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GOVERNMENT COPY

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

**SCL HEALTH - FRONT RANGE, INC.**

**84-1103606**

Name and title of officer or person subject to tax

**JANIE WADE  
TREASURER**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>929,785,452.</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____

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

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **SISTERS OF CHARITY OF LEAVENWORTH** to enter my PIN **18641**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

## Part III Certification and Authentication

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

**84967218642**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ \_\_\_\_\_

Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2020 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>SCL HEALTH - FRONT RANGE, INC.</b>		<b>D</b> Employer identification number <b>84-1103606</b>
	Doing business as		<b>E</b> Telephone number <b>303-813-5342</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>500 ELDORADO BLVD., SUITE 4300</b>		<b>G</b> Gross receipts \$ <b>933,094,222.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>BROOMFIELD, CO 80021</b>		
<b>F</b> Name and address of principal officer: <b>MARK KORTH</b> <b>500 ELDORADO BLVD, SUITE 4300, BROOMFIELD, CO</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶	

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** ▶ **WWW.SCLHEALTH.ORG/LOCATIONS**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **1988** **M** State of legal domicile: **CO**

<b>Part I Summary</b>		Prior Year	Current Year
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>13</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>5584</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>605</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>708,054.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>30,069.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>15,772,374.</b>	<b>51,333,271.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>861,915,237.</b>	<b>869,107,438.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>19,424,446.</b>	<b>7,493,453.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>472,089.</b>	<b>1,851,290.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>897,584,146.</b>	<b>929,785,452.</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,389,055.</b>	<b>2,084,512.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>395,960,851.</b>	<b>414,681,790.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>472,961,992.</b>	<b>484,636,066.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>871,311,898.</b>	<b>901,402,368.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>26,272,248.</b>	<b>28,383,084.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>730,812,650.</b>	<b>End of Year</b> <b>769,910,245.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>218,207,805.</b>	<b>228,965,884.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>512,604,845.</b>	<b>540,944,361.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date		
	<b>JANIE WADE, TREASURER</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	Firm's EIN ▶		Phone no.	
	Firm's address ▶				

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 781,700,023. including grants of \$ 2,084,512. ) (Revenue \$ 870,787,938. ) SEE SCHEDULE O

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 781,700,023.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....	X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....	X	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 5584		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</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 Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<b>15</b>	X
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	X

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 13		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 11		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **KYLE ENGMAN - (303) 813-5543**  
**500 ELDORADO BLVD., SUITE 4200, BROOMFIELD, CO 80021**

