \$ 13,937       | \$ 14,728                        |
| Expenses                                      | (13,816)        | (14,674)                         |
| Net operating income                          | 121             | 54                               |
| Nonoperating income (loss)                    | 2,510           | (1,705)                          |
| Excess (deficit) of revenues<br>over expenses | <u>\$ 2,631</u> | <u>\$ (1,651)</u>                |

**4. Charity Care and Community Benefit**

The estimated cost of charity care provided by the Health System was \$236 and \$215 in 2023 and 2022, respectively. The cost to provide charity care for patients who qualify under the Health System's financial assistance policy was estimated by multiplying the charges incurred at established rates for services rendered by the Health System's cost-to-charge ratio. In addition to charity care, the Health System also provides significant financial support to improve the health of individuals in the communities it serves.

The Health System also incurs shortfalls between its established rates and amounts paid by the Medicare (principally related to elderly patients) and Medicaid (principally related to low-income patients) programs. These shortfalls are not included in charity care or other community services.

The Health System provides community benefit services that address significant health priorities identified by the Health System. Services include community health education and community-based health initiatives focusing on prediabetes prevention, high blood pressure, depression, suicide, and prescription opioid misuse as well as increasing access to health and behavioral health services. The Health System supports upstream initiatives, such as social care and nutrition security, through ongoing expansion of programs that screen for social care needs, building collaborations to address needs and utilization of predictive data for proactive outreach. Other community benefit services include community and school-based health clinics, intern and resident training, health professions education and medical research. The Health System owns and operates 7 community and school-based health clinics in Colorado, Utah and Kansas to meet the needs of uninsured, low-income and homeless patients in locations where there are no other healthcare providers. The Health System also provides financial and in-kind support to 69 independently owned community safety-net clinics in Utah, Colorado, Idaho, Montana and Arizona that provide healthcare services to medically underserved patients. In addition, the Health System is committed to providing healthcare services to rural communities, operating 11 hospitals in rural locations.

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**4. Charity Care and Community Benefit (continued)**

The Health System provides a number of services that are not financially self-supporting, in that patient services revenues are less than the costs required to provide the services. Such negative margin services benefit uninsured and low-income patients as well as the broader community. For example, the Health System is the principal or only provider of behavioral health services, certain medical specialties and select primary care services in many of the communities in which it operates.

Select Health provides cost-effective insurance programs to underserved markets, including individuals and small employer groups. Select Health offers plans in Utah, Idaho and Nevada in the insurance marketplaces resulting from the Patient Protection and Affordable Care Act. The communities Select Health serves also benefit from a variety of sponsored health and wellness activities, including online and work-site health programs, health fairs and flu shot clinics. In addition, Select Health provides annual grants to outside organizations that promote health.

The communities the Health System serve also benefit from services provided by volunteers, trustees and medical staff that might otherwise require the use of compensated employees and trustees. Volunteer services are not reported as operating expenses in the consolidated statements of operations and changes in net assets because no payment is made.

**5. Liquidity and Availability of Financial Resources**

A summary of financial assets available to meet cash needs for general expenditures within one year is as follows:

|                                                                          | <b>December 31</b> |                  |
|--------------------------------------------------------------------------|--------------------|------------------|
|                                                                          | <b>2023</b>        | <b>2022</b>      |
| Cash and equivalents                                                     | \$ 801             | \$ 792           |
| Assets limited as to use                                                 | 15,364             | 13,867           |
| Patient accounts receivable                                              | 1,437              | 1,388            |
| Due from brokers for securities sold                                     | 553                | 300              |
| Other current assets                                                     | 901                | 608              |
| Less amounts not available to be used within one year:                   |                    |                  |
| Private debt, private equity, real asset and strategic development funds | (2,913)            | (2,243)          |
| Donor-restricted funds                                                   | (434)              | (359)            |
| Prepaid assets and other                                                 | (215)              | (160)            |
| Bond funds held in trust                                                 | (199)              | (551)            |
| Investments held by a trustee per statutory requirements                 | (49)               | (47)             |
|                                                                          | <u>\$ 15,246</u>   | <u>\$ 13,595</u> |

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**5. Liquidity and Availability of Financial Resources (continued)**

Donor-restricted funds are available for expenditure upon satisfaction of the restriction, the expected timing of which is not generally determinable in advance. The Health System also has lines of credit available as described in Note 11.

**6. Fair Value Measurements**

The methods used to determine the fair value of financial instruments reflect market participant objectives and are based on the application of a valuation hierarchy that prioritizes observable market inputs over unobservable inputs. The hierarchy is based on the reliability of inputs as follows:

- Level 1 – Valuation is based on quoted prices for identical financial instruments in active markets. The Health System does not adjust the quoted price for Level 1 financial instruments.
- Level 2 – Valuation is based on quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active and independent pricing models or other model-based valuation techniques using observable inputs.
- Level 3 – Certain types of financial instruments are classified as Level 3 within the valuation hierarchy because these financial instruments trade infrequently and, therefore, have little or no price transparency.

Valuation for certain investments is based on the net asset value (NAV) per share or its equivalent provided by fund administrators.

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2023:

|                                                            | <b>Level 1</b>  | <b>Level 2</b>  | <b>Level 3</b> | <b>Fair Value</b> |
|------------------------------------------------------------|-----------------|-----------------|----------------|-------------------|
| Assets limited as to use:                                  |                 |                 |                |                   |
| Cash investments                                           | \$ 362          | \$ –            | \$ –           | \$ 362            |
| Equity securities                                          | 4,927           | –               | –              | 4,927             |
| Fixed-income securities                                    | 921             | 2,890           | 5              | 3,816             |
| Asset allocation funds                                     | 34              | –               | –              | 34                |
| Global/international debt funds                            | 226             | –               | –              | 226               |
| Investment derivatives, net                                | –               | (30)            | –              | (30)              |
|                                                            | <u>\$ 6,470</u> | <u>\$ 2,860</u> | <u>\$ 5</u>    | <u>9,335</u>      |
| Investments measured using NAV per share or its equivalent |                 |                 |                | <u>6,029</u>      |
| Fair value of assets limited as to use                     |                 |                 |                | <u>\$ 15,364</u>  |

