			** PUBLIC DISCLOSURE COPY			OMB No. 1545-0047		
000		00	Return of Organization Exempt Fron	n incoi	me rax	OMB NO: 1545-0047		
Form 990			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code	s) 2023				
Department of the Treasury		of the Treasurv	Do not enter social security numbers on this form as it ma	-		Open to Public		
Inter	nal Reve	nue Service	Go to www.irs.gov/Form990 for instructions and the late			Inspection		
_					30, 2024			
	Check if		organization	D En	nployer identific	ation number		
	Addre	SS T.TRF	RTY HOSPITAL FOUNDATION					
	_chang Name		usiness as		43-135617	76		
	chang] Initial returr		and street (or P.O. box if mail is not delivered to street address)		lephone number			
	Final	2525	GLEN HENDREN DRIVE		816.792.7			
	⊥returr termii ated	ñ-	own, state or province, country, and ZIP or foreign postal code		oss receipts \$	13,284,819.		
	Amer	ded TTDD	RTY, MO 64069		Is this a group ref			
	Appli tion		nd address of principal officer: MICHAEL C RUSSELL		for subordinates?			
	pendi		AS C ABOVE		Are all subordinates inc			
1	ax-ex	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	1		list. See instructions		
٦١	Nebsi	te: WWW.	LIBERTYHOSPITALFOUNDATION.ORG	H(c) (Group exemption	number		
		f organization:	X Corporation Trust Association Other L	Year of forma	ation: 1984 M	I State of legal domicile: MO		
Pa	art I	Summary						
•	1		e the organization's mission or most significant activities: THE LIBE					
Governance		SUPPORT	S PATIENTS, INDIVIDUALS, FAMILIES, AND	D EMPL	OYEES IN	THE		
srne	2	Check this bo		more than 2	5% of its net asse	ets. 13		
0 Vě	3	3 3 3 7 (7)						
	4							
es	5					4		
Activities &	6		of volunteers (estimate if necessary)			650		
Act			d business revenue from Part VIII, column (C), line 12			0.		
	d	Net unrelated	business taxable income from Form 990-T, Part I, line 11		ior Year	Current Year		
		Contributions	and grants (Dart) (III, line 1b)		006,839.	1,285,177.		
ne	8		and grants (Part VIII, line 1h) ce revenue (Part VIII, line 2g)	, ·	0.	0.		
Revenue	10	•	ce revenue (Part VIII, line 2g) come (Part VIII, column (A), lines 3, 4, and 7d)		352,649.	1,188,363.		
Be	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-	-74,071.	-102,206.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		285,417.	2,371,334.		
	13		nilar amounts paid (Part IX, column (A), lines 1-3)		666,802.	1,973,059.		
	14		co or for members (Part IX, column (A), line 4)		0.	0.		
	45		compensation, employee benefits (Part IX, column (A), lines 5-10)		396,970.	510,156.		
Ises	16a		undraising fees (Part IX, column (A), line 11e)		91,288.	14,750.		
Expenses	b		ng expenses (Part IX, column (D), line 25) 147,064.		· ·			
ŭ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		228,633.	206,146.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,1	383,693.	2,704,111.		
	19		expenses. Subtract line 18 from line 12	-	-98,276.	-332,777.		
Net Assets or					of Current Year	End of Year		
sets	20	Total assets (F	Part X, line 16)		468,401.	6,373,605.		
tAs	21	Total liabilities	(Part X, line 26)		687,886.	329,936.		
R	22		fund balances. Subtract line 21 from line 20	6,	780,515.	6,043,669.		
Pa	art II	Signature						
Und	er pen	alties of perjury,	declare that I have examined this return, including accompanying schedules and sta	atements, and	I to the best of my	knowledge and belief, it is		

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of offi	icer			Date	
-	MICHAEL	C RUSSELL, EXECUT	IVE DIRECTOR			
	Type or print na	me and title				
	Print/Type prepa	arer's name	Preparer's signature	Date	Check	PTIN
Paid	RICH A.	BILI	RICH A. BILI	01/27	/25 self-employed	P00310364
Preparer	Firm's name	KELLER & OWENS, L	LC		Firm's EIN 48-	1195228
Use Only	Firm's address	10955 LOWELL AVE,	STE 800			
		OVERLAND PARK, KS	66210		Phone no. (913) 338-3500
May the IRS discuss this return with the preparer shown above? See instructions						
LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)						

For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

must use	Form 7004 to request an extension of time to file income					
Part I - Id	lentification					
Type or Print	LIBERTY HOSPITAL FOUNDATION			Taxpayer identification number (TIN)		
File by the due date for filing your return. See	te for Number, street, and room or suite no. If a P.O. box, see instructions.					
instructions.						
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			
Application	on Is For	Return Code	Application Is For			Return Code
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09
- orm 472	0 (individual)	03	Form 5227			10
- orm 990	ŀPF	04	Form 6069			11
Form 990	P-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12
- orm 990	I-T (trust other than above)	06	Form 5330 (individual)			13
orm 990	I-T (corporation)	07	Form 5330 (other than individual)			14
Form 104	1-A	08				
time to file ● If this aj Plai Plai Plai	ou enter your Return Code, complete either Part II or Part e Form 5330. pplication is for an extension of time to file Form 5330, yo n Name					
time to file ● If this a Plar Plar Plar Plar The bc	e Form 5330. pplication is for an extension of time to file Form 5330, ye n Name	zations (s		1069		
time to file If this ap Plan Plan Plan Plan Cart II - Au The bo Teleph	e Form 5330. pplication is for an extension of time to file Form 5330, ye n Name	zations (s	ee instructions) /E – LIBERTY, MO 64 Fax No.			
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ime to file If this al Plar Plar Plar art II - Au The bo Teleph If the c	e Form 5330. pplication is for an extension of time to file Form 5330, ye n Name	zations (s	TE – LIBERTY, MO 64 Fax No ted States, check this box mption Number (GEN)	If this is fo	r the whole gr	roup, check this
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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	990 (2023) LIBERTY HOSPITAL FOUNDATION 43-1356176 Page	2
Pa		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: THE LIBERTY HOSPITAL FOUNDATION SUPPORTS PATIENTS, INDIVIDUALS,	
	FAMILIES, AND EMPLOYEES IN THE LIBERTY HOSPITAL COMMUNITY BY CREATING,	
	FUNDING, AND PROMOTING PROGRAMS THAT IMPROVE HEALTH, EDUCATION,	
	WELLNESS, AND CARE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	٩ı
	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?	10
	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 \$ 2,188,567. including grants of \$ 1,856,157.) (Revenue \$ 293 c	•)
	TREEHOUSE AT UKHS-LIBERTY - SINCE 2005, OVER 49,000 PATIENTS AND	
	FAMILIES STAYED AT THE TREEHOUSE. THE TREEHOUSE IS A HOSPITALITY HOUSE	
	THAT IS LOCATED ON UKHS-LIBERTY'S MAIN CAMPUS. THANKS TO THE ONGOING	
	GENEROSITY OF INDIVIDUAL DONORS, THIS ONE-OF-A-KIND HOSPITALITY HOUSE	
	CONTINUES TO PROVIDE COMFORTABLE, PEACEFUL LODGING CLOSE TO UKHS-LIBERTY, REGARDLESS OF A GUEST'S ABILITY TO PAY.	
	OKIG-DIBERTI, REGARDIESS OF A GOEST S ADIDITI TO FAT.	
4b	(Code:) (Expenses \$ 55,646. including grants of \$ 47,194.) (Revenue \$	_)
	THE PATIENT ASSISTANCE PROGRAM ENCOMPASSES THE FOUNDATION'S PRIMARY HEALTH CARE INITIATIVES. THE MEDICATION ASSISTANCE PROGRAM (MAP),	
	ESTABLISHED IN 2014, PROVIDES PATIENTS WITH RESOURCES TO HELP FIND	
	AFFORDABLE, LIFE-SUSTAINING MEDICATIONS AND ESTABLISHES PRIMARY CARE	
	PHYSICIANS TO SUPPORT THEIR LONG-TERM HEALTH. THE PROGRAM HAS EXPANDED	
	TO PROVIDE ADDITIONAL TRANSPORTATION AND HOME HEALTH RESOURCES FOR	
	PATIENTS ACROSS THE LIBERTY HOSPITAL AFFILIATED CLINICS AND PHYSICIAN	
	PRACTICES. IN 2024, 998 RIDES WERE PROVIDED TO PATIENTS TO ENSURE THEIR	
	CONTINUED CARE AND TREATMENT AT UKHS-LIBERTY. THE PROGRAM ALSO HOUSES	
	THE STUDENT ASSISTANCE PROGRAM WHICH ALLOWS LIBERTY PUBLIC SCHOOLS TO PROVIDE VOUCHERS TO UNDERINSURED OR UNINSURED STUDENTS IN NEED OF ACUTE	
	CARE AND PHYSICALS.	
4c	(Code:) (Expenses \$ 82,191. including grants of \$ 69,708.) (Revenue \$)
	THE HUGHES FAMILY ASSISTANCE FUND WAS ESTABLISHED IN 2012 TO PROVIDE	
	RELIEF TO UKHS-LIBERTY EMPLOYEES FACING TIMES OF UNEXPECTED CRISIS. TO	
	DATE THE FUND HAS PROVIDED OVER 230 FAMILIES WITH OVER \$225,000 IN	
	ASSISTANCE. THROUGH THE EMPLOYEE GIVING CAMPAIGN, THIS FUND WILL	
	CONTINUE TO BE SUSTAINED THROUGH THE ONGOING DONATIONS FROM FELLOW HOSPITAL EMPLOYEES.	—
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 2,326,404.	
40	Total program service expenses 2,326,404.	12:31
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	3	
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Form	990	(2023)