**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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LYDIA JUMONVILLE FORMER OFFICER	0.00 50.00							0.	2,008,456.	414,548.
(2) MARK KORTH VICE CHAIR	2.00 50.00	X		X				0.	1,332,358.	171,096.
(3) JANIE WADE TREASURER	2.00 50.00	X		X				0.	1,187,084.	156,978.
(4) JASON SHOFNOS, MD PHYSICIAN	50.00 0.00					X	1,150,996.	0.	49,139.	
(5) J. GRANT WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	50.00 0.00			X			0.	1,112,145.	35,357.	
(6) BASHEAL AGRAWAL, MD PHYSICIAN	50.00 0.00					X	1,091,273.	0.	48,483.	
(7) BRIAN WITWER, MD PHYSICIAN	50.00 0.00					X	1,084,374.	0.	50,243.	
(8) ROBERT REPLOGLE, MD PHYSICIAN	50.00 0.00					X	1,065,683.	0.	51,110.	
(9) EDWARD MAURIN, MD PHYSICIAN	50.00 0.00					X	1,053,586.	0.	51,540.	
(10) ROSLAND MCLEOD FORMER OFFICER	0.00 50.00						0.	909,676.	183,099.	
(11) JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OF	50.00 0.00			X			0.	703,218.	104,655.	
(12) KAREN SCREMIN FORMER OFFICER	0.00 50.00						0.	585,450.	73,137.	
(13) THOMAS MYDLER, MD VP CHIEF MEDICAL OFFICER	50.00 0.00				X		0.	514,101.	88,135.	
(14) JAMES DOYLE FORMER OFFICER	0.00 50.00						0.	513,223.	59,446.	
(15) THOMAS DONOHOE SECRETARY	2.00 50.00			X			0.	476,580.	89,690.	
(16) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER	50.00 0.00				X		0.	511,840.	39,389.	
(17) ANDREA BURCH VP CHIEF OPERATING/NURSING OFFICER L	50.00 0.00				X		0.	404,898.	74,732.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SCOTT DAY VP HUMAN RESOURCES LMC	50.00 0.00				X			0.	355,467.	60,717.
(19) PETER BENKOWSKI VP STRATEGY & BUS DEVELOPMENT GSMC	50.00 0.00				X			0.	288,509.	62,174.
(20) FOREST BINDER VP FINANCE LMC 1/1-2/21	50.00 0.00			X				0.	338,564.	5,415.
(21) JUSTIN SCHMIEDEL VP CHIEF OPERATING OFFICER GSMC	50.00 0.00				X			0.	287,053.	45,566.
(22) SEAN FADDEN VP FINANCE LMC	50.00 0.00			X				0.	268,342.	56,038.
(23) MEGAN DURNING VP STRATEGY & BUS DEVELOPMENT LMC	50.00 0.00				X			0.	285,355.	34,723.
(24) JANET REEDER VP CHIEF NURSING OFFICER GSMC	50.00 0.00				X			0.	230,053.	37,765.
(25) DEBORAH JOHNSON-SASSO INTERIM VP CHIEF NURSING OFFICER GSM	50.00 0.00				X			0.	236,966.	23,220.
(26) HILDA DALFONSO VP FINANCE GSMC	50.00 0.00			X				0.	215,554.	32,633.
<b>1b Subtotal</b>								5,445,912.	12,764,892.	2,099,028.
<b>c Total from continuation sheets to Part VII, Section A</b>								177,601.	378,620.	109,455.
<b>d Total (add lines 1b and 1c)</b>								5,623,513.	13,143,512.	2,208,483.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **690**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ROCKY MOUNTAIN PRIMARY CARE 7625 W 92ND AVE, WESTMINSTER, CO 80021	MEDICAL SERVICES	13,727,754.
SAUNDERS EXPRESS LLC, 86 INVERNESS PLACE NORTH, ENGLEWOOD, CO 80112	CONSTRUCTION SERVICES	12,027,841.
MIDTOWN INPATIENT MEDICINE, LLC. 835 E 18TH AVE, DENVER, CO 80218	HOSPITALIST SERVICES	10,593,800.
NATIONAL JEWISH HEALTH 1400 JACKSON STREET, DENVER, CO 80206	MEDICAL & LAB SERVICES	4,224,360.
COLORADO PERMANENTE MEDICAL GROUP 10350 E DAKOTA AVE, DENVER, CO 80247	MEDICAL SERVICES	4,213,152.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **75**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	18,137,477.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	33,194,419.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	1,375.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 164,012.				
	<b>h Total.</b> Add lines 1a-1f .....			51,333,271.			
<b>Program Service Revenue</b>	<b>2 a</b> NET PATIENT SERVICE REVENUE	Business Code	622110	867,545,263.	867,057,074.	488,189.	
	<b>b</b> MEDICAL DIRECTOR FEES		621110	1,562,175.	1,562,175.		
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			869,107,438.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			9,268,268.		9,268,268.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	1,014,804.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>		1,156,121.			
	<b>c</b> Rental income or (loss)	<b>6c</b>		-141,317.			
	<b>d</b> Net rental income or (loss) .....			-141,317.		-110,135.	
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities		290,820.		
	(ii) Other						
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		2,065,635.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		-1,774,815.			
	<b>d</b> Net gain or (loss) .....			-1,774,815.		-1,774,815.	
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>		69,121.				
