

(Rev. January 2022)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

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

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

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

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

Type or	Name of exempt organization or other filer, see instru-	ctions.		Taxpayer	identificatio	n number (TIN)
print	ANCHORUM HEALTH FOUNDATION				87-31	94433
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, so P.O. BOX 4427	ee instruct	ions.			
return. See instructions	City, town or post office, state, and ZIP code. For a for SANTA FE, NM 87502-4427	oreign addı	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			01
Applicat	ion	Return	Application			Return
ls For		Code	Is For			Code
Form 990) or Form 990-EZ	01	Form 1041-A			08
Form 472	20 (individual)	03	Form 4720 (other than individual)			09
Form 99)-PF	04	Form 5227			10
Form 99	D-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 99	D-T (trust other than above)	06	Form 8870			12
Form 99	D-T (corporation)	07	O/CORPORATE TREASU			
 If the If this box 1 I return the 	hone No. ▶ 505-983-9792 organization does not have an office or place of business is for a Group Return, enter the organization's four digit (. If it is for part of the group, check this box ▶ equest an automatic 6-month extension of time until e organization named above. The extension is for the organization is for the organization named above. The extension is for the organization named above. The extension is for the organization named above. The extension is for the organization part of the group or X tax year beginning JUL 1, 2022 he tax year entered in line 1 is for less than 12 months, clip Change in accounting period	Group Exe and atta MAX anization's , an	ted States, check this box	f this is fo all membe	r the whole g ers the exten npt organizat	roup, check this
	his application is for Forms 990-PF, 990-T, 4720, or 6069 y nonrefundable credits. See instructions.	, enter the	tentative tax, less	3a	\$	0.
	his application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	refundable credits and			
est	imated tax payments made. Include any prior year overp	ayment all	owed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a. Include your pa	yment with	n this form, if required, by			
us	ng EFTPS (Electronic Federal Tax Payment System). See	e instructio	ns.	3c	\$	0.
Caution: instruction	If you are going to make an electronic funds withdrawal ons.	(direct det	bit) with this Form 8868, see Form 84	53-TE and	d Form 8879	TE for payment
	For Privacy Act and Paperwork Reduction Act Notice.	see instru	ctions.		Form 8	868 (Rev 1-2022)

223841 04-01-22

	_		** PUBL	IC DISCLOSURE C	OPY ** From li	ncome Tax	OMB No. 1545-0047
Forn	_ Q (90	•	-			2022
1 011		50	Under section 501(c), 527, or 494	curity numbers on this form			
Depar Intern	rtment o al Rever	of the Treasury nue Service		Form990 for instructions and	-		Open to Public Inspection
			ar year, or tax year beginning J	UL 1, 2022 an	d ending J	UN 30, 2023	
	heck if oplicabl	e: C Name of	forganization			D Employer identifica	ation number
	Addre chang Name chang		ORUM HEALTH FOUNDA	TION		87-319443	3
	Initial return Final	Number	and street (or P.0. box if mail is not de BOX 4427	elivered to street address)	Room/suite	E Telephone number 505-983-9	
	Jreturn/ termin ated	City or to	own, state or province, country, and			G Gross receipts \$	635,286.
	Ameno return	SANT	<u>A FE, NM 87502-44</u>			H(a) Is this a group ret	
	Applic tion pendir	^{ng} SAME	nd address of principal officer: JER	RY JONES		for subordinates? H(b) Are all subordinates inc	
<u>I</u> T	ax-exe	empt status:) (insert no.) 4947(a)(1) or 🔄 527	If "No," attach a li	st. See instructions
	Vebsit		ORUM.ORG			H(c) Group exemption	
KF	orm of		X Corporation Trust A	ssociation Other	L Year	of formation: 2021 M	State of legal domicile: NM
Pa		Summary					
Governance			e the organization's mission or most HEALTH OUTCOMES		EAPAND	NEALTICARE A	CCESS AND
erne	2	Check this box	x if the organization disco	ontinued its operations or disp	osed of more	1 1	-
Š			ting members of the governing body				32
			lependent voting members of the go				<u> </u>
Activities &			of individuals employed in calendar				2
ti			of volunteers (estimate if necessary)	(0)			0.
٩ ٩			d business revenue from Part VIII, co			7a 7b	0.
	d	Net unrelated	business taxable income from Form	990-1, Part I, line 11		Prior Year	Current Year
	8	Contributions	and grants (Part VIII, line 1h)			0.	635,000.
an						0.	0.
Revenue		•	come (Part VIII, column (A), lines 3, 4	and 7d)		0.	286.
Å			e (Part VIII, column (A), lines 5, 6d, 8d			0.	0.
			- add lines 8 through 11 (must equal			0.	635,286.
			nilar amounts paid (Part IX, column (0.	0.
			to or for members (Part IX, column (A	· · · · · · · · · · · · · · · · · · ·		0.	0.
s			compensation, employee benefits (0.	0.
Jse			undraising fees (Part IX, column (A),			0.	0.
Expenses	b	Total fundraisi	ng expenses (Part IX, column (D), lin	ie 25)	0.		
۳	17	Other expense	es (Part IX, column (A), lines 11a-11d	l, 11f-24e)		0.	565,514.
	18	Total expenses	s. Add lines 13-17 (must equal Part I	IX, column (A), line 25)		0.	565,514.
		Revenue less	expenses. Subtract line 18 from line	12		0.	69,772.
Net Assets or Fund Balances					Be	ginning of Current Year	End of Year
sset	20	Total assets (F				43,247.	106,354.
etA	21		· · · · · · · · · · · · · · · · · · ·			<u>29,219.</u> 14,028.	<u>22,554.</u> 83,800.
	22 Irt II	Net assets or f	fund balances. Subtract line 21 from	1 line 20		14,020.	03,000.
		-	I declare that I have examined this return	including accompanying cohodul	ac and stateme	unter and to the bast of my l	nowlodge and belief it is
			. Declaration of preparer (other than offic				nowieuge and belief, it is
		1 Cen	mm		initian properties		3/2024
Sigr	ı	Signature of of	ficer			Date	
Here			R CRYSLER, CFO/COR	PORATE TREASURE	R		
		Type or print na					
		Print/Type prep	 barer's name	Preparer's signature	[Date Check	PTIN
Paid		STEVEN		STEVEN TALBOT	0	2/22/24 if self-employed	P01695427
Prep		Firm's name	MOSS ADAMS LLP				-0189318
الوم		Eirm's address	6565 AMERICAS PAR	KWAV NE STE 60	0		

Use Only	Firm's address	6565	AMERICAS	PARKWAY	\mathbf{NE}	STE	600			
		ALBU	QUERQUE, 1	NM 87110				Phone no. 505 -	-878-72	00
May the If	RS discuss this	return wit	h the preparer sho	wn above? See	instruc	tions			X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form	ANCHORUM HEALTH FOUNDATION	87-3194433 Page 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: <u>TO EXPAND HEALTHCARE ACCESS AND IMPROVE HEALTH OUTCOM</u>	ES IN NEW MEXICO.
2	Did the organization undertake any significant program services during the year which were not listed on the	he
-	prior Form 990 or 990-EZ?	
	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 service If "Yes," describe these changes on Schedule O.	ces? Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program service	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	o others, the total expenses, and
4a		(Revenue \$
Ĩ	ANCHORUM HEALTH FOUNDATION PROVIDES GRANT FUNDING TO	
	THE REGION WORKING TO PROMOTE HEALTH FOR THE BENEFIT (OF THE COMMUNITY.
	THE FOUNDATION ALSO MAKES IMPACT INVESTMENTS DESIGNED	TO ALLEVIATE
	BARRIERS TO HEALTHCARE ACCESS FOR POPULATIONS BURDENED	D BY LIMITED
	INCOME, LACK OF RESOURCES, AND COMMUNITY CHALLENGES.	THE FOUNDATION IS
	IN ITS START-UP PHASE, AND PLANS TO BEGIN ITS GRANTMAN	KING IN THE FIRST
	QUARTER OF 2024.	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
		·
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 180,733.	1
		Form 990 (2022)
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Form	aan	(2022)
FUIII	330	(2022)