 Form 990 (2023)
 LIBERTY HOSPITAL FOUNDATION

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			77
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		77	
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>	<u> </u>	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	х	
•	assets reported in Part X, line 16? If "Yes, " complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		<u></u>	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
Ь	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			77
• •	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon		х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		(2023)
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No," go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		<u> </u>
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00		х
00	"Yes," complete Schedule L, Part IV	28c	Х	
29 20	Did the organization receive more than \$25,000 in noncash contributions? <i>If</i> " <i>Yes</i> ," <i>complete Schedule M</i>	29	А	
30		30		х
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X_
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
1 0	Check if Schedule O contains a reasonable or pate to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		Vac	
1	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
5	(gambling) winnings to prize winners?	1c		
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	-			

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Form	990 (2023) LIBERTY HOSPITAL FOUNDATION	43-1356	5176	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				v
			<u>6a</u>		X
a	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gints	0		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	wigag provided to the power?	70	Х	
a b			7a 7b	X	
0	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required	41	- 23	
C			7c		x
Ь	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d			
u 0	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	· · · ·	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		x
, a	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
b b	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	11			
	organization is licensed to issue qualified health plans	13b	-		
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				v
	excess parachute payment(s) during the year?		15		X
40	If "Yes," see the instructions and file Form 4720, Schedule N.	1. in a num a 0	10		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		X
	If "Yes," complete Form 4720, Schedule O.	41. JA1			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac		4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		Form	990	(2023)
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Form 990	(2023)
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X

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

Check if Schedule O contains a response or note to any line in this Part VI	
Section A. Governing Body and Management	

			_	Yes	NO				
1a	Enter the number of voting members of the governing body at the end of the tax year	13							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent	13							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?		3		X				
1	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X				
6	Did the organization have members or stockholders?		6		X				
'a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
	more members of the governing body?		7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?		7b		X				
3	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?		8b	Х					
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		X				
c	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
		-		Yes	No				
a	Did the organization have local chapters, branches, or affiliates?	[10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	Γ							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
а	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
а	Did the organization have a written conflict of interest policy? If "No," go to line 13	[12a	Х					
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe								
	on Schedule O how this was done								
3	Did the organization have a written whistleblower policy?		13	Х					
Ļ	Did the organization have a written document retention and destruction policy?		14	Х					
5	Did the process for determining compensation of the following persons include a review and approval by independent	[
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	х					
	Other officers or key employees of the organization	····	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	····							
ia	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?		16a		x				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	····							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	[16b						
ect	tion C. Disclosure	1							
	List the states with which a copy of this Form 990 is required to be filedMO								
;	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	onlv)	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	.,,=,=							
	X Own website Another's website X Upon request Other (explain on Schedule O)								
)	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	finano	cial					
	statements available to the public during the tax year.								
)	State the name, address, and telephone number of the person who possesses the organization's books and records								
	THE ORGANIZATION - 816.792.7014								
	2525 GLEN HENDREN DRIVE, LIBERTY, MO 64069								

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 al of the organization of current key employees, it ally, see the instructions of deminion of key employees.

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

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

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

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

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

(A) Name and title	(B) Average hours per	box	not c	(C) Position of check more than one nless person is both an and a director/trustee)				(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated Stat		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MICHAEL C. RUSSELL	40.00			v				152 725	0	0
EXECUTIVE DIRECTOR (2) RACHEL CALDWELL-MULLINS	0.50			X				153,725.	0.	0.
BOARD MEMBER	0.50	x						0.	0.	0.
(3) STEPHANIE GREEN	5.00	~							0.	0.
PRESIDENT ELECT	5.00	х		x				0.	0.	0.
(4) JODI SUNDARAM	0.50			<u> </u>						
BOARD MEMBER		х						0.	0.	0.
(5) CHAD FLEMING	0.50	1								
BOARD MEMBER		х						0.	Ο.	0.
(6) ETHAN HOLLOWAY	0.50									
BOARD MEMBER		х						0.	0.	0.
(7) C.J. BURKS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(8) TROY DIETRICH	0.50									
BOARD MEMBER		Х						0.	0.	0.
(9) VICKI HAAS	0.50									
BOARD MEMBER		Х						0.	0.	0.
(10) SHAWN BARBER	0.50									
TRUSTEE		Х						0.	0.	0.
(11) MICHAEL PATTON	5.00								•	•
TREASURER		х		X				0.	0.	0.
(12) JOE EDMONDSON	5.00								•	0
PRESIDENT	F 00	Х		X				0.	0.	0.
(13) DANIEL FORBES	5.00			37					<u>^</u>	<u>^</u>
PAST PRESIDENT	F 00	Х		X			<u> </u>	0.	0.	0.
(14) KATELYN PEREGRINE SECRETARY	5.00	x		x				0.	0.	0.
SCREIARI								0.	0.	<u> </u>
		1								
	1	I				I	I	1		– 000 (2000)

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Form 990 (2023) LIBERTY H	IOSPITAL	ı F	OU	ND	AΤ	10	Ν		43-13	5617	76	Page 8
Part VII Section A. Officers, Directors, Trust	tees, Key Emp	oloye	es,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A) Name and title	(B) Average hours per week (list any hours for related organizations below	box,	not ch unles	ss per d a di	nore son is recto	Highest compensated Light of the stand standard Highest compensated standard stand	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISO 1099-NEC)	c/	Estin amou otl compe from organ and re	F) nated unt of her nsation n the ization elated zations
	line)	Indivi	Instit	Officer	Key ei	Highe emplo	Former				U	
1b Subtotal								153,725.		0.		0.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)			<u></u>	<u></u>				153,725.		0.		0.
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												1
 3 Did the organization list any former officer, line 1a? <i>If "Yes," complete Schedule J for st</i> 4 For any individual listed on line 1a, is the su and related organizations greater than \$150 5 Did any person listed on line 1a receive or a 	uch individual m of reportabl ,000? If "Yes,	e co " co	mpe mple	nsat ete S	tion Sche	and and	oth J f	ner compensation from the	ne organization		3	es No X X X
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ch p	bers	on .				{	5	X
Section B. Independent Contractors												
1 Complete this table for your five highest con										ensatior	n from	
the organization. Report compensation for t	he calendar ye	ear e	ndin	g w	ith c	or wit	hin		ear.			
(A) Name and business	address	NTC	NTT .					(B) Description of s	envices	Con	(C) npensa	ation
		INC)NE				_	Description of s		001	ipense	
									T			
2 Total number of independent contractors (ir		ot lin	nited	l to t			ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	ation				C)					00	0
										Fo	orm 9 9	0 (2023)

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Form 990 (2023) LIBERTY HOSPITAL FOUNDATION 43-1356176 Page 9										
Pa	rt V	/111	Statement of Re	venue						
			Check if Schedule O o	contains a	response	or note to any line	e in this Part VIII	(B)	(2)	
							(A) Total revenue	Related or exempt		(D) Revenue excluded from tax under sections 512 - 514
S S	1	а	Federated campaigns		1a					
ran ⁻					1b					
×. Mo		с	Fundraising events		1c	184,439.				
ar /			Related organizations		1d					
s, 0 inil		е	Government grants (contr	ibutions)	1e	14,171.				
tion S		f	All other contributions, gifts,	grants, and						
ibu			similar amounts not included		1f	1,086,567.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in		1g \$	39,461.	1 005 199			
<u>o</u> e		h	Total. Add lines 1a-1f				1,285,177.			
		_				Business Code				
Program Service Revenue	2	a h								
Serv		b c								
m S		d								
Be		e								
Pro		f	All other program service	revenue						
		g	Total. Add lines 2a-2f							
	3		Investment income (includ							
			other similar amounts)				194,818.			194,818.
	4		Income from investment of			ł				
	5		Royalties							
	_		-) Real	(ii) Personal				
	6		Gross rents	6a						
		b	Less: rental expenses	6b						
		c d	Rental income or (loss) Net rental income or (loss)	6c						
	7		Gross amount from sales of		ecurities	(ii) Other				
		ŭ	assets other than inventory	7a 11,7		.,				
		b	Less: cost or other basis	/ /	,					
e			and sales expenses	7b 10,7						
evenue		с	Gain or (loss)	7c 9	93,545.					
Ě			Net gain or (loss)		·····		993,545.			993,545.
Other	8	а	Gross income from fundraising							
đ			including \$							
			contributions reported on			100.055				
			Part IV, line 18							
			Less: direct expenses				-102,499.			-102,499.
			Net income or (loss) from Gross income from gamin				102,433.			102,433.
	9	a	Part IV, line 19							
		þ	Less: direct expenses							
			Net income or (loss) from			·				
			Gross sales of inventory, I							
			and allowances			a				
		b	Less: cost of goods sold			b				
		с	Net income or (loss) from	sales of inv	ventory .					
s						Business Code				
eou	11	а	MISCELLANEOUS REVENU	JE		624100	293.	293.		l
Miscellaneous Revenue		b								
Sev		c								
Mis			All other revenue				293.			
	12		Total. Add lines 11a-11d Total revenue. See instruction				2,371,334.	293.	0.	1085864.
33200							_,,			Form 990 (2023