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**6. Fair Value Measurements (continued)**

The following table presents a categorization, based on the foregoing valuation hierarchy, of financial instruments measured at fair value as of December 31, 2022:

|                                                            | <b>Level 1</b>  | <b>Level 2</b>  | <b>Level 3</b> | <b>Fair Value</b> |
|------------------------------------------------------------|-----------------|-----------------|----------------|-------------------|
| Assets limited as to use:                                  |                 |                 |                |                   |
| Cash investments                                           | \$ 220          | \$ –            | \$ –           | \$ 220            |
| Equity securities                                          | 3,603           | 1               | –              | 3,604             |
| Fixed-income securities                                    | 626             | 2,524           | 5              | 3,155             |
| Asset allocation funds                                     | 125             | –               | –              | 125               |
| Global/international debt funds                            | 191             | –               | –              | 191               |
| Investment derivatives, net                                | –               | (7)             | –              | (7)               |
|                                                            | <u>\$ 4,765</u> | <u>\$ 2,518</u> | <u>\$ 5</u>    | <u>7,288</u>      |
| Investments measured using NAV per share or its equivalent |                 |                 |                | <u>6,579</u>      |
| Fair value of assets limited as to use                     |                 |                 |                | <u>\$13,867</u>   |

Changes in Level 3 financial instruments were not significant.

The Health System uses a practical expedient for the estimation of the fair value of investments in funds for which the investment does not have a readily determinable fair value. The practical expedient used by the Health System for certain financial instruments is the NAV per share. The NAV per share provided by fund administrators for these financial instruments considers variables such as the financial performance of underlying investments, recent sales prices of underlying investments and other pertinent information. Management reviews the valuations and assumptions used by fund administrators to evaluate NAV per share for reasonableness and believes that the carrying amounts of the related financial instruments are reasonable estimates of fair value.

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**6. Fair Value Measurements (continued)**

The practical expedient used by the Health System for certain financial instruments is the NAV per share equivalent. For these financial instruments, the valuation of the transaction price is initially used as the best estimate of fair value. Accordingly, when a private debt, private equity, real asset or strategic development fund administrator provides a valuation, it is adjusted so the value at inception equals the transaction price. The initial valuation is adjusted when changes to inputs and assumptions are corroborated by evidence, such as transactions of similar financial instruments; completed or pending third-party transactions in the underlying security; offerings in the capital markets; or changes in financial results, data or cash flows. For positions that are not traded in active markets or are subject to notice provisions, valuations are adjusted to reflect such provisions, and the adjustments are generally based on available market evidence.

The Health System used the NAV per share or its equivalent to measure fair value of the following types of investments as of December 31:

|                                                                                | <b>2023</b>     | <b>2022</b>     | <b>Redemption<br/>Frequency</b> | <b>Redemption<br/>Notice Period</b> |
|--------------------------------------------------------------------------------|-----------------|-----------------|---------------------------------|-------------------------------------|
| Global/international debt funds                                                | \$ 84           | \$ 79           | Daily                           | 15 days                             |
| Common/collective trust funds                                                  | 1,522           | 1,323           | Monthly                         | 5 to 30 days                        |
| Global/international equity funds                                              | 271             | 291             | Monthly                         | 10 to 60 days                       |
| Absolute return and hedge funds                                                | 1,239           | 868             | Monthly, quarterly              | 5 to 90 days                        |
| Private debt, private equity, real<br>asset and strategic development<br>funds | 2,913           | 2,243           | Event driven                    | —                                   |
| Investments held in the<br>Comprehensive Investment<br>Program (CIP)           | —               | 1,775           | Event driven                    | —                                   |
|                                                                                | <u>\$ 6,029</u> | <u>\$ 6,579</u> |                                 |                                     |

The Health System's interest in the CIP represented 100% and 82% of all the CIP units as of December 31, 2023 and 2022, respectively. Because the Health System owned 100% of the CIP units as of December 31, 2023, the Health System included the underlying investments within the fair value hierarchy rather than measuring the CIP units using NAV per share and recorded the fair value of the investments in assets limited as to use in the consolidated balance sheets. As of December 31, 2022, the fair value of the Health System's interest in the CIP, measured using NAV per share, was recorded in assets limited as to use in the consolidated balance sheets.

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**6. Fair Value Measurements (continued)**

Investments held in the CIP are comprised of various asset classes, including domestic and alternative fixed-income and equity funds. At least annually, asset allocations in the CIP are reviewed to determine whether it continues to be appropriate for the Health System's circumstances. Fund managers may have various restrictions and policies in place as it pertains to redemption requests. These restrictions vary by asset class within the CIP.

The fair values of private debt, private equity, real asset and strategic development funds were estimated using the most current information available, which is as of September 30 of the year listed or later, adjusted for cash flows and other known events impacting fair value since the valuation date. The Health System has committed up to \$5,090 for investment in these funds through 2031, of which \$3,122 had been funded as of December 31, 2023.

Under the provisions of a master netting arrangement, Health Services offsets the fair value of certain investment derivative instruments transacted with the same counterparty. Health Services invests in a variety of investment derivative instruments through a fixed-income manager that has executed a master netting arrangement with the counterparties of each of its contracts for futures and forward currency purchases and sales whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

The following table presents gross investment derivative assets and liabilities, categorized as Level 2 of the valuation hierarchy, reported on a net basis included in assets limited as to use in the consolidated balance sheets:

|                                                   | <b>December 31</b> |               |
|---------------------------------------------------|--------------------|---------------|
|                                                   | <b>2023</b>        | <b>2022</b>   |
| Derivative assets:                                |                    |               |
| Futures contracts                                 | \$ 160             | \$ 94         |
| Interest rate swap agreements and other contracts | 581                | 716           |
|                                                   | <u>741</u>         | <u>810</u>    |
| Derivative liabilities:                           |                    |               |
| Futures contracts                                 | (160)              | (94)          |
| Interest rate swap agreements and other contracts | (611)              | (723)         |
|                                                   | <u>(771)</u>       | <u>(817)</u>  |
| Investment derivatives, net                       | <u>\$ (30)</u>     | <u>\$ (7)</u> |

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**7. Assets Limited as to Use**

Assets limited as to use consisted of internally and externally designated investments as follows:

|                                                          | <b>December 31</b> |                  |
|----------------------------------------------------------|--------------------|------------------|
|                                                          | <b>2023</b>        | <b>2022</b>      |
| Internally designated                                    | \$ 14,682          | \$ 12,910        |
| Donor-restricted funds                                   | 434                | 359              |
| Bond funds held in trust                                 | 199                | 551              |
| Investments held by a trustee per statutory requirements | 49                 | 47               |
|                                                          | <u>\$ 15,364</u>   | <u>\$ 13,867</u> |

Assets limited as to use include other-than-trading fixed-income securities of \$247 and \$620 as of December 31, 2023 and 2022, respectively.