 Form 990 (2022)
 ANCHORUM
 HEALTH
 FOUNDATION

 Part IV
 Checklist of Required Schedules
 Foundation
 Foundation

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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?			
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			v
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X X
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		х
h	Schedule D, Parts XI and XII	12a		<u></u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	106	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	43	х
14a	Did the survey institute and the survey is a survey of the little of the little of the survey of the	14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	1.10		
~	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			<u> </u>
	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		х
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,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	0000	X
232003	12-13-22	Form	AAO ((2022)

232003 12-13-22

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Form	990	(2022)
FUIII	330	120221

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV			X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	00-		x
00	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
• •	contributions? If "Yes," complete Schedule M	30		X X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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		X
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		<u> </u>
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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	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			
	(gambling) winnings to prize winners?	1c	Х	
232004	12-13-22	Form	990	(2022)
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2022.05050 ANCHORUM HEALTH FOUNDATIO 828192_1

Form	990 (2022) ANCHORUM HEALTH FOUNDATION	87-3194	433	Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)				<u> </u>
				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	s?	2b		
			3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other at				
	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR)			
52		. ,	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.	tion?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		50		
6a			6.		х
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		<u></u>
a	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or giπs			1
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		_		37
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	rices provided to the payor?	7a		<u> </u>
			7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required			
	to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	ion file a Form 1098-C?	7h		
8	$\label{eq:sponsoring} \textbf{ organizations maintaining donor advised funds. } \ \text{Did a donor advised fund maintained}$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		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			
	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			
	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		12a		
	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.	•			
	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.				
h	Enter the amount of reserves the organization is required to maintain by the states in which the				
~	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a		•	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule	<u> </u>	14a		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunera				
15			1=		х
	excess parachute payment(s) during the year?		15		Δ
40	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo	40		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		<u> </u>
<i></i>	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act				1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.		-	000	(0000)
232005	12-13-22		Form	220	(2022)

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Form 990 (2022)

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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. X

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

	1 1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	3		
	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 1b	2		
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
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6		6		X
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
7 a	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
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		<u> </u>
N N		10b		
44.	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
			21	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13		X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed			
17 10				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(s)s only)	avalla	bie
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JENNIFER CRYSLER, CFO/CORPORATE TREASURER - 505-983-9792			
	1676 HOSPITAL DRIVE, SANTA FE, NM 87505		פפס ו	

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

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

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

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

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)	•		(D)	(E)	(F)
Name and title	Average hours per		not c		more	than o		Reportable compensation	Reportable compensation	Estimated amount of
	week					s both pr/trus		from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	rustee	In stitutional trustee		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	dual t	utiona	-	Key employee	st cor	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			•
(1) JERRY JONES	10.00									
DIRECTOR AND PRESIDENT	30.00	Х		Х				0.	456,839.	70,946.
(2) JENNIFER CRYSLER	10.00									
CFO/CORPORATE TREASURER	30.00			Х				0.	153,064.	40,424.
(3) LISA ESTRADA	2.00			_ _						
CORPORATE SECRETARY	38.00	<u> </u>		X				0.	79,325.	27,356.
(4) SAYURI YAMADA	2.00									
DIRECTOR AND CHAIR	4.00	Х			<u> </u>			0.	0.	0.
(5) WENDY TREVISANI	2.00								0	0
DIRECTOR AND VICE CHAIR	4.00	Х						0.	0.	0.
		1								
		1								
					<u> </u>					
		1								
		I			L		L	1		990 (0000)

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Form 990 (2022) ANCHORUM	HEALTH	FO	UN	DA	TI	ON			87-33	19443	3	Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0				(D)	(E)		(F	;)
Name and title	Average			Posi				Reportable	Reportable		Estim	
	hours per					than c s both		compensation	compensatio		amou	
	week					r/trust		from	from related		oth	
	(list any	tor						the	organization			nsation
	hours for	direc				-		organization	(W-2/1099-MIS		from	
	related	e or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)			zation
	organizations	ruste	al tru		/ee	mper		1099-NEC)			and re	
	below	dual t	ltion	_	loldu	st co iyee	J.					ations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former			-	- J	
				0	×	1 0						
								0	<u> </u>		20	BOC
1b Subtotal								0.	689,22		.38,	726.
c Total from continuation sheets to Part VI	, Section A							0.		0.		0.
d Total (add lines 1b and 1c)								0.	689,22	28. 1	.38,	726.
2 Total number of individuals (including but n								eceived more than \$100,	000 of reportable	3		
compensation from the organization						,		. ,				0
											Ye	s No
3 Did the organization list any former officer,	director truct	I				~ ~ ~	hia	best componented small	0.100.00			
c i	,	,				,	0		5			v
line 1a? If "Yes," complete Schedule J for s										3	3	<u> </u>
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	dule	Jf	or such individual		4	ı X	
5 Did any person listed on line 1a receive or a	ccrue comper	satio	on fr	om a	any	unre	late	ed organization or individ	lual for services			
rendered to the organization? If "Yes." com	plete Schedule	e. I fo	or su	ich r	oers	on .		-		5	5	X
Section B. Independent Contractors	<u>pioto conodun</u>	201	<u> </u>		2010							
1 Complete this table for your five highest con	mpensated inc	ene	nder	nt co	ontra	actor	e th	nat received more than \$	100 000 of comr	ensation	from	
	-	-								Chisation	nom	
the organization. Report compensation for t	ne calendar ye	eare	nain	ig w		or wit			ear.		(0)	
(A)	addraaa							(B)	omiono	Com	(C)	tion
Name and business	address							Description of s	ervices	Com	pensa	luon
DOBIE & ASSOCIATES												
30 DANA PLACE, LONG BEACH	, CA 90	80	3					STRATEGIC CO	NSULTING	1	<u>.67,</u>	563.
MCDERMOTT, WILL & EMERY L	LP, 204	9	CEI	NTI	UR.	Y						
PARK EAST, STE. 3200, LOS	ANGELE	S,	C	A			Ŀ	LEGAL SERVIC	ES	1	02,	842.
		- 1										
							-					
							$ \downarrow$					
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	to t	thos	e lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				2			,				
									I	For	m 99	0 (2022)
										FUI		- (2022)