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LIBERTY HOSPITAL FOUNDATION

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Form 990 (2023)

LIBERTY HOSPITAL FOUNDATION Part IX Statement of Functional Expenses

Do	Check if Schedule O contains a response	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21	1,856,157.	1,856,157.		
2	Grants and other assistance to domestic	116 000	116 000		
_	individuals. See Part IV, line 22	116,902.	116,902.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	155,942.	81,090.	45,223.	29,629
6	Compensation not included above to disqualified	155,542.	01,050.		25,025
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	310,560.	161,491.	90,063.	59,006
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	827.	430.	240.	157
9	Other employee benefits	14,641.	7,613.	4,246.	2.782
0	Payroll taxes	28,186.	14,657.	8,174.	157 2,782 5,355
1	Fees for services (nonemployees):		,		- / •
	Legal				
	Accounting	16,950.		16,950.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17	14,750.			14,750
f	Investment management fees	35,742.		35,742.	
g					
	column (A), amount, list line 11g expenses on Sch O.)	30,892.	30,892.		
2	Advertising and promotion	12,575.	2,533.	301.	9,741 6,852
3	Office expenses	24,566.	4,299.	13,415.	6,852
4	Information technology	13,412.		13,412.	
5	Royalties				
6	Occupancy	14,964.	11,634.	2,220.	1,110
7	Travel				
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
21	Payments to affiliates	1 0 0 0	C - 0		~~~
2	Depreciation, depletion, and amortization	1,969.	657.	657.	655
3					
4	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 0.)	20 040	38,049.		
a	PROGRAM ACTIVITIES GIFTS AND RECOGNITION	38,049. 17,027.	30,049.		17,027
b	GILID WID KECOGNIIION	1/,UZ/•			1/,UZ/
C L					
d					
e	·	2,704,111.	2,326,404.	230,643.	147,064
5 6	Total functional expenses. Add lines 1 through 24e	∠,/Vʉ,⊥⊥⊥•	4,540,404.	430,043.	147,004
6	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				

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Form 990 (2023)

Assets

Liabilities

Net Assets or Fund Balances

Part X Balance Sheet

LIBERTY HOSPITAL FOUNDATION

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

	Check in Schedule O contains a response of hou			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			607,481.	1	74,377.
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net				3	12,844.
4	Accounts receivable, net			6,500.	4	4,337.
5	Loans and other receivables from any current or					
	trustee, key employee, creator or founder, subst					
	controlled entity or family member of any of thes				5	
6	Loans and other receivables from other disqualif	ied per				
	under section 4958(f)(1)), and persons described			6		
7	Notes and loans receivable, net				7	
8	Inventories for sale or use		8			
9	Prepaid expenses and deferred charges	4,145.	9	5,690.		
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	22,118.			
b	Less: accumulated depreciation	10b	12,132.	11,955.	10c	9,986.
11	Investments - publicly traded securities			3,987,445.	11	4,395,407.
12	Investments - other securities. See Part IV, line 1		2,837,187.	12	1,866,115.	
13	Investments - program-related. See Part IV, line 1		13			
14	Intangible assets	10.000	14			
15	Other assets. See Part IV, line 11	13,688.	15	4,849.		
16	Total assets. Add lines 1 through 15 (must equa	7,468,401.	16	6,373,605.		
17	Accounts payable and accrued expenses			159,058.	17	152,796.
18	Grants payable			521,188.	18	165,000.
19	Deferred revenue			7,640.	19	12,140.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete F				21	
22	Loans and other payables to any current or form					
	trustee, key employee, creator or founder, subst				00	
00	controlled entity or family member of any of thes				22 23	
23 24	Secured mortgages and notes payable to unrela Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		<u>23</u> 24	
24 25	Other liabilities (including federal income tax, pay				24	
25	parties, and other liabilities not included on lines	-				
	of Schedule D				25	
26	Total liabilities. Add lines 17 through 25		Г	687,886.	26	329,936.
	Organizations that follow FASB ASC 958, che					
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			6,167,307.	27	5,777,255.
28	Net assets with donor restrictions	613,208.	28	266,414.		
	Organizations that do not follow FASB ASC 9	58, che	ck here			
	and complete lines 29 through 33.					
29	Capital stock or trust principal, or current funds		29			
30	Paid-in or capital surplus, or land, building, or eq				30	
31	Retained earnings, endowment, accumulated inc				31	
32	Total net assets or fund balances			6,780,515.	32	6,043,669.
33	Total liabilities and net assets/fund balances	<u></u>		7,468,401.	33	6,373,605.

	990 (2023) LIBERTY HOSPITAL FOUNDATION	43-1	1356176	Pag	_{ge} 12			
Par	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,371					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,704					
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,780					
5	Net unrealized gains (losses) on investments	5	-454	., 89	98.			
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	50),8:	<u>29.</u>			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	6,043	3,6	<u>69.</u>			
Par	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047					
2023					
Open to Public Inspection					

Name of the organization

Nam	lame of the organization Employer identification number								
		LIBE	RTY HOSPIT	AL FOUNDATIO	N				3-1356176
Par	tl	Reason for Public (Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instruction	S.	
The c	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in section	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	า 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х	X 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 describe	ed in section 170(b)((1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the	name, city	, and state of	the college	or
ſ		university:							
10		An organization that norma							
		activities related to its exem							-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	• •						
11		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).							
12		An organization organized a	-	•	-			•	
	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.								
а		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							
					majonty c	or the alrea	tors or truste	es or the st	ipporting
h		organization. You must o			ion with it	oupporto	d organizatio	n(a) by bay	ina
b		J Type II. A supporting org control or management o	-				-		-
		organization(s). You mus			ame perso	ns that co		ye ine supp	Joned
с		Type III functionally inte	-		in connect	tion with	and functional	lv integrate	d with
U		its supported organization						ly integrate	a with,
d		Type III non-functionally		-				ted organi:	ration(s)
		that is not functionally int						-	
		requirement (see instructi			•		-		
е		Check this box if the orga		· · · · · · · ·				II. Type III	
		functionally integrated, or					·) ·, ·)	··, · , - ···	
f	Ente	er the number of supported c	raonizationa	, , , , , , , , , , , , , , , , , , , ,	5 5				
g	Pro	vide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	,	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	nstructions)	support (see instructions)
Total									

LIBERTY HOSPITAL FOUNDATION

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.)

See	Section A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	560,324.	408,102.	841,148.	1006839.	1285177.	4101590.	
2	Tax revenues levied for the organ-							
	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3	560,324.	408,102.	841,148.	1006839.	1285177.	4101590.	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included							
	on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	column (f)						1114319.	
6	Public support. Subtract line 5 from line 4.						2987271.	
See	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total	
7	Amounts from line 4	560,324.	408,102.	841,148.	1006839.	1285177.	4101590.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	171,868.	142,577.	142,629.	135,949.	194,818.	787,841.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on							
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)					293.	293.	
11	Total support. Add lines 7 through 10						4889724.	
12	Gross receipts from related activities,	etc. (see instructio	ons)			12		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	/ear as a section 5	01(c)(3)		
	organization, check this box and stop							
	ction C. Computation of Publi		-					
	Public support percentage for 2023 (I					14	61.09 %	
	Public support percentage from 2022					15	78.19 %	
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo		
	stop here. The organization qualifies		-					
b	33 1/3% support test - 2022. If the o				line 15 is 33 1/3%	or more, check thi	s box	
	and stop here. The organization qual		•••					
17a	10% -facts-and-circumstances test							
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b	b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
	more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
	organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a			
						Schedule A	(Form 990) 2023	

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18	Investment inc

Calendar year (or fiscal year beginning in)

1 Gifts, grants, contributions, and membership fees received. (Do not

Schedule A	(Form 990)	2023	LIBERTY	HOSPITAL	FOUNDATION	
Part III	Support	Schedule for	or Organizatio	ons Described	l in Section 509(a)(2)	

(a) 2019

(f) Total

(e) 2023

(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

(c) 2021

(d) 2022

(b) 2020

	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
•							
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	o						
	Total. Add lines 1 through 5						
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support				•		
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(0) 2010	(6) 2020	(0) 2021	(0) 2022	(0) 2020	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	n,
	check this box and stop here	-					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I			column (f))		15	%
	Public support percentage from 2022		•			16	%
	tion D. Computation of Invest						70
	•					17	0/
	Investment income percentage for 20	-					%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the						' is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	n did not check a l	box on line 14, 19	a, or 19b, check th	is box and see ins	tructions	

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Schedule A (Form 990) 2023

16

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

10b

Yes No

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023 LIBERTY HOSPITAL FOUNDATION Part IV Supporting Organizations (continued)

No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	Í	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one support organization, describe how the powers to appoint and/or remove officers, or trustees were allocated among the	ers, ted		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	experience) that experted experience as controlled the experience experiencies () () (

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supporting organization

Supervis		u olleu li le sul		yanizalion.
Section C.	Type II	Supporting	j Organi	zations

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

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed

 1
 Image: the support of the organization (s)

Section D	. All Type III	Supporting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

see instructions).
see

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

-	The exception evenested a governmental entity		
C	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	-

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

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

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*
 Yes
 No

 2a
 ...