Assets limited as to use reported as current include certain internally designated investments. These investments are available for the payment of amounts due to brokers for securities purchased and for the repayment of long-term debt subject to short-term remarketing arrangements should such repayment become necessary.

Assets limited as to use reported as noncurrent include certain internally designated investments, donor-restricted funds, bond funds held in trust and investments held by a trustee per statutory requirements. Internally designated investments are available for the acquisition of property and equipment, repayment of long-term debt and the payment of professional and general liability and workers' compensation self-insurance claims. Donor-restricted funds include amounts held by consolidated foundations that will be used for various healthcare programs and services, buildings and equipment, research activities or local community needs. Bond funds held in trust include amounts held by a trustee in accordance with bond trust indentures, the use of which is primarily restricted to reimbursing the Health System for the costs of certain capital projects. Investments held by a trustee per statutory requirements include amounts held by a trustee to ensure that Select Health meets the statutory requirements of the State of Utah Insurance Department.

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**8. Property and Equipment**

A summary of property and equipment is as follows:

|                               | <b>December 31</b> |                 |
|-------------------------------|--------------------|-----------------|
|                               | <b>2023</b>        | <b>2022</b>     |
| Buildings and improvements    | \$ 6,279           | \$ 6,052        |
| Equipment and software        | 2,709              | 2,418           |
|                               | 8,988              | 8,470           |
| Less accumulated depreciation | (4,506)            | (3,949)         |
|                               | 4,482              | 4,521           |
| Land                          | 741                | 700             |
| Construction in progress      | 1,258              | 924             |
|                               | <u>\$ 6,481</u>    | <u>\$ 6,145</u> |

The estimated useful life is 10 to 50 years for buildings and improvements, 3 to 15 years for equipment and 3 to 7 years for software. As of December 31, 2023, the Health System had remaining contractual obligations of \$211 for various construction and software development projects.

**9. Other Assets**

A summary of other noncurrent assets is as follows:

|                                         | <b>December 31</b> |                 |
|-----------------------------------------|--------------------|-----------------|
|                                         | <b>2023</b>        | <b>2022</b>     |
| Goodwill                                | \$ 478             | \$ 463          |
| Right-of-use assets, net                | 341                | 388             |
| Investments in unconsolidated entities  | 274                | 139             |
| Intangible assets, net                  | 141                | 158             |
| Contributions receivable, net           | 104                | 110             |
| Prepaid health and welfare plan benefit | 75                 | 62              |
| Prepaid pension benefit                 | —                  | 121             |
| Other                                   | 137                | 67              |
|                                         | <u>\$ 1,550</u>    | <u>\$ 1,508</u> |

The remaining weighted average intangible asset amortization period was 10.4 and 11.4 years as of December 31, 2023 and 2022, respectively.

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**10. Other Current Liabilities**

A summary of other current liabilities is as follows:

|                                             | <b>December 31</b> |               |
|---------------------------------------------|--------------------|---------------|
|                                             | <b>2023</b>        | <b>2022</b>   |
| Unearned revenue                            | \$ 132             | \$ 78         |
| Medicare and Medicaid settlements           | 120                | 133           |
| Self-insurance liabilities, current portion | 79                 | 47            |
| Lease liabilities, current portion          | 68                 | 75            |
| Other                                       | 53                 | 31            |
|                                             | <u>\$ 452</u>      | <u>\$ 364</u> |

Medicare and Medicaid settlements represent estimated cost report and other third-party settlements. Laws and regulations governing Medicare and Medicaid change frequently, are complex, and are subject to interpretation. Administrative procedures for both Medicare and Medicaid preclude final settlement until the related cost reports have been audited by the sponsoring agency and settled.

**11. Lines of Credit**

The Health System had aggregate lines of credit of \$600 available as of December 31, 2023 and 2022, respectively. As of December 31, 2023, the Health System had a syndicated line of credit of \$400 and a line of credit of \$200, both expiring on November 18, 2027. As of December 31, 2023 and 2022, there were no amounts outstanding on the lines of credit.

**12. Self-insurance Liabilities**

Self-insurance programs include professional and general liability, workers' compensation, and directors' and officers' liability coverage through self-insurance programs and commercial excess liability insurance. Total undiscounted self-insurance liabilities, including current and noncurrent liabilities, were \$349 and \$258 as of December 31, 2023 and 2022, respectively. The noncurrent portion of self-insurance liabilities is included in other liabilities in the consolidated balance sheets. The liabilities for the professional liability and workers' compensation programs are based on actuarial estimates.

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**13. Long-term Debt**

Revenue bonds are issued by municipalities, counties, or state authorities on behalf of the Health System and are secured by notes issued under a master trust indenture (MTI), which is referred to as the Health System MTI. Under the terms of the Health System MTI, the requirement to repay long-term debt evidenced by the notes is a general obligation of an obligated group established by the Health System MTI, but is not secured by a pledge, grant, or mortgage of any assets of the obligated group. Prior to August 2022, Health Services was the sole member of the obligated group. In August 2022, the obligated group was modified to include the following entities (excluding affiliates and subsidiaries), which are jointly and severally liable with respect to all outstanding obligations under the Health System MTI:

- Good Samaritan Medical Center, LLC, a Colorado limited liability company
- Holy Rosary Healthcare, a Montana nonprofit corporation
- IHC Health Services, Inc., a Utah nonprofit corporation
- Intermountain Health Care, Inc., a Utah nonprofit corporation
- Saint Joseph Hospital, Inc., a Colorado nonprofit corporation
- SCL Health – Front Range, Inc., a Colorado nonprofit corporation
- SCL Health – Montana, a Montana nonprofit corporation
- Sisters of Charity of Leavenworth Health System, Inc., a Kansas nonprofit corporation
- St. James Healthcare, a Montana nonprofit corporation
- St. Mary's Hospital & Medical Center, Inc., a Colorado nonprofit corporation

Concurrent with the restructuring of the obligated group, Intermountain was designated as the credit group representative under the Health System MTI, replacing Health Services in such capacity.