Ра	rt VI										
			Check if Schedule O c	contains	a respor	nse (or note to any line I	<u>e in this Part VIII</u> (A)	(B)	(C)	[D]
								(م) Total revenue	Related or exempt	Unrelated	Revenue excluded
								10tal 10tonao		business revenue	from tax under
											sections 512 - 514
nts	1 a	а	Federated campaigns								
Sral our	I										
Am ((Fundraising events								
ar Gift		d	Related organizations		1d		<u>635,000.</u>				
s, ini	•	е	Government grants (contr	ibutions)	1e						
r or S	1	f	All other contributions, gifts,	grants, ar	d						
ibu			similar amounts not included	above	1f						
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines 1a-1f	1g \$						
S S G	I	h	Total. Add lines 1a-1f					635,000.			
							Business Code				
e	2 8	а									
Program Service Revenue	1	b									
Se		с									
am		d									
- Ba		е									
Å	1	f	All other program service	revenue							
	9		Total. Add lines 2a-2f								
	3		Investment income (includ	ding divic	lends, in	itere	st, and				
			other similar amounts)	-				286.			286.
	4		Income from investment o								
	5		Royalties								
					(i) Real		(ii) Personal				
	6 8	а	Gross rents	6a							
	1	b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
			Net rental income or (loss))							
	7 a		Gross amount from sales of		Securiti		(ii) Other				
			assets other than inventory	7a							
		b	Less: cost or other basis								
ē	-		and sales expenses	7b							
Revenue		с	Gain or (loss)	7c							
se			Net gain or (loss)	· · · ·							
P			Gross income from fundraisir								
Ōţ		-	including \$								
U			contributions reported on								
			Part IV, line 18	,		8a					
	Ι,	b				8b					
			Net income or (loss) from								
			Gross income from gamin		ũ.	Ē					
			Part IV, line 19			9a					
	Ι,	h	Less: direct expenses			9b					
			Net income or (loss) from								
			Gross sales of inventory, I	0 0		<u></u>					
	.0 .	4	and allowances			10-					
	.	h	Less: cost of goods sold			10a 10b					
						<u> </u>					
	[•]	U	Net income or (loss) from	Salts Uf	inventor	у	Business Code				
ns	44	_									
le ol	11 a										
scellaneo Revenue		b									<u> </u>
Miscellaneous Revenue		с									
Nis	•		All other revenue								
			Total. Add lines 11a-11d					625 200		0	206
	12		Total revenue. See instruction	ons				635,286.	0.	0.	286.
23200	9 12-1	13-:	22								Form 990 (2022)

232009 12-13-22

Form 990 (2022)