 2a
 ...

 2b
 ...

 3a
 ...

 3b
 ...

Schedule A (Form 990) 2023

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Schedule A (I	Form 990) 2023
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Schedule A	(Form 990)	2023	LIBERTY	HOSPITAL	FOUNDATION	
Part V	Type III	Non-Function	onally Integra	ated 509(a)(3)	Supporting Organiz	zations

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 (<i>explain in</i> F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see 7 instructions).

Schedule A (Form 990) 2023

332026 12-21-23

8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

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

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

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023

Schedule A	(Form 990) 2023			FOUNDATION	43-135	6176 Page 8
Part VI	line 1; Part IV, Section A, lines	1, 2, 3b, 3c, 4b, 40 , lines 2 and 3; Pa	c, 5a, 6, 9a, 9b, 9c rt IV, Section E, lir	c, 11a, 11b, and 11c; P nes 1c, 2a, 2b, 3a, and	ne 10; Part II, line 17a or 17b; Part III, art IV, Section B, lines 1 and 2; Part I 3b; Part V, line 1; Part V, Section B, I this part for any additional informatio	V, Section C, ine 1e; Part V,
32028 12-21-2	3			21	Schedule	A (Form 990) 202

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Schedule of Contributors

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

2023

Employer identification number

Schedule B
(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

JIBERTY	HOSPITAL	FOUNDATION	

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4 3) — I		Э	υJ	L /	U

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

LIBERTY HOSPITAL FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>750,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.		\$	Person Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Employer identification number

43-1356176

323452 12-26-23

14500127 795752 13809

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

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

323453 12-26-23

Schedule B (Form 990) (2023)

14500127 795752 13809

25 2023.05040 LIBERTY HOSPITAL FOUNDATI 13809_2

Page 3 Employer identification number

43-1356176

Schedule B (Form 990) (2023)

LIBERTY HOSPITAL FOUNDATION

Name of organization

Part II

(a)

Name of organization 43-1356176 TATILI Science/vergloux, chartable, etc., contributions to organizations described in section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (B), of (10) hat the land met has 1200 for the respective most as exact as a section 501(c)71, (D) perception of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held	Schedule I	B (Form 990) (2023)			Page 4
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323454 12-26-23 Schedule B (Form 990) (2023	323454 12-26	ð-23			Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

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SCH	EDU	LE D
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Department of the Treasury

Internal Revenue Service

(Form	990)
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Supplemental Financial Statements

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

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



Employer identification number 43 - 1356176

Name of the organization

LIBERTY HOSPITAL FOUNDATION

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's e	exclusive legal control?	Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad	dvisors 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
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreat	tion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included on line 2c acqui		
	on a historic structure listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, rele		
	year		0
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I		
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	ther 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	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	าร.
b	If the organization elected, as permitted under FASB ASC 958	8, 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 furth	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			•
2	If the organization received or held works of art, historical trea		
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2023
	09-28-23		