Prior to August 2022, SCL Health was the sole member of a separate obligated group established under the SCL Health MTI. In August 2022, in accordance with the SCL Health MTI, the Health System MTI was designated as a replacement MTI for the SCL Health MTI, and Health System obligated group notes were issued in exchange for the outstanding obligations under the SCL Health MTI. Concurrent with the exchange, the SCL Health MTI obligations were cancelled and the SCL Health MTI and the security thereof was discharged, terminated, and ceased to be of force and effect.

The Health System MTI and other credit and liquidity facility agreements contain certain financial covenants, including maintaining a minimum debt service coverage ratio.

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**13. Long-term Debt (continued)**

The Health System's long-term debt is summarized as follows:

|                                                                    | <b>Annual<br/>Interest Rates</b> | <b>December 31</b> |                 |
|--------------------------------------------------------------------|----------------------------------|--------------------|-----------------|
|                                                                    |                                  | <b>2023</b>        | <b>2022</b>     |
| Revenue bond issues (subject to the MTI):                          |                                  |                    |                 |
| 2003, due through 2036                                             | Variable <sup>1</sup>            | \$ 202             | \$ 202          |
| 2005, due through 2037                                             | Variable <sup>1</sup>            | 135                | 135             |
| 2012A, due through 2039                                            | 4.38%                            | 200                | 200             |
| 2014A, due through 2045                                            | 4.00% to 5.00%                   | 158                | 158             |
| 2014B and 2014C, due through 2049                                  | Variable <sup>1</sup>            | 80                 | 80              |
| 2016A, due through 2026                                            | 5.00%                            | 4                  | 30              |
| 2016B, due through 2047                                            | 3.00% to 5.00%                   | 158                | 161             |
| 2016B and 2016D, due through 2045 <sup>2</sup>                     | Variable <sup>1</sup>            | 111                | 111             |
| 2016C, 2016D and 2016E, due through 2051                           | Variable <sup>1</sup>            | 200                | 200             |
| 2018A, due through 2041                                            | 4.00% to 5.00%                   | 181                | 181             |
| 2018B, due through 2057                                            | 5.00%                            | 50                 | 50              |
| 2018C, due in 2058                                                 | Variable <sup>1</sup>            | 50                 | 50              |
| 2019, due through 2040 <sup>2</sup>                                | 4.00% to 5.00%                   | 557                | 580             |
| 2020A, due through 2050                                            | 3.00% to 5.00%                   | 200                | 200             |
| 2020B, due through 2060                                            | 5.00%                            | 150                | 150             |
| 2022A, 2022B and 2022C, due through 2062                           | 4.00% to 5.00%                   | 945                | 945             |
| 2022D, 2022E and 2022F, due through 2062                           | Variable <sup>1</sup>            | 425                | 425             |
| Taxable bond issue (subject to the MTI):                           |                                  |                    |                 |
| 2018, due in 2048                                                  | 4.13%                            | 401                | 401             |
| Other notes payable                                                |                                  | 13                 | 55              |
|                                                                    |                                  | <u>4,220</u>       | <u>4,314</u>    |
| Add net unamortized premiums, discounts and debt issuance costs    |                                  | 241                | 277             |
| Less current portion of long-term debt                             |                                  | (54)               | (59)            |
| Less long-term debt subject to short-term remarketing arrangements |                                  | <u>(623)</u>       | <u>(904)</u>    |
| Long-term debt                                                     |                                  | <u>\$ 3,784</u>    | <u>\$ 3,628</u> |

<sup>1</sup>Variable rates as of December 31, 2023 and 2022 were 3.75% to 4.42% and 3.35% to 4.21%, respectively.

<sup>2</sup>These bonds were previously issued on behalf of SCL Health prior to the affiliation and are an obligation of the Health System due to the SCL Health MTI being replaced by the Health System MTI.

As of December 31, 2023, the Health System had certain interest rate swap agreements that effectively convert \$536 of the principal balances of \$1,203 of its variable-rate debt to a fixed-rate basis.

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**13. Long-term Debt (continued)**

In March 2022, Health Services entered into a variable-rate term loan agreement (Term Loan). Proceeds of \$234 from this loan were used to extinguish all outstanding Series 2000 bonds, all outstanding Series 2002 bonds and a portion of the outstanding Series 2003 bonds. This Term Loan was fully repaid in August 2022 with proceeds from the Series 2022A bonds and with internal funds.

In July 2022, \$50 of internal funds were used to extinguish all outstanding SCL Health Series 2011A bonds.

In August 2022, Intermountain issued \$499 of Series 2022A Revenue Bonds at a premium of \$28, \$223 of Series 2022B Revenue Bonds at a premium of \$22, \$223 of Series 2022C Revenue Bonds at a premium of \$28, \$125 of Series 2022D Revenue Bonds at par, \$150 of Series 2022E Revenue Bonds at par, and \$150 of Series 2022F Revenue Bonds at par. Proceeds from the Series 2022A bonds were used to refund \$300 of SCL Health Series 2013A bonds, repay \$192 of the Term Loan, and fund construction costs for certain of the Health System's healthcare facilities. Proceeds from the Series 2022B and 2022C bonds were used to refund \$50 of Series 2018B bonds and fund construction costs for certain of the Health System's healthcare facilities. Proceeds from the Series 2022D, 2022E, and 2022F bonds are being used to fund construction costs for certain of the Health System's healthcare facilities.

Variable-rate revenue bonds, while subject to long-term amortization periods, may be put to the Health System obligated group or to contracted liquidity providers by virtue of executed standby bond purchase agreements at the option of the bondholders in the event of a failed bond remarketing. To the extent that bondholders may, under the terms of the debt, put their bonds back to the Health System obligated group and the repayment terms under the related liquidity facility could be due within one year, the principal amount of such bonds has been classified as a current liability in the consolidated balance sheets. Management has taken steps to provide various sources of liquidity in the event the bonds fail to remarket, including identifying alternate sources of financing and maintaining internally designated assets as a source of self-liquidity.