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87-3194433 Page 9

ANCHORUM HEALTH FOUNDATION Part IX Statement of Functional Expenses

Ob. Bb, Br. and 70b of Part Vill. expenses general expenses	Do n	Check if Schedule O contains a respons ot include amounts reported on lines 6b.	(A)	(B) Program service	(C)	(D) Fundraising
and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign erganizations, feeign governments, and foreign individuals. See Part IV, line 21 and 16 4 Banetits paids to or formetions 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Other assistance to disqualified percons (as defined under section 4980(13)(8) 7 Other employee benefits 9 Person pina acruits and combulons (flockid section 401(k) and 403(b) employer contributions			l otal expenses			expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 75 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Gomensation of current officers, directors, trustees, and key employees 7 Tother satisfication 4568(X)(10) 9 Other employee contributions (include ascina 40(10) and 40(20) employees; 8 Management 10 Paryoti Taxes 11 Fees for services (nonemployees); 8 Management 11 Fees for services (nonemployees); 8 Management 12 Lobbym 9 Other satisfactor (100 , 717. 100 , 717. 100 , 717. 100 , 717. 100 , 717. 10 column (A), anount, list in 10 goverses on Sch O.) 412 , 118 , 180 , 733 , 231 , 385 , column (A), anount, list in 10 goverses on Sch O.) 12 Adverting and promotion 6 , 950 , for 950	1	Grants and other assistance to domestic organizations				
individuals. See Part IV, line 22 individuals. See Part IV, line 15 and 16 3 Grants and other assistance to foreign organization, foreign governmets, and foreign individuals. See Part IV, line 15 and 16 individuals. See Part IV, line 15 and 16 4 Bernffs paid to or for members individuals. See Part IV, line 17 and 16 individuals. See Part IV, line 17 6 Compensation not included above to disgualified persons description (set) (video (set) (video (set)) individuals. See Part IV, line 17 7 Other salaries and wages individuals. See Part IV, line 17 individuals. See Part IV, line 17 9 Parior plan scrubes in section 4586(17)(18) and 403(b) employer contributions) individuals. See Part IV, line 17 9 Other employee benefits individuals. See Part IV, line 17 individuals. See Part IV, line 17 9 Other, (filme 11g amount, litine 11g spenses on Sch0.) 2, 155. 2, 155. 9 Other, effline 11g amount, litine 11g spenses on Sch0.) 6, 2550. 6, 950. 10 Conferences, conventions, and meetings interest interest 10 Conferences, conventions, and meetings interest interest 10 Paynets to atmilates 4, 774. 4, 774. 12, 013. 12, 013. interest 12 Approvers. Intere expenses in Sch0. 565, 514. 180, 733. 384, 781. </td <td></td> <td>and domestic governments. See Part IV, line 21</td> <td></td> <td></td> <td></td> <td></td>		and domestic governments. See Part IV, line 21				
3 Grants and other assistance to foreign individual. See Part V, lines 15 and 16 Image: Comparison of current of Tokers, directors, trustees, and key employees 4 Benefits paid to or for members Image: Comparison of Lawrent of Tokers, directors, trustees, and key employees 6 Compensation of Lawrent of Tokers, directors, trustees, and key employees Image: Comparison of Lawrent of Tokers, directors, trustees, and key employees 8 Pension plan accruals and contributions (include section 410%) and 403(b) employee combutions) Image: Comparison of Lawrent of Tokers, directors, trustees, and wages 9 Other amployee benefits Image: Comparison of Lawrent of Tokers, trustees and wages Image: Comparison of Lawrent of Tokers, directors, trustees and wages 9 Other amployee benefits Image: Comparison of Lawrent of Tokers, trustees and wages Image: Comparison of Lawrent of Tokers, trustees, and contributions (include section 410%) and 403(b) employee combutions, to Lagal Image: Comparison of Lawrent of Tokers, trustees, and combined bits 9 Other employee benefits Image: Comparison of Comparison of Lawrent of Tokers, trustees, and the trustees of Sch 0, trustees, and trustees, trustees of Sch	2	Grants and other assistance to domestic				
organizations, foreign governments, and foreign individuals. See Part V, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 5 Compensation of included above to disqualified persons (ac field under science 4980(11)) and persons described in section 4980(10) and persons described in section 4980(11) and persons described under science 4980(11) and persons described under science 4980(11) and persons described in section 4980(11) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4020 persons 400(1) and persons described in action 4010(1) and 4010 persons 4010(1) and persons described and anontization 4110(1) and 4010(1) and persons described and anontization 4110(1) and persons described and anontization 4110(1) and 4010(1) and persons described and anontization 4110(1) and 4010(1) and persons described anone anontization 411		individuals. See Part IV, line 22				
individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign				
4 elevelts paid to or for members						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation no included above to disqualified persons discribid in section 4968(1/1) and persons discribid in the analysis of						
trustees, and key employees	4					
6 Compensation nut included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1)) and persons described an acruals and contributions (include described in section 4958(f)(1)) and persons described in 4058(f)(1)) and persons described in 4058(f)(1) and persons described in 4058(f)(1) and persons described in 4058(f)(1)) and persons described in 4058(f)(1) and 4058(f)(1) and 4058(f)(1) and 4058(f)(1) and	5					
persons (as defined under section 4958(c)(3)(8)						
persons described in section 4958(c)(3)(B)	6					
7 Other salaries and wages						
8 Persion plan accruate and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 0 Payrol taxes 1 Fees for services (nonemployees): a Management 100,717. b Legal 100,717. c Accounting 2,155. 2,155. 2,155. d Lobbying	7					
section 401(k) and 403(b) employer contributions)						
9 Other employee benefits						
0 Payroll taxes	9					
1 Fees for services (nonemployees): 100,717. a Management 100,717. b Legal 100,717. c Accounting 2,155. d Lobbying 2,155. g Other; (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, joint costs from a combined 412,118. g Other; (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, joint costs from a combined 6, 950. g Other; (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, joint costs from a combined 1, 838. g Other; (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0, joint costs from a combined 6, 950. g Other expenses 1, 838. 1, 838. g Other expenses 1, 838. 1, 838. g Other expenses 1, 838. 1, 838. g Other expenses, for any federal, state, or local public officials 9 9 g Other expenses. Itemize expenses on to covered above, (List miscellaneous expenses on line 24 If line 24e expenses on Schedule 0.) 12, 013. 12, 013. g Other expenses 112, 013. 12, 013. 12, 013. 12, 013. g Other expenses 110, 010, 010, 010, 010, 010, 010, 010,						
a Management 100,717. 100,717. c Accounting 2,155. 2,155. c Accounting 2,155. 2,155. e Professional fundraising services. See Part IV, line 17						
b Legal 100,717. 100,717. c Accounting 2,155. 2,155. d Lobbying 2 2,155. 2,155. e Professional fundraising services. See Part IV, line 17 100,717. 2,155. 2,155. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 412,118. 180,733. 231,385. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 412,118. 180,733. 231,385. g Othice expenses 1,838. 1,838. 1,838. information technology 24,949. 24,949. 24,949. 5 Royatties 0 0 0 6 Occupancy 0 0 0 7 Travel 0 0 0 9 Conferences, conventions, and meetings 0 0 0 10 Insurance 12,013. 12,013. 12,013. 10 Papments to affiliates 0	а	-				
c Accounting 2,155. 2,155. d Lobbying 2,155. 2,155. e Professional fundraising services. See Part IV, line 17 1 1 g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 412,118. 180,733. 231,385. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 412,118. 180,733. 231,385. g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 6,950. 6,950. 6,950. 3 Office expenses 1,838. 1,838. 1,838. 1,838. 4 Information technology 24,949. 24,949. 6 5 Royatties 0 0 0 0 6 Jont costs, torn denotization reported in column (B) joint costs from a combined 565,514. 180,733. 384,781.			100,717.			
d Lobbying			2,155.		2,155.	
e Professional fundraising services. See Part IV, line 17 f Investment management fees g Other. (If line 11g anount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) 2 Advertising and promotion 3 Office expenses 1 0.388. 1 0.388						
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) 412,118. 180,733. 231,385. 2 Advertising and promotion 6,950. 6,950. 6,950. 3 Office expenses 1,838. 1,838. 1,838. 4 Information technology 24,949. 24,949. 5 Royalties 0 0 0 6 Occupancy 0 0 0 7 Travel 0 0 0 8 Payments of travel or entertainment expenses 0 0 9 Conferences, conventions, and meetings 0 0 1 Payments to affiliates 0 0 2 Depreciation, depletion, and amortization 4,774. 4,774. 3 Insurace 12,013. 12,013. 4 Other expenses. Itemize expenses on line 24e. If line 24e expenses on Schedule 0.) 0 0 a						
column (A), amount, list line 11g expenses on Sch 0.) 412,118. 180,733. 231,385. 2 Advertising and promotion 6,950. 6,950. 6,950. 3 Office expenses 1,838. 1,838. 1,838. 4 Information technology 24,949. 24,949. 24,949. 5 Royatries 24,949. 24,949. 24,949. 6 Occupancy 7 7 7 7 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 9 0 Interest 1 Payments to affiliates 12,013. 12,013. 12 popreciation, depletion, and amortization 4,774. 4,774. 3 3 Insurance 12,013. 12,013. 12,013. 4 Other expenses. Itemize expenses on line 24e. It line 24e expenses on Schedule 0.) 4 565,514. 180,733. 384,781. 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 565,514. 180,733. 384,781.	f	Investment management fees				
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3 Office expenses 1,838. 1,838. 4 Information technology 24,949. 24,949. 5 Royalties 24,949. 24,949. 6 Occupancy 1 1 7 Travel 1 1 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 1 1 9 Conferences, conventions, and meetings 1 1 1 10 Interest 1 1 2,013. 1 12 Depreciation, depletion, and amortization above, (List miscellancus expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0. 1		column (A), amount, list line 11g expenses on Sch 0.)	412,118.	180,733.		
4 Information technology 24,949. 24,949. 5 Royalties 0 0 6 Occupancy 0 0 7 Travel 0 0 8 Payments of travel or entertainment expenses 0 0 9 Conferences, conventions, and meetings 0 0 90 Interest 0 0 0 11 Payments to affiliates 0 0 0 12 Depreciation, depletion, and amortization 12,013. 12,013. 0 13 Insurance 12,013. 12,013. 0 0 14 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 12,013. 12,013. 12,013. 14 Other expenses. 0 0 0 0 0 15 Total functional expenses. Add lines 1 through 24e 565,514. 180,733. 384,781. 15 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined 565,514. 180,733. 384,781. <	2	Advertising and promotion	6,950.			
5 Royalties 6 Occupancy 7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 0 Interest 11 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a	3	Office expenses	1,838.			
6 Occupancy	4	Information technology	24,949.		24,949.	
7 Travel 8 Payments of travel or entertainment expenses for any federal, state, or local public officials 9 Conferences, conventions, and meetings 0 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) a	5	Royalties				
8 Payments of travel or entertainment expenses for any federal, state, or local public officials	6	Occupancy				
for any federal, state, or local public officials 9 Conferences, conventions, and meetings 10 Interest 11 Payments to affiliates 22 Depreciation, depletion, and amortization 13 Insurance 14 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.) a b c d d e All other expenses 55 Total functional expenses. Add lines 1 through 24e 56 5. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	7	Travel				
9 Conferences, conventions, and meetings 0 Interest 1 Payments to affiliates 2 Depreciation, depletion, and amortization 3 Insurance 4 Other expenses. Itemize expenses on to 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.) a	8					
0 Interest						
1 Payments to affiliates 4,774. 2 Depreciation, depletion, and amortization 4,774. 3 Insurance 12,013. 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.) 12,013. a						
2 Depreciation, depletion, and amortization 4,774. 4,774. 3 Insurance 12,013. 12,013. 4 Other expenses. Itemize expenses on to 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.) 12,013. 12,013. a						
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.) Image: Column (A), amount, list line 24e expenses on Schedule 0.) a						
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.) Image: Column (A), amount, list line 24e expenses on Schedule 0.) a			4,//4.		4,//4.	
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.) a b c d d e All other expenses 5 Total functional expenses. Add lines 1 through 24e 6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined			12,013.		12,013.	
a	4	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
b	а					
c						
e All other expenses	с					
Total functional expenses. Add lines 1 through 24e 565,514. 180,733. 384,781. Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined Image: Complete this line only if the organization reported in column (B) joint costs from a combined	d					
6 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined	е	All other expenses				
reported in column (B) joint costs from a combined	5	Total functional expenses. Add lines 1 through 24e	565,514.	180,733.	384,781.	0
	6	Joint costs. Complete this line only if the organization				
		reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.		educational campaign and fundraising solicitation.				