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Partial Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets gentrued. 3 Using the organization accusation, account of the records, check any of the following that make significant use of the collection terms (check all that apply). Data check all that apply. Data check and that anagenet. Data check and the anagenet that the check and anagenet that all that check check all that and complete the following their anagenet the last thill check and the anagenet that anagenet. Data check and the anagenet that anagenet the anagenet that anagenet the last thill check and and the apply. Data check and the anagenet that anagenet anagenet that	Sche		HOSPITAL F						43-13	56176	5 Р	age 2
collection terms (check all that apply). Collection terms (check all that apply). Scholarly research Other	Par	t III Organizations Maintaining C	ollections of Art	, Historic	al Tre	asures, o	r Othe	r Simila	r Assets	contin	ued)	
a Public schulttion d Can or exchange program b Schular yessarch e Otter	3	Using the organization's acquisition, accession	on, and other records	, check any	of the f	ollowing that	t make s	ignificant	use of its			
b Scholarly research e Other c Pressivation for hubure generations Provide a description of the organization scillections and explain how they further the organization science of ther similar assets to be soft or ther similar assets d Provide a description of the organization scillection? Yes No Part U Escrow and Custodial Arrangements Complete if the organization science of the respective on Form 990, Part V, line 9, or reported an anount on Form 990, Part X, line 21. Ta is the organization in agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 800, Part X, line 21. Amount Ta is the organization include an amount on Form 990, Part X, line 21. Amount Ta is the organization include an amount on Form 990, Part X, line 21. Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No Detributions along the year (a) Current year (b) Price year is part (b) Price year is part (c) Price years task (d) Three years task (e) Four years back (e) Four years back (d) Three years task (d) Price years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (collection items (check all that apply).										
Previde a description of ruture generations Provide a description of the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solut or receive donations of art, historical masswered 'Yes' on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization answered 'Yes' on Form 900, Part X, line 9, or reported an amount on Form 900, Part X, line 21. Is the organization and the transmodule of the organization answered 'Yes' on Form 900, Part X // Ine 9, or reported an amount on Form 900, Part X, line 21, for escrow or custodial account liability Ves No If 'Yes,' explain the arrangement in Part XIII and complete the following table:	а	Public exhibition	d	Loar	n or exc	hange progra	am					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization answered "Yes' on Form 900, Part X, line 9. responde an amount on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X, line 21. Is the organization include an amount on Form 990, Part X, line 21. Distributions during the year Ending balance Geginning balance Id Id Id Id Id Id Id current year Id Id Id Id Id Id Current year Id Id Id Current year Id Id Id Current year Id	b	Scholarly research	е	Othe	er							
5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets	с	Preservation for future generations										
5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets	4	Provide a description of the organization's co	pllections and explain	how they fu	irther th	e organizatio	on's exer	npt purpo	se in Part	XIII.		
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 line 21. Ves No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount Intermediate intermediate intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount Intermediate intermediate intermediate intermediary for control values intermediate inte	5											
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 // line 21. Ves No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount to did <lidid< li=""> <lidid< li=""> <li< td=""><td></td><td>to be sold to raise funds rather than to be ma</td><td>aintained as part of th</td><td>ie organizati</td><td>on's co</td><td>llection?</td><td></td><td></td><td></td><td>Yes</td><td></td><td>No</td></li<></lidid<></lidid<>		to be sold to raise funds rather than to be ma	aintained as part of th	ie organizati	on's co	llection?				Yes		No
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, line 21, for contributions or other assets not included on Form 990, Part X, line 21, for contributions or during the year 1a Beginning balance 1a 2A dottions during the year 1a 1a Dott the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 2B Dott the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No Part V Endowment Funds Complete if the organization nasweed 'ves' on Form 990, Part X, line 21, for escrew or custodial account liability? Ves No 1a Beginning of year balance 6, 322, 249, 5, 873, 418, 6, 524, 096, 5, 617, 021, 5, 636, 132, 5, 073, 418, 6, 524, 096, 5, 617, 021, 5, 636, 132, 6, 323, 106, 742, 280, 000, 79, 664, 231, 781, 1, 4 Administrative expenses 1, 303, 823, 106, 742, 280, 000, 79, 664, 231, 781, 1, 4 Administrative explained generative active traver and particle for facilities and programs 1, 303, 823, 106, 742, 280, 000, 79, 664, 231, 781, 13, 328, 32, 106, 742, 280, 000, 79, 664, 231, 781, 1, 4 Administrative explained or quasi-andownent (master the accel dina fig. column (a)) held as: 2 Forvide the estimated procentage of the current year on blance (line 10, column (a)) held as: 5, 617, 021, 2, 13, 282, 106, 742, 280, 000, 79, 664, 13, 328, 23, 106, 742, 280, 000, 79, 664, 13, 328, 23, 106, 742,	Par						Yes" on	Form 990	, Part IV, li	ne 9, or		
on Form 990, Part X7 Yes No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id a 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 Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No f Administrative expenses 6, 322, 249, 5, 873, 418, 6, 924, 096, 5, 617, 021, 5, 635, 132. S, 635, 691, 6, 322, 249, 5, 873, 418, 6, 924, 096, 5, 617, 021, 5, 635, 132. c Other expenditures for facilities 1, 303, 823, 106, 742, 280, 000, 79, 664, 231, 781. 13, 328. g End of year balance 95, 77, 10, 98, 5 5, 617, 021. 5, 617, 021. Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as:		reported an amount on Form 990, Pa	rt X, line 21.	-								
b If Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Distributions during the year Id 1d Id 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If Yes, "explain the arrangement in Part XIII Chock 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. (e) Four years back	1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for cont	ribution	s or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year 1d a Distributions during the year 1d a Distributions during the year 1d a Distributions during the year 1d b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Ne b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Ne f Beginning of year balance (a) Current year (b) Prior year (c) Two years back (c) Fore years back (c) Four years back for a scholarships. (b) Prior years (c) Two years back (c) Three years back for a scholarships. c Net investment earnings, gains, and losses for 67.265.555.573. -770.678.1, 3.366,739.2255.958.25.25.25.25.25.25.25.25.25.25.25.25.25.		on Form 990, Part X?		-						Yes		No
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b Contributions		· · · · · · · · · · · · · · · · · · ·							years back	(e) Four	years	back
b Contributions 667,265 555,573 -770,678 1,386,739 225,998 d Grants or scholarships 667,265 555,573 -770,678 1,386,739 225,998 d Grants or scholarships 1 1,303,823 106,742 280,000 79,664 231,781 e Other expenditures for facilities 1 303,823 106,742 280,000 79,664 231,781 g End of year balance 5,685,691 6,322,249 5,873,418 6,924,096 5,617,021 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 95.7410 % b Permanent endowment 4.2590 % f Starto scholarships 3a(0) X i(i) Unrelated organizations? 9 % Sa(0) X Sa(0) X (ii) Unrelated organizations? 3a(0) X Sa(0) X Sa(0) X (iii) Unrelated organizations? (iii) Sa(0) X Sa(0) X Sa(0) X <td>1a</td> <td>Beginning of year balance</td> <td>6,322,249.</td> <td>5,873</td> <td>8,418.</td> <td>6,92</td> <td>4,096.</td> <td>5,6</td> <td>517,021.</td> <td>5</td> <td>636,</td> <td>132.</td>	1a	Beginning of year balance	6,322,249.	5,873	8,418.	6,92	4,096.	5,6	517,021.	5	636,	132.
c Net investment earnings, gains, and losses 667, 265. 555, 573. -770, 678. 1, 386, 739. 225, 998. d Grants or scholarships												
d Grants or scholarships Other expenditures for facilities and programs 1, 303, 823. 106, 742. 280, 000. 79, 664. 231, 781. f Administrative expenses and programs c, 685, 691. c, 322, 249. c, 873, 418. c, 924, 096. c, 617, 021. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 95.7410 % b Permanent endowment 95.7410 % Term endowment 4.2590 % c Term endowment 95.7410 % Term endowment funds not in the possession of the organization that are held and administered for the organizations? (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations and exes 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	с		667,265.	555	5,573.	-77	0,678.	1,3	386,739.		225,	998.
e Other expenditures for facilities and programs 1,303,823. 106,742. 280,000. 79,664. 231,781. f Administrative expenses 13,328. 106,742. 280,000. 79,664. 231,781. g End of year balance 5,685,691. 6,322,249. 5,873,418. 6,924,096. 5,617,021. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 95.7410 % b Permanent endowment 4.2590 % % % % Term endowment	d						-					
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g End of year balance 5,685,691 6,322,249 5,873,418 6,924,096 5,617,021 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 95.7410 % b Permanent endowment 4.2590 % % % c Term endowment	f										13,	328.
2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment 95.7410 % b Permanent endowment 4.2590 % c Term endowment% 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 organizations? (i) Unrelated organizations? (ii) Related organizations? 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 (other) (b) Buildings c Leasehold improvements c Leasehold improvements c Leasehold improvements d Equipment 22,118.12,132.9,986. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c. column (B)) 9,986.			5,685,691.	6,322	2,249.	5,87	3,418.	6,9	924,096.	5	617,	021.
a Board designated or quasi-endowment 95.7410 % b Permanent endowment 4.2590 % c Term endowment % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(i) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds.			ent vear end balance	line 1a. co	lumn (a)) held as:		· · · ·				
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c Term endowment % 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:	b			_/ -								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (ii) Interlated organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations are the related organizations listed as required on Schedule R? (iii) Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (investment) (a) Cost or other basis (other) (c) Accumulated depreciation (d) Equipment (c) Leasehold improvements (c) Leasehold improvements (d) Equipment (c) Leasehold improvements (c) Column (d) must equal Form 990, Part X, line 10c, column (B) (c) 9, 986. 	с											
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land			uld equal 100%.									
organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment 3b 3b 3b 3b Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value 4b Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 5b Buildings 5b 5b 5b 5b c Leasehold improvements 22,118. 12,132. 9,986. 9,986. e Other 50 <td< td=""><td>3a</td><td></td><td>•</td><td>tion that are</td><td>held ar</td><td>nd administer</td><td>ed for th</td><td>ne</td><td></td><td></td><td></td><td></td></td<>	3a		•	tion that are	held ar	nd administer	ed for th	ne				
(i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 3b 3c(i) X Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value b Buildings 1a Land 1a 1a 1a 1a 1a 22,118. 12,132. 9,986. e Other 1a Land (d) Ines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 9,986. 9,986.			5							ſ	Yes	No
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b 3b Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land		0 ,								3a(i)		Х
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land												Х
4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value c Leasehold improvements 22,118. d Equipment 22,118. e Other 9,986.	b	с, с										
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. (a) Cost or other Description of property (a) Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a Land	4											
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land	Par											
basis (investment) basis (other) depreciation 1a Land		Complete if the organization answere	d "Yes" on Form 990	, Part IV, line	e 11a. S	ee Form 990	, Part X,	line 10.				
basis (investment) basis (other) depreciation 1a Land		Description of property	(a) Cost or of	her	b) Cost	or other	(c) A	ccumulat	ed	(d) Bool	k valu	e
b Buildings										(,		-
b Buildings	1 a	Land										
c Leasehold improvements												
d Equipment 22,118. 12,132. 9,986. e Other												
e Other Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 9,986.					2	2,118.		12,1	32.	(9,9	86.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 9,986.								,				
				(line 10c	column	(B))				(9,9	86.
		<u> </u>	gaar on ooo, at /	<u>, into 100, 1</u>		. <i>=,</i> ,					-	

Schedule		PITAL FOUNDAT	ION	4 3-1356176 Page 3
Part V				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11b. See Form 990, Part X,	line 12.
(a) Desc	cription of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end-of-year market value
(1) Finar	ncial derivatives			
(2) Close	ely held equity interests			
(3) Othe				
	BAIRD AGGREGATE BOND			
	FUND-IS	468,368.	END-OF-YEAR	MARKET VALUE
	COMMERCE BOND FUND #333	1,014,125.		MARKET VALUE
	OODGE & COX INCOME FUND	383,622.	END-OF-YEAR	MARKET VALUE
(E)				
(F)				
(G)				
(H)				
Total. (Co	ıl. (b) must equal Form 990, Part X, line 12, col. (B))	1,866,115.		
Part V	III 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	n: Cost or end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Co	I. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX	K Other Assets			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line ⁻	11d. See Form 990, Part X,	line 15.
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, line 15, co	l. (B))		
Part X				
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11t. See Form 990, F	
1.	(a) Description of liability			(b) Book value
	Federal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	olumn (b) must equal Form 990, Part X, line 25, co			
	lity for uncertain tax positions. In Part XIII, provide		-	
orgai	nization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere it the text of the footnote	has been provided in Part XIII X

Schedule D (Form 990) 2023

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	edule D (Form 990) 2023 LIBERTY HOSPITAL FOUNDATIC	-			1356176 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,114,081.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	-454,898.		
b	Donated services and use of facilities	. 2b	39,123.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	194,264.		
е	Add lines 2a through 2d			2e	-221,511.
3	Subtract line 2e from line 1			3	2,335,592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	35,742.		
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	35,742.
E	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12.)	5	2,371,334.		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				2/0/2/0010
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Wit	h Expenses per F		n
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 123	ents Wit	h Expenses per F		n
9 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents Witl a.	h Expenses per F		2,901,756.
	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	ents Witl a.	h Expenses per F	Retur	n
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	h Expenses per F	Retur	n
1 2	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	h Expenses per F	Retur	n
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	a. 	h Expenses per F	Retur	n
1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	h Expenses per F	Retur	n 2,901,756.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	h Expenses per F 39,123. 194,264.	Retur	n 2,901,756. 233,387.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other losses through 2d	2a 2b 2c 2d	h Expenses per F 39,123. 194,264.	1	n 2,901,756.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	194,264.	1 2e	n 2,901,756. 233,387.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a	h Expenses per F 39,123. 194,264.	1 2e	n 2,901,756. 233,387.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	194,264.	1 2e	n 2,901,756. 233,387. 2,668,369.
1 2 b c d 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	h Expenses per F 39,123. 194,264. 35,742.	1 2e	n 2,901,756. 233,387. 2,668,369. 35,742.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2c 2c 2d 2d 2d	h Expenses per F 39,123. 194,264. 35,742.	1 2e 3	n 2,901,756. 233,387. 2,668,369.