Principal maturities of long-term debt for the next five years and thereafter, considering long-term debt subject to short-term remarketing arrangements is due according to the long-term amortization schedules, are as follows:

|                                   |    |              |
|-----------------------------------|----|--------------|
| 2024                              | \$ | 54           |
| 2025                              |    | 71           |
| 2026                              |    | 63           |
| 2027                              |    | 67           |
| 2028                              |    | 73           |
| Thereafter                        |    | 3,892        |
| Long-term debt principal payments | \$ | <u>4,220</u> |

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**14. Interest Rate Swap Agreements**

The Health System has certain interest rate swap agreements related to its long-term debt to manage its exposure to fluctuations in interest rates. These interest rate swap agreements are reported in other liabilities in the consolidated balance sheets. The valuation of these agreements is determined using accepted valuation techniques, including an analysis of the discounted expected cash flows of each interest rate swap. This analysis reflects the contractual terms of the interest rate swaps, including the period to maturity or call, and uses observable market-based inputs, including interest rate curves and implied volatilities. In addition, the Health System has incorporated the risks of its own and the counterparties' nonperformance in the fair value measurements.

Changes in the fair value of these swap agreements are recognized in investment income (loss) in the consolidated statements of operations and changes in net assets. For the year ended December 31, 2023, unrealized losses associated with interest rate swaps not designated as hedges were \$3. For the year ended December 31, 2022, unrealized gains associated with interest rate swaps not designated as hedges were \$149. Notional amounts of these interest rate swap agreements were \$958 as of December 31, 2023. None of these interest rate swap agreements were designated as cash flow hedges as of December 31, 2023 or 2022.

Accumulated net losses from interest rate swap agreements previously designated as cash flow hedges that have not been recognized in excess of revenues over expenses in the consolidated statements of operations and changes in net assets were \$34 as of December 31, 2023. These accumulated net losses will be amortized to investment income (loss) in the consolidated statements of operations and changes in net assets through 2037 using the effective interest method.

The fair value of these interest rate swap liabilities, categorized as Level 2 of the valuation hierarchy and recorded in other liabilities in the consolidated balance sheets, was \$77 and \$74 as of December 31, 2023 and 2022, respectively.

Intermountain and certain affiliated companies have International Swap Dealers Association (ISDA) Master Agreements with six counterparties. Under the provisions of one of the ISDA agreements, as amended, Health Services is required to deposit collateral with the counterparty when the net liability position of Health Services for all interest rate swap agreements held with the counterparty exceeds \$75, exclusive of any fair value adjustments to the liability positions for nonperformance risk. As of December 31, 2023 and 2022, no collateral was required to be posted under the provisions of this ISDA agreement. The provisions of the other ISDA agreements do not require collateral deposits.

Under master netting provisions of each ISDA agreement, Intermountain and certain affiliated companies are permitted to settle with the counterparty on a net basis. Due to the right of offset under these master netting provisions, the fair value of certain interest rate swap agreements and any related collateral deposited with the counterparty is offset in the consolidated balance sheets.

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**15. Leases**

The Health System leases medical and administrative office space, equipment, and vehicles to support operations. The present values of right-of-use assets, included in other assets, and lease liabilities, included in other current liabilities and other liabilities, reported in the consolidated balance sheets as of December 31 were as follows:

|                           | <b>2023</b>                 |                             | <b>2022</b>                 |                             |
|---------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                           | <b>Operating<br/>Leases</b> | <b>Financing<br/>Leases</b> | <b>Operating<br/>Leases</b> | <b>Financing<br/>Leases</b> |
| Other assets              | \$ 315                      | \$ 26                       | \$ 355                      | \$ 33                       |
| Other current liabilities | 63                          | 5                           | 66                          | 9                           |
| Other liabilities         | 314                         | 23                          | 298                         | 26                          |

The weighted average terms and discount rates of operating and financing leases as of December 31 were as follows:

|                | <b>2023</b>                 |                             | <b>2022</b>                 |                             |
|----------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
|                | <b>Operating<br/>Leases</b> | <b>Financing<br/>Leases</b> | <b>Operating<br/>Leases</b> | <b>Financing<br/>Leases</b> |
| Terms (years)  | 9.8                         | 10.7                        | 10.0                        | 9.8                         |
| Discount rates | 2.3%                        | 2.8%                        | 2.1%                        | 2.6%                        |

Lease expenses incurred by the Health System were as follows:

|                         | <b>Year Ended December 31</b> |              |
|-------------------------|-------------------------------|--------------|
|                         | <b>2023</b>                   | <b>2022</b>  |
| Operating lease expense | \$ 83                         | \$ 73        |
| Financing lease expense | 11                            | 10           |
|                         | <u>\$ 94</u>                  | <u>\$ 83</u> |

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Notes to Consolidated Financial Statements  
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**15. Leases (continued)**

Future lease payments under operating and financing leases for the next five years and thereafter are as follows:

|                          | <b>Operating<br/>Leases</b> | <b>Financing<br/>Leases</b> |
|--------------------------|-----------------------------|-----------------------------|
| 2024                     | \$ 70                       | \$ 5                        |
| 2025                     | 65                          | 4                           |
| 2026                     | 48                          | 3                           |
| 2027                     | 42                          | 2                           |
| 2028                     | 37                          | 2                           |
| Thereafter               | 176                         | 16                          |
|                          | 438                         | 32                          |
| Present value adjustment | (61)                        | (4)                         |
|                          | <u>\$ 377</u>               | <u>\$ 28</u>                |