232010 12-13-22

Form 990 (2022)

09200222 146892 828192

ANCHORUM	HEALTH	FOUNDATION

87-3194433 Page 11

		Check if Schedule O contains a response or not	e to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	28,999.	2	70,985.		
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subs	tantial co	ntributor, or 35%			
		controlled entity or family member of any of the	se person	s		5	
	6	Loans and other receivables from other disquali	fied perso	ons (as defined			
		under section 4958(f)(1)), and persons described	d in sectio	on 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	–			14,248.	9	11,500.
	10a	Land, buildings, and equipment: cost or other					· · · · · · · · · · · · · · · · · · ·
		basis. Complete Part VI of Schedule D	10a	28,643.			
	b	Less: accumulated depreciation		4,774.	0.	10c	23,869.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets		F		14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ			43,247.	16	106,354.
	17	Accounts payable and accrued expenses		29,219.	17	22,554.	
	18	Grants payable		•	18	•	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
	22	Loans and other payables to any current or forn					
Liabilities		trustee, key employee, creator or founder, subs					
ilidi		controlled entity or family member of any of the				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	-			25	
	26	Total liabilities. Add lines 17 through 25			29,219.	26	22,554.
		Organizations that follow FASB ASC 958, che	ck here	X	·		· ·
es		and complete lines 27, 28, 32, and 33.					
anc	27				14,028.	27	83,800.
Bala	28	Net assets with donor restrictions		28			
Гр		Organizations that do not follow FASB ASC 9					
Ъ		and complete lines 29 through 33.	,				
p	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		·····	14,028.	32	83,800.
Z	33	Total liabilities and net assets/fund balances			43,247.	33	106,354.
	1.00					00	

Form **990** (2022)

	1 990 (2022) ANCHORUM HEALTH FOUNDATION	87-319	4433	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	635		
2	Total expenses (must equal Part IX, column (A), line 25)	2	565		
3	Revenue less expenses. Subtract line 2 from line 1	3			72.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14	.,02	28.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			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	83	8,80	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
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	200	L

Form **990** (2022)

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
2022
Open to Public Inspection

Name of the	organization
-------------	--------------

Nan	ne of t	the organization							identification number	
D	and I			H FOUNDATION					7-3194433	
	rt I	Reason for Public (ee instructions	S.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	ו 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	l 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	overnmental ur	it describe	ed in	
		section 170(b)(1)(A)(iv).	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	X	An organization that norma	Ily receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	e general	oublic described in	
		section 170(b)(1)(A)(vi). (C								
8		A community trust describe			-					
9		An agricultural research org								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of I	he college	or	
		university:								
10		An organization that norma	• • • •					-		
		activities related to its exem								
		income and unrelated busin		(less section 511 tax) fro	m busines	sses acqui	rea by the org	anization a	Inter June 30, 1975.	
11		See section 509(a)(2). (Con		voluto toot for public oo	foty Soo	agation E(O(a)(4)			
12	\square	An organization organized a An organization organized a	-	•	•			ny out the	nurnoses of one or	
12		more publicly supported or	-	•	-			•		
		lines 12a through 12d that	-							
а		Type I. A supporting orga	• •			-		-	aivina	
-		the supported organization	-		• • • •	-				
		organization. You must c							1-	
b		Type II. A supporting org	-		ion with it:	s supporte	ed organizatior	ı(s), by hav	vina	
		control or management o	-				-		•	
		organization(s). You mus	t complete Part IV,	Sections A and C.			-			
с		Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionall	y integrate	d with,	
		its supported organization	n(s) (see instructions)). You must complete I	Part IV, Se	ections A,	D, and E.			
d		Type III non-functionally	/ integrated. A supp	orting organization oper	ated in co	nnection w	vith its support	ed organiz	zation(s)	
		that is not functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution rec	quirement and	an attentiv	/eness	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	l, Type III		
		functionally integrated, or		nally integrated supportion	ng organiz	ation.				
f		er the number of supported o								
<u> </u>		vide the following informatior (i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetany	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see in:	-	support (see instructions)	
		3		above (see instructions))	Yes	No		,		
Tota	al									

	A (Form 990)	2022
Part II	Suppor	t Sch

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 faile to qualify under the tests listed below, places complete Part III.)