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

PART V, LINE 4:

THE PERMANENT ENDOWMENT HAS BEEN ESTABLISHED FOR THE OPERATION OF THE

HOSPITALITY HOUSE. THE BOARD-DESIGNATED QUASI-ENDOWMENT MANAGED BY UMB

BANK IS ONLY FOR 10% SPENDING IN ANY GIVEN YEAR.

PART X, LINE 2:

THE FOUNDATION HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL

INCOME TAXES, EXCEPT ON UNRELATED BUSINESS INCOME, UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE. IN ADDITION, THE FOUNDATION IS CLASSIFIED AS

AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(1).

THE FOUNDATION'S	POLICY I	IS TO	RECORD	Α	LIABILITY	FOR	ANY	TAX	POSITION	THAT
332054 09-28-23									Schedule D (For	rm 990) 2023
				3	0					

Schedule D (Form 990) 2023 LIBERTY HOSPITAL FOUNDATION 43-1356176 Page 5 Part XIII Supplemental Information (continued) Continued) Continued
IS BENEFICIAL TO THE FOUNDATION, INCLUDING ANY RELATED INTEREST AND
PENALTIES, WHEN IT IS MORE LIKELY THAN NOT THE POSITION TAKEN BY
MANAGEMENT WITH RESPECT TO THE TRANSACTION OR CLASS OF TRANSACTIONS WILL
BE OVERTURNED BY THE TAXING AUTHORITY UPON EXAMINATION. MANAGEMENT
BELIEVES THERE ARE NO SUCH POSITIONS AS OF JUNE 30, 2024, AND ACCORDINGLY,
NO LIABILITY HAS BEEN ACCRUED.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 194,264.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 194,264.
Schedule D (Form 990) 2023

332055 09-28-23

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ng or Gaming A	ctivi	ities	OMB No. 1545-0047			
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023			
Department of the Treasury		Attach to Form 990 o						Open to Public			
Internal Revenue Service	Go t		Inspection								
Name of the organization		HOSPITAL FOUNDATIO	าง				Employer ide $43 - 1356$	entification number			
Part I Fundrais				es" or	n Form 990, Part IV, li	ine 17					
required to	Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.										
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations Indicate with any individual (including officers, directors, trustees, or											
		art VII) or entity in connection with pr viduals or entities (fundraisers) pursua			•	ne fun	idraiser is to b				
compensated at le				0							
(i) Name and addres or entity (func		(ii) Activity	(iii) fundr have ci or con contribu	aiser ustody trol of	(iv) Gross receipts from activity	tò (o 1	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No							
Total											
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	gistration			
		<u> </u>									

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

Schedule G (Form 990) 2023

LHA 332081 09-13-23

LIBERTY HOSPITAL FOUNDATION

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

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			HALF	GOLF	0	(add col. (a) through
			MARATHON	TOURNAMENT	2	col. (c))
e			(event type)	(event type)	(total number)	
Hevenue	1	Gross receipts	140,846.	68,756.	77,894.	287,496
	2	Less: Contributions	92,126.	39,316.	52,997.	184,439
	3	Gross income (line 1 minus line 2)	48,720.	29,440.	24,897.	103,057
	4	Cash prizes				
	5	Noncash prizes				
Denses	6	Rent/facility costs	41,823.	32,521.	20,128.	94,472
Ulrect Expenses	7	Food and beverages	1,608.	4,874.	20,915.	27,397
히	8	Entertainment				
		Other direct expenses		12,436.	24,610.	83,687
		Direct expense summary. Add lines 4 throug		,		205,556
- 1		Net income summary. Subtract line 10 from				-102,499
Ę		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
-				0 1 0 0		
нечеп						
нечеп	1	Gross revenue				
		Gross revenue				
	2					
	2 3	Cash prizes				
	2 3 4	Cash prizes				
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses		Yes%	Yes%	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs		Yes % □ No	Yes% No	
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	└── Yes% └── No		No	
	2 3 4 5 7	Cash prizes	Yes % No h 5 in column (d)	No	No	
	2 3 4 5 7	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes % No h 5 in column (d)	No	No	
Direct Expenses	2 3 4 5 7 8 Ent	Cash prizes	Yes% No In 5 in column (d) 7 from line 1, column (d) ucts gaming activities:	No	No	
b C Direct Expenses	2 3 4 5 7 8 Ent Is t	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No No	No	Yes N
а	2 3 4 5 7 8 Ent Is t	Cash prizes	Yes% No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: activities in each of these	No No	No	Yes N
	2 3 4 5 6 7 8 Ent Is ti If "I	Cash prizes	Yes % No No f 5 in column (d) 7 from line 1, column (d) ucts gaming activities:activities in each of these	states?	□ No	
	2 3 4 5 6 7 8 Ent Is th Is th If "I 	Cash prizes	Yes % No No from line 1, column (d) ucts gaming activities: _ activities in each of these	states?	□ No	
a b a	2 3 4 5 6 7 8 Ent Is th Is th If "I 	Cash prizes	Yes % No No from line 1, column (d) ucts gaming activities: _ activities in each of these	states?	□ No	

Sch	edule G (Form 990) 2023	LIBERTY HOSPITAL FOUNDATION 43	3-1356176 Page 3
11	Does the organization conduct ga	ming activities with nonmembers?	
		ficiary or trustee of a trust, or a member of a partnership or other entity formed	
			Yes No
13	Indicate the percentage of gaming		
		·	13 a %
		e person who prepares the organization's gaming/special events books and records:	[100] //
14			
	Name		
	Address		
	Address		
15:	Does the organization have a cont	ract with a third party from whom the organization receives gaming revenue?	Yes No
100			
r	If "Ves." enter the amount of dam	ng revenue received by the organization \$ and the amoun	+
		third party \$	
	If "Yes," enter name and address		
		of the time party.	
	Name		
	Address		
	Address		
16	Gaming manager information:		
16	Gaming manager information.		
	Nome		
	Name		
	Coming manager companyation	\$	
	Gaming manager compensation	\$	
	Description of services provided		
	Description of services provided		
	Director/officer	Employee Independent contractor	
17	Mandatory distributions:		
	•	state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?		Yes No
r		equired under state law to be distributed to other exempt organizations or spent in the	
	organization's own exempt activiti		,
Pa		nation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9, 9b, 10b.
		applicable. Also provide any additional information. See instructions.	
3320	83 09-13-23	<u>م</u>	hedule G (Form 990) 2023
0020		34	

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2023.05040 LIBERTY HOSPITAL FOUNDATI 13809_2

Schedule G	(Form	990

Part IV	Supplemental Information	ation (continued)		
_				
				Schedule G (Form 990)
332084 04-01-2	23			Schedule & (FULII 990)

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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.									
		Go to www.irs	s.gov/Form990 for	the latest informa	ation.					
Name of the organization	HOSPITAL F	OUNDATION					Employer identification number 43-1356176			
Part I General Information on Grants										
 Does the organization maintain record criteria used to award the grants or as Describe in Part IV the organization's p 	sistance? procedures for monit	oring the use of grant	funds in the United	l States.		· · · · · · · · · · · · · · · · · · ·	X Yes No			
Part II Grants and Other Assistance t recipient that received more tha	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government		(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			
NEW LIBERTY HOPITAL DISTRICT 2525 GLENN HENDREN DRIVE LIBERTY, MO 64068	43-0977042	501(C)(3)	1,856,157.	0.			PATIENT ASSISTANCE AND TREEHOUSE RENOVATION CAMPAIGN			
 2 Enter total number of section 501(c)(3) 3 Enter total number of other organization 							•			

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

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

Schedule I (Form 990) 2023

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PROFESSIONAL EDUCATION	9	27,759.	0.		
AMILY ASSISTANCE	59	41,949.	0.		
ATIENT ASSISTANCE	1160	47,194.	0.		
Part IV Supplemental Information. Provide the information	n required in Part I, lin	e 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
HE FOUNDATION REIMBURSED THE HO	SPITAL FOR	SCHOLARSHI	PS GIVEN B	Y THE	
OSPITAL, THE FOUNDATION MANAGES	THE PROCES	S OF SELEC	יידאכ יידא פ	FCTPTENTS	

HOSPITAL. THE FOUNDATION MANAGES THE PROCESS OF SELECTING THE RECIPIENTS.

THERE ARE GUIDELINES AND AN APPLICATION ON THE WEBSITE AND THE SELECTION

CRITERIA ARE DECIDED BY A COMMITTEE CHAIRED BY A FOUNDATION BOARD MEMBER.