**16. Net Assets with Donor Restrictions**

Net assets with donor restrictions are available for the following purposes:

|                                                                              | <b>December 31<br/>2023</b> | <b>2022</b>   |
|------------------------------------------------------------------------------|-----------------------------|---------------|
| Subject to expenditure for specified purposes:                               |                             |               |
| Healthcare programs and services                                             | \$ 236                      | \$ 219        |
| Buildings and equipment                                                      | 137                         | 131           |
| Research                                                                     | 29                          | 29            |
| Community benefit                                                            | 9                           | 11            |
|                                                                              | 411                         | 390           |
| Donor-restricted endowments subject to<br>spending policy and appropriation: |                             |               |
| Healthcare programs and services                                             | 92                          | 85            |
| Research                                                                     | 32                          | 32            |
| Mental health initiatives                                                    | 4                           | 4             |
|                                                                              | 128                         | 121           |
|                                                                              | <u>\$ 539</u>               | <u>\$ 511</u> |

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
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**17. Litigation and Other Matters**

The healthcare industry is subject to numerous laws and regulations enacted or issued by federal, state, and local governments. Compliance with these laws and regulations can be subject to future government review and interpretation, as well as regulatory actions unknown or unasserted at this time. Nationally, government activity has continued with respect to investigations and allegations concerning possible violations of laws and regulations within the healthcare industry, which could result in the imposition of significant fines and penalties, and significant repayments of amounts received for patient services previously billed. The Health System is subject to such regulatory reviews.

Management is aware of certain asserted and unasserted legal claims and regulatory matters arising in the normal course of business. After consultation with legal counsel, management believes that all asserted and known unasserted claims will be resolved without material adverse effect on the Health System's financial condition.

**18. Revenues**

Patient Services Revenues

Payments received under Medicare, Medicaid and other programs are generally based on predetermined rates or the allowable cost of services. Overall, Medicare and Medicaid payments are less than the Health System's established rates and corresponding contractual adjustments are recognized in the period services are rendered. Changes in estimated Medicare and Medicaid settlements for prior years were not significant in 2023 and 2022.

Patient services revenues by major payer source were as follows:

|                                | <b>Year Ended December 31</b> |                 |
|--------------------------------|-------------------------------|-----------------|
|                                | <b>2023</b>                   | <b>2022</b>     |
| Commercial insurance and other | \$ 5,051                      | \$ 4,605        |
| Medicare                       | 2,841                         | 2,423           |
| Medicaid                       | 1,410                         | 910             |
| Self-pay                       | 172                           | 136             |
|                                | <u>\$ 9,474</u>               | <u>\$ 8,074</u> |

Intermountain Health Care, Inc. and Affiliated Companies  
Notes to Consolidated Financial Statements  
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**18. Revenues (continued)**

Premiums and Capitation Revenues

Premiums and capitation revenues by major product line were as follows:

|                                 | <b>Year Ended December 31</b> |                 |
|---------------------------------|-------------------------------|-----------------|
|                                 | <b>2023</b>                   | <b>2022</b>     |
| Premiums:                       |                               |                 |
| Individual                      | \$ 1,647                      | \$ 1,306        |
| Large employer                  | 1,007                         | 1,018           |
| Small employer                  | 635                           | 613             |
| Medicaid                        | 633                           | 692             |
| Medicare Advantage              | 553                           | 453             |
|                                 | <u>4,475</u>                  | <u>4,082</u>    |
| Capitation – Medicare Advantage | <u>1,171</u>                  | <u>1,030</u>    |
|                                 | <u>\$ 5,646</u>               | <u>\$ 5,112</u> |

**19. Functional Expenses**

A summary of expenses by nature and function for the year ended December 31, 2023 is as follows:

|                                    | <b>Program Services</b> |                          |                            |                       |                       |
|------------------------------------|-------------------------|--------------------------|----------------------------|-----------------------|-----------------------|
|                                    | <b>Hospitals</b>        | <b>Clinics and Other</b> | <b>Healthcare Benefits</b> | <b>Administrative</b> | <b>Total Expenses</b> |
| Employee compensation and benefits | \$ 3,769                | \$ 2,003                 | \$ 498                     | \$ 663                | \$ 6,933              |
| Supplies                           | 1,989                   | 753                      | 67                         | 88                    | 2,897                 |
| Medical claims                     | –                       | –                        | 2,800                      | –                     | 2,800                 |
| Other operating expenses           | 907                     | 359                      | 308                        | 1,001                 | 2,575                 |
| Depreciation and amortization      | 441                     | 79                       | 21                         | 74                    | 615                   |
| Interest                           | 90                      | 13                       | –                          | –                     | 103                   |
|                                    | <u>\$ 7,196</u>         | <u>\$ 3,207</u>          | <u>\$ 3,694</u>            | <u>\$ 1,826</u>       | <u>\$ 15,923</u>      |

Intermountain Health Care, Inc. and Affiliated Companies  
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**19. Functional Expenses (continued)**

A summary of expenses by nature and function for the year ended December 31, 2022 is as follows:

|                                    | <b>Program Services</b> |                              |                                | <b>Admini-<br/>strative</b> | <b>Total<br/>Expenses</b> |
|------------------------------------|-------------------------|------------------------------|--------------------------------|-----------------------------|---------------------------|
|                                    | <b>Hospitals</b>        | <b>Clinics and<br/>Other</b> | <b>Healthcare<br/>Benefits</b> |                             |                           |
| Employee compensation and benefits | \$ 3,722                | \$ 1,117                     | \$ 435                         | \$ 714                      | \$ 5,988                  |
| Supplies                           | 1,704                   | 166                          | 57                             | 539                         | 2,466                     |
| Medical claims                     | —                       | —                            | 2,574                          | —                           | 2,574                     |
| Other operating expenses           | 538                     | 204                          | 333                            | 1,060                       | 2,135                     |
| Depreciation and amortization      | 373                     | 63                           | 17                             | 99                          | 552                       |
| Interest                           | 89                      | 12                           | —                              | —                           | 101                       |
|                                    | <u>\$ 6,426</u>         | <u>\$ 1,562</u>              | <u>\$ 3,416</u>                | <u>\$ 2,412</u>             | <u>\$ 13,816</u>          |

The consolidated financial statements report certain categories of expenses that are attributable to one or more programs or supporting activities of the Health System. These expenses include shared support services and are generally allocated based on the relative size of the operating unit receiving the allocations.