fails to qualify under the tests listed below, please complete Part I	II.)
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Geledar year (of fixel year beginning in) 1 (dits, grants, controlutions, and there are the induce any "unusual grants,") (g) 2019 (g) 2020 (g) 2021 (g) 2022 (g) 2021 (g) 2022 (g) 2023 (g) 2022 (g) 2022 (g) 2023 (g) 2023 (g) 2024 (g) 2025 (g) 2024 (g) 2025 (g) 2024 (g) 20	Sec	ction A. Public Support						
membership fees received. (Do not include any 'unusual grants') 146, 280. 635, 000. 781, 280. 2 Tax revenues levied for the organ- lation's benefit and dher paid to or expended in its behalt 146, 280. 635, 000. 781, 280. 3 The value of services or facilities turnished by agovernmental unit to the organization without charge 146, 280. 635, 000. 781, 280. 5 The portion of ball contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 thraces des 2% of the amount shown on line 11, column (f) 765, 649. 765, 649. Celefast yster (of fisal ysep teginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total Sceletas, payments received as a down on line 11, column (f) Celefast yster (of fisal ysep teginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total asset (b) as port, shown on line 13, column (f) Celefast yster (of fisal ysep teginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total asset (b) as port, shown on line 13, column (f) 781, 280. Celefast yster (of fisal ysep teginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (c) 2022 (f) Total asset (b) (b) as port has a capital asset (b) aston, reth, roganization or loss from the sale clapital	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
include any "unusual grants." 146,280. 635,000. 781,280. 2 Tax revenues levied for the organization in the regaring of the organization in the organization without charge in the organization included on its behalf 146,280. 635,000. 781,280. 5 The portion of total contributions by each person (ofter than a governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, each in the set of the organization included on inset that exceeds 2% of the amount shown on line 11, each in the set of the organization included on inset that exceeds 2% of the amount shown on line 11, each in the set of the organization included on inset the organization included on inset the set of the organization included on inset the set of the organization included on inset the set of the organization in the set of the set of the organization in the set of the organization in the set of the organization in the set of the set of the organization in the set of the organization in the set of the organization in the set of the set of the organization in the set of the set of the set of	1	Gifts, grants, contributions, and						
2 Tar versues levid of the organization is behalf 3 The value of services or facilities 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (ofter than a government) unit to the arganization without charge 146, 280. 5 The portion of total contributions by each person (ofter than a government) unit to publicly supported organization in through 3 765, 649. 6 Public support, subsciews show het 156, 631. Section B. Total Support Call and the exceeds 28 of the amount shown on line 11, column (f) 146, 280. 635, 000. 781, 280. 6 Public support, subsciews show het 156, 631. Section B. Total Support 156, 631. Section B. Total Support Calledar yset (of thesis ysar beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (d) 2022 (f) Total 7 Amounts from line 4 146, 280. 635, 000. 781, 280. 8 Gross income from interest, dividends, payments received on securities loans, rents, revailles, and income from similar sources. 4. 286. 290. 9 Net income from interest, other or mail a sources. 4. 286. 290. 10		membership fees received. (Do not						
ic zator's benefit and either pair to or expended on its behalf		include any "unusual grants.")				146,280.	635,000.	781,280.
are expended on its behalf	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Totak Add lines 1 through 3 146,280.635,000.781,280. 4 Totak Add lines 1 through 3 146,280.635,000.781,280. 5 The portion of total contributions by each person (other than a governmental unit or public) supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (i) 765,649. 6 Public support Contractines too in ite-4. 15,631. Section B. Total Support Caleadar year (of fiscal year beginning in) 7 A mounts from line 4 (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total 146,280.635,000.781,280. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalles, and income from similar sources 9 Net income from unitated business activities, whether on to the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 First System: 11 the Form 900 is of the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here X 94 Public support test - 2022. If the organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 515 Year, and line 14 is 33 1/3% or more, check this box and stop here. The organization is first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 516 Year, and line 14 is 33 1/3% or more, check this box		ization's benefit and either paid to						
furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 146,280.635,000.781,280. 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). 765,649. 6 Public support. Excluse the stomike 4. 15,631. Section B. Total Support 146,280.635,000.781,280. 7 Amounts from line 4. 146,280.635,000.781,280. 7 Amounts from line 4. 146,280.635,000.781,280. 8 Gross income from interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources. 4.286.290. 9 Net income from unetated 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 Par VI). 12 11 Total support. Add lines 7 through 10 12 781,570. 12 First 5 years. If the Form 90 bis for the organization's first, second, third, fourth, or fifth tay year as section 501(c)(3) organization, check this box and stop here. X 8 Wellow support percentage for 2022 (line 6, column (f), divided by line 11, column (f) 14 ye 14 Dubic support percentage for 2022 (line 6, column (f), divided by line 14, column (f) 14 ye 14 Dubic support percentage for 2022 (line 6, column (f), divided by line 11, column (f)		or expended on its behalf						
the organization without charge 146,280. 635,000. 781,280. the period of total contributions by each person (ofther than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column () 146,280. 635,000. 781,280. Section B. Total Support 15,649. 15,649. 15,649. Calendar year (or fised year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Y Amounts from line 4 146,280. 635,000. 781,280. (f) Total Y Amounts from line 4 146,280. 635,000. 781,280. (f) Total Y Amounts from line 4 146,280. 635,000. 781,280. (f) Total Y Amounts from line 4 146,280. 635,000. 781,280. (f) Total Y Amounts from line 4 146,280. 635,000. 781,280. (f) Total Y Amounts from unrelated business activities, whether on not the business is regularly carried on 1 146,280. (f) Total Y Cats support. Additiles 7 through 10 Y States (csee instructions) 12 Y Y Y Y Cats support test - 202. If the organization fis stop therec	3	The value of services or facilities						
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Schedule A	(Form 990)	2022

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

Jet	LION A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the organization without charge						
6	o						
	Total. Add lines 1 through 5						
78	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.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	22 (f) Total
	Amounts from line 6	(u) 2010	(6) 2010	(0) 2020			
	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 fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) orga	anization,
				-	-		·
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2022 (i Public support percentage from 2021			.,,		16	% %
	ction D. Computation of Inves						<u> </u>
	Investment income percentage for 20		•			17	%
	Investment income percentage for 20					17	
18 10-	33 1/3% support tests - 2022. If the					<u> </u>	h line 17 is not
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20	line 18 is not more than 33 1/3%, che Private foundation. If the organization						
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Yes No

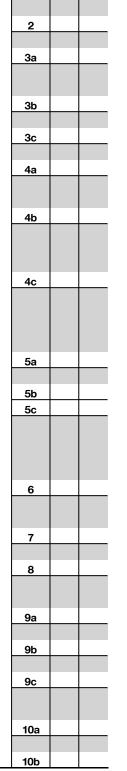
Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

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Pa	art IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
с	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No

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

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

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

Section D.	All Type I	II 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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

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

c 🗌		The organization supported a governmental entity.	Describe in Part VI how	you supported a governmental entit	v (see instruction <u>s)</u>).
-----	--	---	-------------------------	------------------------------------	------------------------------	----

- 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. 232025 12-09-22

3b Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Schedule A (Form 990) 2022

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2022.05050 ANCHORUM HEALTH FOUNDATIO 828192_1

Schedule A	(Form 9	990) 2022
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Schedule A	(Form 990)	2022	ANCHORUM	HEALTH	FOUNDATION	
Part V	Type III	Non-	Functionally Integrat	ed 509(a)(3	8) Supporting Org	anizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying the second se			Part VI). See instructions.
Sect	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E. (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		
	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2022

232026 12-09-22

87-3194433 Page 7

	dule A (Form 990) 2022 ANCHORUM HEAL				7-3194433 Pag	e 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ued)		
Secti	on D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	8	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount	Γ	I	10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
a	From 2017					
b	From 2018					
C	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

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

PART II, SHORT YEAR EXPLANATION:

THE SUPPORT TEST FOR SCHEDULE A INCLUDES A SHORT-YEAR PERIOD FOR 2021.

THE SHORT YEAR WAS FROM SEPTEMBER 20, 2021, TO JUNE 30, 2022.

Schedule A (Form 990) 2022

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Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2022

Employer identification number

7-	3	1	9	4	4	3	3
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	ANCHORUM HEALTH FOUNDATION	8
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	\fbox{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

87-3194433

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll

Schedule B (Form 990) (2022)

ANCHORUM HEALTH FOUNDATION

		\$635,000.	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
223452 11-15-22		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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(a)

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

Schedule B (Form 990) (2022)

Name of organization

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

223453 11-15-22

Schedule B (Form 990) (2022)

Page 3

Employer identification number

87-3194433

09200222 146892 828192

\$

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Schedule B	(Form 990) (2022)			Page 4				
Name of org	ganization			Employer identification number				
MOUOD				97 2104422				
Part III	UM HEALTH FOUNDATION Exclusively religious, charitable, etc., contribution	ons to organizations described in s	ection 501(c)(7), (8), or (10)	$\frac{87 - 3194433}{1,000 \text{ for the year}}$				
	from any one contributor. Complete columns (a)	through (e) and the following line e	ntry. For organizations					
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional s	space is needed.	r less for the year. (Enter this info.	once.) •				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-		(e) Transfer of g						
	Transferee's name, address, a			ansferor to transferee				
(a) No. from								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
F		(e) Transfer of g	ift					
	Transferee's name, address, a	nd 7IP + 4	Relationship of tr	ansferor to transferee				
(a) No			1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
-		(e) Transfer of g	ift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				
(a) No. from								
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held				
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tr	ansferor to transferee				

Schedule B (Form 990) (2022)

09200222 146892 828192

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SCHEDULE D)
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Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