THE POOL IS NARROWED BY THE COMMITTEE AND THEN A SELECTION IS MADE BY THE

FOUNDATION. THE CHECK IS MADE PAYABLE TO THE SCHOOL AND THE STUDENT. THE

HUGHES FAMILY ASSISTANCE FUND WAS CREATED TO ASSIST QUALIFIED LIBERTY

HOSPITAL EMPLOYEES IN SPECIFIC DEFINED CRISIS SITUATIONS. ALL REQUESTS FOR

ASSISTANCE UNDERGO AN APPLICATION/APPROVAL PROCESS THROUGH THE FUND COMMITTEE. THE MAXIMUM AMOUNT OF A GRANT IS NORMALLY \$500, BUT IS SUBJECT TO THE DISCRETION OF THE FUND COMMITTEE. DISTRIBUTION OF FUNDS WILL BE MADE DIRECTLY TO CREDITORS WHENEVER POSSIBLE. PROFESSIONAL EDUCATION - THE COLLEGE SHALL HOLD, INVEST AND REINVEST THE PRESENT AND ALL ADDITIONAL FUNDS AND GIFTS DELIVERED TO IT EITHER PRESENTLY OR IN THE FUTURE, FOR THE LIBERTY HOSPITAL RN/BSN SCHOLARSHIP, BY DONOR OR ANY OTHER PERSONS AND SHALL DISPOSE OF ALL SUCH FUNDS. THE FUNDS FROM THE LIBERTY HOSPITAL RN/BSN SCHOLARSHIP SHALL BE USED EACH YEAR TO PROVIDE FINANCIAL ASSISTANCE TO STUDENTS FROM LIBERTY HOSPITAL AS SELECTED BY THE COLLEGE'S FINANCIAL AID PROCESS AND DEPARTMENT OF NURSING. THE LIBERTY HOSPITAL FOUNDATION LIVEWELL GRANT PROGRAM - THROUGH THIS PROGRAM, THE FOUNDATION PROVIDES GRANT FUNDING TO LOCAL NON-PROFIT AGENCIES TO IMPROVE HEALTH OUTCOMES FOR THE RESIDENTS OF THE LIBERTY HOSPITAL SERVICE AREA. THE FOUNDATION RECOGNIZES THE VALUE OF THESE AGENCIES AND IS EXCITED TO OFFER THIS FUNDING OPPORTUNITY TO ASSIST WITH INITIATIVES THAT WILL POSITIVELY IMPACT THE HEALTH OF THE COMMUNITY. THE MISSION OF THE LIVEWELL GRANT PROGRAM IS TO POSITIVELY IMPACT THE HEALTH OF THE LIBERTY HOSPITAL COMMUNITY THROUGH EARLY DETECTION, WELLNESS AND PREVENTION, COMMUNITY HEALTH INITIATIVES, DIRECT HEALTHCARE SERVICES, AND GENERAL ACCESS TO HEALTH CARE BY THE MEDICALLY UNDER-INSURED AND UNDER-SERVED. EACH REQUEST IS REVIEWED ON IT'S OWN MERIT FOR IT'S ABILITY TO HELP IMPROVE THE HEALTH OF OUR COMMUNITY. ALL RECIPIENTS ARE REQUIRED TO SUBMIT A 6 AND 12 MONTH REPORT.

Schedule I (Form 990)

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SC	HEDULE J	Compensation Information	1	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	2	
•	-	Compensated Employees		20	ZJ	j –
		Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	tment of the Treasury al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	ne of the organization	Employer i	dentificatio	on nui	mber	
		LIBERTY HOSPITAL FOUNDATION	43-1	35617	6	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	ine 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	harter travel Housing allowance or residence for perso	nal use			
	Travel for com	panions Payments for business use of personal re-	sidence			
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee				
	Discretionary s	pending account Personal services (such as maid, chauffer	ır, chef)			
b		on line 1a are checked, did the organization follow a written policy regarding payment or				
				1 b		
2		require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	s, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
-						
3		y, of the following the organization used to establish the compensation of the organization's				
		ctor. Check all that apply. Do not check any boxes for methods used by a related organization	on to			
		tion of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		ompensation consultant				
	X Form 990 of o	her organizations	ommittee			
4	During the year die	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
4	organization or a re					
а	-	e payment or change-of-control payment?		4a		x
b		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?				X
•	-	es 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		n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			5a		X
b	Any related organiz	ation?		. 5b		X
		r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
а	The organization?			6a		X
		ation?				X
		r 6b, describe in Part III.				
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	1e			
				8		X
9	If "Yes" on line 8, d	d the organization also follow the rebuttable presumption procedure described in				
	Regulations section					
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forn	n 990)) 2023

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Schedule J (Form 990) 2023

43-1356176

Page 2

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-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MICHAEL C. RUSSELL	(i)	153,725.	0.	0.	0.	0.	153,725.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2023

Part III Supplemental Information

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

PART I, LINE 3:

THE ANNUAL REVIEW AND COMPENSATION DETERMINATION FOR THE EXECUTIVE DIRECTOR

IS CONDUCTED BY THE EXECUTIVE COMMITTEE UTILIZING FEEDBACK FROM THE ENTIRE

BOARD OF TRUSTEES, STAFF, AND OTHER KEY STAKEHOLDERS. COMPARABILITY DATA

BASED ON NATIONAL AND LOCAL STUDIES IS CONSIDERED ALONG WITH PERFORMANCE

WHEN DETERMINING COMPENSATION. THE ANNUAL REVIEW AND COMPENSATION

DETERMINATION FOR KEY EMPLOYEES IS CONDUCTED BY THE EXECUTIVE DIRECTOR AND

SHARED WITH THE TREASURER AND EXECUTIVE COMMITTEE, INCLUDING THE PRESIDENT,

PRIOR TO APPROVAL. THE COMPENSATION DETERMINATION PROCESS IS DOCUMENTED IN

MEETING MINUTES.

Schedule J (Form 990) 2023

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Open to Public

2

43-1356176

23

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

Department of the Treasury Internal Revenue Service

Daut

Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

mation. Inspection Employer identification number

Name of the organization

LIBERTY HOSPITAL FOUNDATION

Pa	TI Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrit amounts report Form 990, Part VII	ed on		(d) Method of det cash contribut		•	S
1	Art - Works of art			,	, U					
2	Art - Historical treasures									
3	Art - Fractional interests									
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded									
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous	Х	3	8,	325.	FAIR	MARKET	VAI	JUE	
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential									
16	Real estate - Commercial									
17	Real estate - Other									
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies									
21	Taxidermy									
22	Historical artifacts									
23	Scientific specimens									
24	Archeological artifacts									
25	Other (OTHER NON-CASH)	Х	4	19,	844.	FAIR	MARKET	VAI	LUE	
26	Other (FUNDRAISER AUCT)	Х	36				MARKET			
27	Other ()									
28	Other (
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions						
	for which the organization completed Form 828	-			29					
	5	, , ,	5						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines	1 throug	h 28, tha	tit [
	must hold for at least 3 years from the date of t									
	exempt purposes for the entire holding period?			·				30a	_	Х
h	If "Yes," describe the arrangement in Part II.							554		
31	Does the organization have a gift acceptance p	olicy that re	quires the review (of any nonstandard	contribut	ions?		31	x	
32a	Does the organization have a gift acceptance p							01		
52 d			•	· • ·				32a	x	
h	If "Yes," describe in Part II.						·····	520		
	If the organization didn't report an amount in co	lumn (a) fai	a type of property	for which column (a) is choo	kod				
33	describe in Part II.		a type of property		aj is cited	neu,				

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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

SCHEDULE M, LINE 32B:

THE ORGANIZATION RECEIVES DONATIONS OF SECURITIES AND USES A THIRD

PARTY BROKERAGE FIRM TO HOLD AND SELL THESE SECURITIES.

Schedule M (Form 990) 2023

332142 09-11-23

SCHEDULE O (Form 990)

Form 990)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



43-1356176

LIBERTY HOSPITAL FOUNDATION

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

LIBERTY HOSPITAL COMMUNITY BY CREATING, FUNDING, AND PROMOTING PROGRAMS

THAT IMPROVE HEALTH, EDUCATION, WELLNESS, AND CARE.

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

THE DRAFT FORM 990 IS PRESENTED TO THE BOARD FOR REVIEW. QUESTIONS AND

COMMENTS ARE DISCUSSED AT A BOARD MEETING PRIOR TO APPROVAL AND FILING OF

THE 990.

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

THE ORGANIZATION REQUIRES ANY BOARD MEMBER WITH A CONFLICT OF INTEREST TO RECUSE THEMSELVES FROM DISCUSSION AND DECISION MAKING RELATIVE TO THE CONFLICT OF INTEREST. THE CONFLICT OF INTEREST POLICY IS ALSO REVIEWED AT BOARD MEETINGS AND TRAININGS SEVERAL TIMES THROUGHOUT THE YEAR.