Program services include a broad range of general and specialized healthcare activities and health insurance for patients and members within the various geographic areas supported by the Health System's operations. Healthcare benefits include costs incurred related to providing healthcare services to insured members and payments of claims under capitation arrangements and population health at-risk contracts. Administrative expenses consist of activities essential to providing healthcare services including costs related to billing and collecting for patient services provided, procuring supplies for patient services, professional liability insurance coverage and other administrative activities.

For the year ended December 31, 2023, the Health System adjusted the categorization of certain activities, including imaging, telemedicine, and air and ground transport, from administrative to clinics and other program services.

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**20. Employee Retirement and Other Postretirement Plans**

Intermountain sponsors a noncontributory defined benefit pension plan covering certain employees of Health Services and Select Health who are at least 21 years of age and have a minimum of one year of qualifying service. This plan closed on April 4, 2020. Employees hired on or after April 5, 2020 are not participants in the plan. Eligibility and benefits under the plan are unchanged for employees hired on or prior to the closing date.

A summary of changes in the benefit obligations, fair value of plan assets, and the net pension asset (liability) is as follows:

|                                                | <b>Year Ended December 31</b> |             |
|------------------------------------------------|-------------------------------|-------------|
|                                                | <b>2023</b>                   | <b>2022</b> |
| Change in benefit obligation:                  |                               |             |
| Benefit obligation at beginning of year        | \$ 2,770                      | \$ 3,628    |
| Actuarial loss (gain)                          | 215                           | (956)       |
| Interest cost                                  | 152                           | 108         |
| Service cost                                   | 130                           | 184         |
| Benefits paid                                  | (174)                         | (194)       |
| Benefit obligation at end of year              | 3,093                         | 2,770       |
| Change in fair value of plan assets:           |                               |             |
| Fair value of plan assets at beginning of year | 2,891                         | 3,398       |
| Actual return on plan assets, net of expenses  | 358                           | (486)       |
| Employer contributions                         | —                             | 173         |
| Benefits paid                                  | (174)                         | (194)       |
| Fair value of plan assets at end of year       | 3,075                         | 2,891       |
| Funded status – net asset (liability)          | \$ (18)                       | \$ 121      |

The accumulated benefit obligation of the pension plan was \$2,741 and \$2,489 as of December 31, 2023 and 2022, respectively.

Amounts included in net assets without donor restrictions that will be recognized in pension cost in future periods were as follows:

|                                       | <b>December 31</b> |             |
|---------------------------------------|--------------------|-------------|
|                                       | <b>2023</b>        | <b>2022</b> |
| Unrecognized net actuarial loss       | \$ (664)           | \$ (603)    |
| Unrecognized net prior service credit | 3                  | 3           |
|                                       | \$ (661)           | \$ (600)    |

Intermountain Health Care, Inc. and Affiliated Companies  
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**20. Employee Retirement and Other Postretirement Plans (continued)**

Changes in net assets without donor restrictions for the pension plan were as follows:

|                                                              | <b>Year Ended December 31</b> |               |
|--------------------------------------------------------------|-------------------------------|---------------|
|                                                              | <b>2023</b>                   | <b>2022</b>   |
| Amortized during the year:                                   |                               |               |
| Net actuarial loss                                           | \$ —                          | \$ 79         |
| Net prior service credit                                     | —                             | (2)           |
| Occurring during the year:                                   |                               |               |
| Net actuarial gain (loss)                                    | (61)                          | 275           |
| Increase (decrease) in net assets without donor restrictions | <u>\$ (61)</u>                | <u>\$ 352</u> |

Net actuarial gains and losses incurred in the pension plan during 2023 and 2022 resulted primarily from changes in the discount rate and differences between the actual returns on plan assets and the assumed returns.

Assumptions used to determine the benefit obligation in the pension plan were as follows:

|                               | <b>December 31</b> |             |
|-------------------------------|--------------------|-------------|
|                               | <b>2023</b>        | <b>2022</b> |
| Discount rate                 | 5.25%              | 5.69%       |
| Rate of compensation increase | 4.50               | 4.50        |

A summary of pension cost is as follows:

|                                          | <b>Year Ended December 31</b> |               |
|------------------------------------------|-------------------------------|---------------|
|                                          | <b>2023</b>                   | <b>2022</b>   |
| Interest cost                            | \$ 152                        | \$ 108        |
| Service cost                             | 130                           | 184           |
| Amortization of net actuarial loss       | —                             | 79            |
| Amortization of net prior service credit | —                             | (2)           |
| Expected return on plan assets           | (203)                         | (196)         |
|                                          | <u>\$ 79</u>                  | <u>\$ 173</u> |

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**20. Employee Retirement and Other Postretirement Plans (continued)**

Assumptions used to determine pension cost were as follows:

|                                | <b>Year Ended December 31</b> |             |
|--------------------------------|-------------------------------|-------------|
|                                | <b>2023</b>                   | <b>2022</b> |
| Discount rate                  | 5.69%                         | 3.06%       |
| Expected return on plan assets | 6.50                          | 6.50        |
| Rate of compensation increase  | 4.50                          | 4.50        |

The overall rate of return on assets assumption is based on historical returns, adhering to the asset allocations set forth in the investment policies of the pension plan. The expected return on plan assets is 7.00% for determining pension cost for the year ending December 31, 2024.

Methods for determining the fair value of financial instruments held by the pension plan are consistent with those described in Note 6. The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2023:

|                                                            | <b>Level 1</b>  | <b>Level 2</b> | <b>Fair Value</b> |
|------------------------------------------------------------|-----------------|----------------|-------------------|
| Cash investments                                           | \$ 65           | \$ –           | \$ 65             |
| Equity securities                                          | 909             | –              | 909               |
| Fixed-income securities                                    | 206             | 532            | 738               |
| Investment derivatives, net                                | –               | (7)            | (7)               |
|                                                            | <u>\$ 1,180</u> | <u>\$ 525</u>  | 1,705             |
| Investments measured using NAV per share or its equivalent |                 |                | 1,465             |
| Transactions pending settlement, net                       |                 |                | (95)              |
| Fair value of plan assets                                  |                 |                | <u>\$ 3,075</u>   |

Intermountain Health Care, Inc. and Affiliated Companies  
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**20. Employee Retirement and Other Postretirement Plans (continued)**