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



Employer identification number

87-3194433

Name of the organization

ANCHORUM HEALTH FOUNDATION Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, lin	ie 6.				
		(a) Donor adv	ised funds	(b) Funds and	d other accounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	writing that the assets	held in don	or advised fund	ls	
	are the organization's property, subject to the organization's	exclusive legal contro	l?			Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that	grant funds	can be used o	nly	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or fo	r any other p	urpose conferri	ing	
D -	impermissible private benefit?					Yes No
Par		•		m 990, Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization					
	Preservation of land for public use (for example, recrea	tion or education)		vation of a histo	•	
	Protection of natural habitat		Preserv	vation of a certi	fied historic s	structure
•	Preservation of open space	"				
2	Complete lines 2a through 2d if the organization held a qualif day of the tax year.	ned conservation con	ridution in ti	he form of a col		at the End of the Tax Year
					2a	
a b	Table and the second factor is the second factor is a second factor is the second factor is t				2a 2b	
c	Number of conservation easements on a certified historic stru	ucture included in (a)			20 2c	
d	Number of conservation easements included in (c) acquired a					
u		artor 6419 20,2000, 411			2d	
3	Number of conservation easements modified, transferred, rel					the tax
	year	, 3		, 3	5	
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per		ection, hand	dling of		
	violations, and enforcement of the conservation easements it	t holds?				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations	, and enforc	ing conservatio	n easements	during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enforcing c	onservation eas	sements duri	ng the year
					~	
8	Does each conservation easement reported on line 2(d) abov					
•	and section 170(h)(4)(B)(ii)?					Yes No
9	In Part XIII, describe how the organization reports conservation			•		ha
	balance sheet, and include, if applicable, the text of the footr organization's accounting for conservation easements.	lote to the organizatio	ITS III aliciai	Statements the	at describes i	
Par	t III Organizations Maintaining Collections of	f Art. Historical T	reasures	. or Other S	imilar Ass	ets.
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 95		revenue stat	ement and bala	ance sheet w	orks
	of art, historical treasures, or other similar assets held for put	, I				
	service, provide in Part XIII the text of the footnote to its finar				•	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its reve	nue stateme	ent and balance	sheet works	of
	art, historical treasures, or other similar assets held for public	exhibition, education	, or researcl	n in furtherance	of public se	vice,
	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 treat	asures, or other simila	ar assets for	financial gain, p		
	the following amounts required to be reported under FASB A	SC 958 relating to the	ese items:			
а	Revenue included on Form 990, Part VIII, line 1				\$	
b	Assets included in Form 990, Part X		<u></u>			
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.			Schee	dule D (Form 990) 2022
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Sche		M HEALTH F						87-31			age 2
Par	t III Organizations Maintaining C	Collections of Ar	t, Hist	orical Tre	easures, or	Other	Simila	r Assets	contii	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ls, checł	any of the	following that	make sig	gnificant (use of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌	Loan or exc	change progra	m					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further t	he organizatio	n's exem	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or othe	r similar	assets				
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered "	Yes" on	Form 990), Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for	contribution	is or other ass	ets not ii	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amoun	t	
С	Beginning balance						1c				
d	Additions during the year										
е	Distributions during the year						1e				
f	Ending balance						1f				
	Did the organization include an amount on F						ty?	L	Yes		No
Par	If "Yes," explain the arrangement in Part XIII.										
ια	t V Endowment Funds. Complete	(a) Current year		Prior year	(c) Two years			years back		voaro	back
4.	Designing of year balance			TIOI year	(C) Two years	S DACK		years Dack	(e) i ou	years	DACK
1a	Beginning of year balance										
D	Contributions										
C d	Net investment earnings, gains, and losses										
a	Grants or scholarships										
е	Other expenditures for facilities										
4	and programs										
	Administrative expenses End of year balance										
g 2	End of year balance Provide the estimated percentage of the cur		l o (lino 1)	a column (a)) beld as:						
2	Board designated or quasi-endowment		% %	g, column (a	i)) field as.						
h	Permanent endowment	%									
c	Term endowment	%									
Ū	The percentages on lines 2a, 2b, and 2c sho	_^ -									
3a	Are there endowment funds not in the posse		ation tha	it are held a	nd administere	ed for the	9				
	organization by:						-			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm										
	Complete if the organization answere	ed "Yes" on Form 990	D, Part IN	/, line 11a. S	See Form 990,	Part X, I	line 10.				
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation		(d) Boo	k valu	е
1 a	Land	<u> </u>									
b	Buildings										
	Leasehold improvements										
d	Equipment										
	Other			2	28,643.		4,7	74.	2	3,8	69.
	. Add lines 1a through 1e. (Column (d) must e		X. colun							3,8	
		urt						Schodulo		-	

Schedule D (Form 990) 2022

Part VII	Investments -	Other Securities	.		
Schedule D	(Form 990) 2022	ANCHORUM	HEALTH	FOUNDATION	

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	5.

(b) Book value (a) Description of liability 1. (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)

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

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

X

Schedule D (Form 990) 2022

232053 09-01-22

	chedule D (Form 990) 2022 ANCHORUM HEALTH FOUNDATION			8 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenu	ie per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St) atements With Expen	ses per Return.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	atements With Expen	ses per Return.	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII Reconciliation of Expenses per Audited Financial St	atements With Expen ne 12a.	ses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line	atements With Expen ne 12a.	ses per Return.	
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ne 12a.	ses per Return.	
Pa 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 rt XII Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line Total expenses and losses per audited financial statements	atements With Expen	ses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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	atements With Expen ne 12a.	ses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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	atements With Expen ne 12a. 2a 2b 2c	ses per Return.	
Pa 1 2 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line 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	ses per Return.	
Pa 1 2 b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line 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	2a 2b 2c 2d	ses per Return.	
Pa 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line 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	ses per Return.	
Pa 1 2 b c d 3	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Complete if the organization answered "Yes" on Form 990, Part IV, line 25: Complete if the organization on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	ses per Return.	
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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 Other losses Other statements 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	2a 2b 2c 2d	ses per Return.	
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial St. Complete if the organization answered "Yes" on Form 990, Part IV, line 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 2d	1 2e 3	
Pa 1 2 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 Reconciliation of Expenses per Audited Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 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 2d	1 1 2e 3 4c	

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 X, LINE 2:

ANCHORUM IS A NOT-FOR-PROFIT ORGANIZATION DESCRIBED IN SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL AND

STATE INCOME TAXES. THE ORGANIZATION IS DEEMED TO BE A PUBLIC CHARITY

ORGANIZATION UNDER INTERNAL REVENUE CODE SECTION 509(A)(3).

ANCHORUM FOLLOWS THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD

(FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. FASB ASC

740 PROVIDES DETAILED GUIDANCE FOR THE FINANCIAL STATEMENT RECOGNITION,

MEASUREMENT, AND DISCLOSURE OF UNCERTAIN TAX POSITIONS IN AN

ORGANIZATION'S FINANCIAL STATEMENTS. UNCERTAIN INCOME TAX POSITIONS MUST

MEET A MORE-LIKELY-THAN-NOT RECOGNITION THRESHOLD AT THE EFFECTIVE DATE TO Schedule D (Form 990) 2022 232054 09-01-22 30

2022.05050 ANCHORUM HEALTH FOUNDATIO 828192_1

Schedule D (Form 990) 2022 ANCHORUM HEALTH FOUNDATION	87-3194433 Page 5
Part XIII Supplemental Information (continued)	
BE RECOGNIZED UPON THE ADOPTION OF FASB ASC 740-10 AND IN	SUBSEQUENT
PERIODS. THE PROVISIONS OF FASE ASC 740 HAVE BEEN APPLIED	TO ALL ANCHORUM
INCOME TAX POSITIONS COMMENCING FROM THAT DATE. ANCHORUM P	OLICY IS TO
CLASSIFY INCOME TAX PENALTIES AND INTEREST ACCORDING TO TH	EIR NATURAL
CLASSIFICATION IN ITS CONSOLIDATED FINANCIAL STATEMENTS. D	URING THE YEARS
ENDED JUNE 30, 2023 AND 2022, ANCHORUM INCURRED NO INTERES	T OR PENALTIES.
AS OF JUNE 30, 2023, MANAGEMENT DOES NOT BELIEVE ANCHORUM	HAS ANY
UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATE	MENT
RECOGNITION, MEASUREMENT, OR DISCLOSURE UNDER FASB ASC 740	•
	Calcadada D (Cause 000) 0000