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

THE ANNUAL REVIEW AND COMPENSATION DETERMINATION FOR THE EXECUTIVE DIRECTOR
IS CONDUCTED BY THE EXECUTIVE COMMITTEE UTILIZING FEEDBACK FROM THE ENTIRE
BOARD OF TRUSTEES, STAFF, AND OTHER KEY STAKEHOLDERS. COMPARABILITY DATA
BASED ON NATIONAL AND LOCAL STUDIES IS CONSIDERED ALONG WITH PERFORMANCE
WHEN DETERMINING COMPENSATION. THE ANNUAL REVIEW AND COMPENSATION
DETERMINATION FOR KEY EMPLOYEES IS CONDUCTED BY THE EXECUTIVE DIRECTOR AND
SHARED WITH THE TREASURER AND EXECUTIVE COMMITTEE, INCLUDING THE PRESIDENT,
PRIOR TO APPROVAL. THE COMPENSATION DETERMINATION PROCESS IS DOCUMENTED IN
MEETING MINUTES.

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

Schedule O (Form 990) 2023 Name of the organization				Employer identification num 43-1356176
LIBERTY HOSPITAL		JN		43-13501/0
FORM 990, PART VI, SECTION C, L	INE 19:			
ANNUAL REPORTS ARE PRODUCED AND	SENT TO	CONSTITU	ENTS AND	STAKEHOLDERS. THE
ORGANIZATION'S BY-LAWS ARE AVAI	LABLE ON	THEIR WE	BSITE.	
332212 11-14-23	45			Schedule O (Form 990)

	EXTENDED TO MAY 15, 2025		
Form 990-T	Exempt Organization Business Income Tax Return	1	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		2022
	For calendar year 2023 or other tax year beginning $\underbrace{JUL 1, 2023}_{}$, and ending $\underbrace{JUN 30, 202}_{}$	<u>4</u> .	2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization (Check box if name changed and see instructions.)	D Em	ployer identification number
address changed.			
B Exempt under section	Print LIBERTY HOSPITAL FOUNDATION	4	3-1356176
X 501(c)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.		oup exemption number e instructions)
408(e) 220(e)	Type 2525 GLEN HENDREN DRIVE		,
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code		
529(a) 529A	LIBERTY, MO 64069	_IF └─	Check box if
	C Book value of all assets at end of year		an amended return.
G Check organization	type X 501(c) corporation 501(c) trust 401(a) trust Other trust 6417(d)(1)(A) Applicable entity	State	college/university
H Check if filing only to		nt amo	ount from Form 3800
	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)		
K During the tax year,	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
If "Yes," enter the na	ame and identifying number of the parent corporation		
L The books are in car		:16.	792.7014
	elated Business Taxable Income		
	business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
		2	
 3 Add lines 1 and 2 4 Charitable contribution 		3	0.
	butions (see instructions for limitation rules) usiness taxable income before net operating losses. Subtract line 4 from line 3	5	0.
	operating loss. See instructions	6	
	I business taxable income before specific deduction and section 199A deduction.	Ť	
Subtract line 6 fro		7	
8 Specific deduction	n (generally \$1,000, but see instructions for exceptions)	8	1,000.
	99A deduction. See instructions	9	
	s. Add lines 8 and 9	10	1,000.
	ess taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
Part II Tax Com	-	T	
	ixable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
	t trust rates. See instructions for tax computation. Income tax on the amount on		
, ,	m: Tax rate schedule or Schedule D (Form 1041)	2	
	structions	4	
	um tax	5	
	bliant facility income. See instructions	6	
	B through 6 to line 1 or 2, whichever applies	7	0.
Part III Tax and	Payments		
1a Foreign tax credit	t (corporations attach Form 1118; trusts attach Form 1116) 1a		
b Other credits (see	· · · · · · · · · · · · · · · · · · ·	4	
	credit. Attach Form 3800 (see instructions)	4	
	ear minimum tax (attach Form 8801 or 8827) 1d	4	
	Id lines 1a through 1d	1e	
	rom Part II, line 7	2	0.
3a Amount due from		-	
b Amount due from		-	
c Amount due from		-	
d Amount due from		-	
	ue (see instructions)	3f	0.
	thes 2 and 3f (see instructions). Check if includes tax previously deferred under		.
	Enter tax amount here	4	0.
	ax liability paid from Form 965-A, Part II, column (k)	5	0.
	eduction Act Notice, see instructions. 323701 11-20-23		Form 990-T (2023)
	10		

48 2023.05040 LIBERTY HOSPITAL FOUNDATI 13809_2

Form 9	90-T (2023)			F	age 2
Part	III Tax and Payments (continued)				
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election				
	applies] 6b			
с	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
е	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)				
7	Total payments. Add lines 6a through 6j		7		
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached		8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed		9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpa	aid	10		
_11	Enter the amount of line 10 you want: Credited to 2024 estimated tax	Refunded	11		
Part	IV Statements Regarding Certain Activities and Other Information	on (see instructions)			
1	At any time during the 2023 calendar year, did the organization have an interest in or a	a signature or other authority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the c	organization may have to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the	name of the foreign country			
	here			_	X
2	During the tax year, did the organization receive a distribution from, or was it the grant	tor of, or transferor to, a			
	foreign trust?				X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year	\$			
4	Enter available pre-2018 NOL carryovers here \$ Do not in	nclude any post-2017 NOL car	ryover		
	shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by a	ny deduction reported on Part	I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017	NOL carryovers. Don't reduce			
	the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for	the tax year. See instructions.		_	
	Business Activity Code	Available post-2017 NOL	carryover	_	
	\$			_	
	\$			_	
	\$			_	
	\$				
6 a	Reserved for future use				
b	Reserved for future use				
Part	V Supplemental Information				

Provide any additional information. See instructions.

Sign		rry, I declare that I have examined Declaration of preparer (other than						wledge	and belief, it	is true,	
Here					EXECU	TIVE DIRI	ECTOR		the IRS discu reparer show	ss this return n below (see	with
	Signature of officer		Date		Title		ins		ictions)?	Yes	No
	Print/Type prepa	arer's name	Preparer's sign	ature		Date	Check] if	PTIN		
Paid							self-employe	ed			
Prepare	RICH A.	BILI	RICH A.	BILI		01/27/25			P003	10364	
Use Only		KELLER & OWE	NS, LLC				Firm's EIN		48-1	19522	8
	/	10955 LOWE	LL AVE,	STE	800						
	Firm's address	OVERLAND P.	ARK, KS	6621	0		Phone no.	(9	13) 3	38-35	00
									-	000 T	(0000)

Form **990-T** (2023)

323711 11-20-23

(Rev. January 2024)

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

Department of the Treasury Internal Revenue Service

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

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

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

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

must use	Form 7004 to request an extension of time to file incom	e tax retur	ns.				
Part I - Id	entification						
Type or	Name of exempt organization, employer, or other filer	Taxpayer identification number (T					
Print							
File by the	LIBERTY HOSPITAL FOUNDATION	I		43-1356176			
due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, so 2525 GLEN HENDREN DRIVE						
instructions.	City, town or post office, state, and ZIP code. For a fo LIBERTY, MO 64069	oreign add	ress, see instructions.				
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			07	
Applicatio	on Is For	Return	Application Is For			Return	
		Code				Code	
Form 990	or Form 990-EZ	01	Form 4720 (other than individual)			09	
	0 (individual)	03	Form 5227			10	
Form 990-		04	Form 6069			11	
	-T (sec. 401(a) or 408(a) trust)	05	Form 8870			12	
	T (trust other than above)	06	Form 5330 (individual)			13	
	T (corporation)	07	Form 5330 (other than individual)			14	
Form 104		08				17	
	u enter your Return Code, complete either Part II or Par		Lincluding signature, is applicable of	nly for an	ovtonsion of		
•	e Form 5330.			ing for an	CATCHSION OF		
	oplication is for an extension of time to file Form 5330, y		ntor the following information				
		ou musi e					
	n Name						
	n Number						
	n Year Ending (MM/DD/YYYY)	inationa (r					
	utomatic Extension of Time To File for Exempt Organ boks are in the care of THE ORGANIZATION	izations (s					
The bo		זדמת נ	ZE – LIBERTY, MO 64	060			
.		N DRIV		009			
•	one No. 816.792.7014		Fax No.				
	rganization does not have an office or place of business						
. г	s for a Group Return, enter the organization's four-digit (
box	. If it is for part of the group, check this box						
	quest an automatic 6-month extension of time until M			e the exem	npt organizatio	n return for	
the	organization named above. The extension is for the orga	anization's	return for:				
	calendar year 20 or				•	~ ~ ~	
X	tax year beginning JUL 1	, 20	2.3 , and ending	JUN 3	0.	, 20 24	
2 If th	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return	Final retur	n		
3a If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter the	tentative tax, less				
any	nonrefundable credits. See instructions.			3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and				
	mated tax payments made. Include any prior year overp			3b	\$	0.	
	ance due. Subtract line 3b from line 3a. Include your pa						
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
E Duitur	and Renewyork Reduction Act Nation and ind				1	CO (Day 1 0004)	

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