The following table presents a categorization, based on the valuation hierarchy, of the pension plan's financial instruments measured at fair value as of December 31, 2022:

|                                                            | <b>Level 1</b>  | <b>Level 2</b> | <b>Fair Value</b> |
|------------------------------------------------------------|-----------------|----------------|-------------------|
| Cash investments                                           | \$ 46           | \$ —           | \$ 46             |
| Equity securities                                          | 862             | —              | 862               |
| Fixed-income securities                                    | 166             | 442            | 608               |
| Investment derivatives, net                                | —               | 3              | 3                 |
|                                                            | <u>\$ 1,074</u> | <u>\$ 445</u>  | 1,519             |
| Investments measured using NAV per share or its equivalent |                 |                | 1,464             |
| Transactions pending settlement, net                       |                 |                | (92)              |
| Fair value of plan assets                                  |                 |                | <u>\$ 2,891</u>   |

The pension plan uses the NAV per share or its equivalent to measure fair value of the following types of financial instruments as of December 31, as described in Note 6:

|                                                   | <b>2023</b>     | <b>2022</b>     | <b>Redemption Frequency</b>  | <b>Redemption Notice Period</b> |
|---------------------------------------------------|-----------------|-----------------|------------------------------|---------------------------------|
| Common/collective trust funds                     | \$ 469          | \$ 432          | Monthly                      | 5 to 30 days                    |
| Global/international equity funds                 | 73              | 69              | Monthly                      | 60 days                         |
| Absolute return and hedge funds                   | 226             | 261             | Monthly, quarterly, annually | 5 to 90 days                    |
| Private debt, private equity and real asset funds | 697             | 702             | Event driven                 | —                               |
|                                                   | <u>\$ 1,465</u> | <u>\$ 1,464</u> |                              |                                 |

Health Services and Select Health have committed up to \$1,259 for investment in these funds through 2032, of which \$904 had been funded as of December 31, 2023.

Consistent with practices described in Note 6, the pension plan offsets the fair value of various investment derivative instruments when executed with the same counterparty under a master netting arrangement whereby the financial instruments held by the same counterparty are legally offset as the instruments are settled.

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**20. Employee Retirement and Other Postretirement Plans (continued)**

The following table presents gross investment derivative assets and liabilities reported on a net basis in pension plan investments:

|                                      | <b>December 31</b> |              |
|--------------------------------------|--------------------|--------------|
|                                      | <b>2023</b>        | <b>2022</b>  |
| Derivative assets:                   |                    |              |
| Futures contracts                    | \$ 116             | \$ 127       |
| Forward currency and other contracts | 35                 | 32           |
|                                      | <u>151</u>         | <u>159</u>   |
| Derivative liabilities:              |                    |              |
| Futures contracts                    | (116)              | (127)        |
| Forward currency and other contracts | (42)               | (29)         |
|                                      | <u>(158)</u>       | <u>(156)</u> |
| Investment derivatives, net          | <u>\$ (7)</u>      | <u>\$ 3</u>  |

Intermountain has not yet determined the amount it will contribute to the pension plan in 2024.

Benefit payments of the pension plan are expected to be paid as follows:

|           |        |
|-----------|--------|
| 2024      | \$ 206 |
| 2025      | 210    |
| 2026      | 218    |
| 2027      | 228    |
| 2028      | 232    |
| 2029–2033 | 1,238  |

Intermountain also sponsors a 401(k) defined contribution plan for eligible employees. Employee contributions are matched up to a maximum of 4% of each participant's eligible compensation. Intermountain also contributes 2% of eligible compensation for participants hired subsequent to the pension plan closing date. Intermountain contributed \$185 and \$117 to the 401(k) plan in 2023 and 2022, respectively.

Additionally, Intermountain sponsors a 457(b) defined contribution plan. Employee contributions invested in the 457(b) plan were \$255 and \$172 as of December 31, 2023 and 2022, respectively, and are included in noncurrent assets limited as to use and other liabilities in the consolidated balance sheets.

Furthermore, Intermountain sponsors a contributory health and welfare benefit plan that offers postretirement benefits including medical, dental and group term life insurance to eligible employees who have at least 10 years of qualified service and have attained age 55 while in service with Intermountain. The plan also provides disability benefits for eligible active employees including medical, dental and short-term income replacement.

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**20. Employee Retirement and Other Postretirement Plans (continued)**

A summary of the benefit obligation, fair value of plan assets and unrecognized net actuarial gain that will be recognized in future periods for the postretirement health and welfare benefits is as follows:

|                                 | <b>December 31</b> |             |
|---------------------------------|--------------------|-------------|
|                                 | <b>2023</b>        | <b>2022</b> |
| Fair value of plan assets       | \$ 88              | \$ 76       |
| Unrecognized net actuarial gain | 61                 | 55          |
| Benefit obligation              | 13                 | 14          |

Intermountain has frozen certain postretirement health and welfare benefits; therefore, the effect of future healthcare cost trend rates is not significant.

Methods for determining the fair value of financial instruments held for the postretirement health and welfare benefits are consistent with those described in Note 6. All financial instruments as of December 31, 2023 and 2022 were classified as Level 1 or used NAV as a practical expedient.

Prior to the affiliation described in Note 1, the SCL Health board of directors approved the termination of the SCL Health's consolidated defined benefit retirement plan, which was completed in June 2022.

Through March 31, 2023, SCL Health sponsored a 401(k) defined contribution plan for eligible employees. Employee contributions were matched up to 5% of eligible pay based on employment compensation levels, time of service and hours worked. As of April 1, 2023, the SCL Health 401(k) plan was merged with the Intermountain 401(k) plan. SCL Health contributed \$13 and \$36 to the SCL Health 401(k) plan for the periods from January 1, 2023 through March 31, 2023 and from April 1, 2022 through December 31, 2022, respectively.

Additionally, SCL Health sponsored a 457(b) defined contribution plan through March 31, 2023. As of April 1, 2023, the SCL Health 457(b) plan was merged with the Intermountain 457(b) plan. Employee contributions invested in the SCL 457(b) plan were \$33 as of December 31, 2022.

**21. Subsequent Events**

The Health System evaluated subsequent events through March 19, 2024, the date the consolidated financial statements were issued, and determined that no additional disclosures were necessary.