Schedule D (Form 990) 2022

232055 09-01-22

SC	HEDULE J	Compensation Information	-	OMB No. 1	545-004	47
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		
Dena	tment of the Treasury	Attach to Form 990.		Open to Public		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer i			mber
		ANCHORUM HEALTH FOUNDATION	87-3	319443	3	
Ра	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
		spending account Personal services (such as maid, chauffer	ir, cnet)			
D	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41.		
•		provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,		•		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicato which if a	ny, of the following the organization used to establish the compensation of the organization's				
5		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the orga				
		ation of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	compensation consultant Compensation survey or study				
	·	ther organizations Approval by the board or compensation of	ommittee			
			Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
•	organization or a re					
а	-	e payment or change-of-control payment?		4a		X
b		eive payment from a supplemental nonqualified retirement plan?				X
c	-	eive payment from an equity-based compensation arrangement?				x
-	•	hes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r					
а	-			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:				
а	The organization?			6a		X
		ation?				X
		or 6b, describe in Part III.				
7	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	;			
	not described on lir	nes 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 the				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?		9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Sched	lule J (Forn	n 990)) 2022

232111 10-18-22

Schedule J (Form 990) 2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JERRY JONES	(i)	0.	0.	0.	0.	0.	0.	0.
DIRECTOR AND PRESIDENT	(ii)	324,414.	112,925.	19,500.	34,446.	36,500.	527,785.	19,500.
(2) JENNIFER CRYSLER	(i)	0.	0.	0.	0.	0.	0.	0.
CFO/CORPORATE TREASURER	(ii)	152,564.	500.	0.	28,213.	12,211.	193,488.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 3

THE INDIVIDUALS LISTED ARE COMPENSATED BY ANCHORUM ST. VINCENT, A

RELATED TAX-EXEMPT ORGANIZATION. ANCHORUM ST. VINCENT CHECKS THE

FOLLOWING BOXES ON ITS SCHEDULE J - COMPENSATION SURVEY OR STUDY, AND

APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE.

Schedule J (Form 990) 2022

SCHEDULE O (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.



Employer identification number 87 - 3194433

ANCHORUM HEALTH FOUNDATION

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

THE FORM 990 WAS REVIEWED AND APPROVED BY THE FULL BOARD PRIOR TO FILING.

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

EVERY DIRECTOR AND OFFICER, IN A MANNER AND FORM TO BE PRESCRIBED BY THE

CONFLICT OF INTEREST POLICY ADOPTED BY THE BOARD OF THE CORPORATION AND

AMENDED FROM TIME TO TIME, SHALL BE REQUIRED, AS A CONDITION OF HIS OR HER

OFFICE, TO DISCLOSE FULLY ANY CONFLICT OF INTEREST AS DEFINED IN THIS

ARTICLE AND SUCH CONFLICT OF INTEREST POLICY. ANY PERSON WITH A CONFLICT OF

INTEREST WILL NOT PARTICIPATE IN ANY DELIBERATION OR VOTE ON THE MATTER.

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

THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE MADE

AVAILABLE ON THE NEW MEXICO ATTORNEY GENERAL'S WEBSITE. THE CONFLICT OF

INTEREST STATEMENT IS NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

STRATEGIC CONSULTING:

PROGRAM SERVICE EXPENSES89,150.MANAGEMENT AND GENERAL EXPENSES133,726.FUNDRAISING EXPENSES0.TOTAL EXPENSES222,876.

 BRANDING CONSULTING:

 PROGRAM SERVICE EXPENSES
 65,106.

 MANAGEMENT AND GENERAL EXPENSES
 97,659.

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

 232211 10-28-22
 35

09200222 146892 828192

30 0505

Jame of the organization ANCHORUM HEALTH FOUNDATION	Employer identification number 87-3194433
UNDRAISING EXPENSES	0.
TOTAL EXPENSES	162,765.
RECRUITING EXPENSE:	
PROGRAM SERVICE EXPENSES	26,477.
IANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,477.
FOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	412,118.
32212 10-28-22	Schedule O (Form 990) 20

SCH	IEDULE R
/	

(Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

87-3194433

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

Name of the organization

ANCHORUM HEALTH FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
ANCHORUM ST. VINCENT - 26-1592592							
1676 HOSPITAL DRIVE	FINANCIAL AND STRATEGIC						
SANTA FE, NM 87505	SUPPORT	NEW MEXICO	501(C)(3)	LINE 12B, II	N/A		Х
	-						
	-						

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

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022 ANCHORUM HEALTH FOUNDATION

87-3194433 Page 2

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

	interentip dannig tite ta								1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(i)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	ne Share of total , income	Share of end-of-year assets	Disproport allocatio		Code V-UBI amount in box 20 of Schedule		^{Il or} Percentage ^{ing} ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
										+	
	-										
	-										
	4										
	4										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

Schedule R (Form 990) 2022 ANCHORUM HEALTH FOUNDATION

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.						Yes	N
During the tax year, did the organization engage in any of the following trar	nsactions	with one or more re	ated organizations listed i	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a control	led entity				 1a		Σ
Gift, grant, or capital contribution to related organization(s)					1b		Σ
					1c	X	
bans or loan guarantees to or for related organization(s)					1d		2
Loans or loan guarantees by related organization(s)					1e		2
Dividends from related organization(s)					 1f		2
g Sale of assets to related organization(s)					 1g		
Purchase of assets from related organization(s)					 1h		
Exchange of assets with related organization(s)					 1i		
Lease of facilities, equipment, or other assets to related organization(s)					1 j		
Lease of facilities, equipment, or other assets from related organization(s)					 1k		
Performance of services or membership or fundraising solicitations for rela		· · · · · · · · · · · · · · · · · · ·			11		
n Performance of services or membership or fundraising solicitations by relat	ted organi	zation(s)			 1m		
Sharing of facilities, equipment, mailing lists, or other assets with related of					1n	X	
Sharing of paid employees with related organization(s)					 10	X	_
Reimbursement paid to related organization(s) for expenses					 1p		
Reimbursement paid by related organization(s) for expenses					1q		
Other transfer of cash or property to related organization(s)					 1r		
Conter transfer of cash or property from related organization(s)					1s		
If the answer to any of the above is "Yes," see the instructions for informat							

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 ANCHORUM HEALTH FOUNDATION

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partner 501(c org: Yes	all rs sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	(ř Dispr tior alloca Yes	n) opor- late tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn) ging ter?	(k) Percentage ownership
			30010113 0 12 0 14)	Yes	NO			Yes	NO		Yes	NO	

Schedule R (Form 990) 2022

Part VII Supplemental Information

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

Schedule R (Form 990) 2022

232165 09-14-22