<b>b</b> Less: cost of goods sold .....	<b>10b</b>		87,014.				
<b>c</b> Net income or (loss) from sales of inventory .....			-17,893.		-17,893.		
<b>Miscellaneous Revenue</b>	<b>11 a</b> CAFETERIA	Business Code	722514	1,646,767.	1,646,767.		
	<b>b</b> MED. DIRECTORS' FEES - DAVITA		621110	330,000.		330,000.	
	<b>c</b> VENDING MACHINE INCOME		454210	33,733.	33,733.		
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			2,010,500.			
<b>12 Total revenue.</b> See instructions .....			929,785,452.	870,299,749.	708,054.	7,444,378.	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,034,472.	2,034,472.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	50,040.	50,040.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,903,504.	6,685,364.	218,140.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	334,493,262.	323,923,069.	10,570,193.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,465,005.	12,411,845.	53,160.	
9 Other employee benefits	37,337,793.	35,795,788.	1,542,005.	
10 Payroll taxes	23,482,226.	23,066,428.	415,798.	
11 Fees for services (nonemployees):				
a Management				
b Legal	219,913.		219,913.	
c Accounting				
d Lobbying	12,586.		12,586.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	84,385,442.	78,246,917.	6,138,525.	
12 Advertising and promotion	4,900,902.	2,603,221.	2,297,681.	
13 Office expenses	1,863,635.	1,781,116.	82,519.	
14 Information technology	56,326,754.	6,317,074.	50,009,680.	
15 Royalties				
16 Occupancy	18,325,973.	18,105,399.	220,574.	
17 Travel	392,964.	358,454.	34,510.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	770,357.	652,707.	117,650.	
20 Interest	5,420,490.	5,420,490.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	39,069,692.	39,069,692.		
23 Insurance	5,750,021.	5,750,021.		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MEDICAL SUPPLIES</b>	110,943,115.	110,943,115.		
b <b>MEDICAL PROVIDER TAXES</b>	54,075,507.	54,075,507.		
c <b>BAD DEBT</b>	22,244,470.	22,244,470.		
d <b>BILLING &amp; COLLECTION -</b>	19,300,952.		19,300,952.	
e All other expenses	60,633,293.	32,164,834.	28,468,459.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	901,402,368.	781,700,023.	119,702,345.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	26,625.	<b>1</b>	25,110.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	65,464,685.	<b>4</b>	75,284,302.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	633,036.	<b>7</b>	701,676.
	<b>8</b> Inventories for sale or use .....	13,506,363.	<b>8</b>	16,970,497.
	<b>9</b> Prepaid expenses and deferred charges .....	7,975,914.	<b>9</b>	7,540,954.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 902,947,023.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 448,619,282.	457,744,035.	<b>10c</b> 454,327,741.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	185,461,992.	<b>15</b>	215,059,965.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	730,812,650.	<b>16</b>	769,910,245.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	67,097,515.	<b>17</b>	87,569,321.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	78,417.	<b>19</b>	74,096.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	1,095,845.	<b>23</b>	795,185.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	149,936,028.	<b>25</b>	140,527,282.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	218,207,805.	<b>26</b>	228,965,884.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	512,604,845.	<b>27</b>	540,944,361.
	<b>28</b> Net assets with donor restrictions .....		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	512,604,845.	<b>32</b>	540,944,361.
<b>33</b> Total liabilities and net assets/fund balances .....	730,812,650.	<b>33</b>	769,910,245.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	929,785,452.
2	Total expenses (must equal Part IX, column (A), line 25)	2	901,402,368.
3	Revenue less expenses. Subtract line 2 from line 1	3	28,383,084.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	512,604,845.
5	Net unrealized gains (losses) on investments	5	768.
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	-44,336.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	540,944,361.

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	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:			
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2020)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	15	%
<b>16a 33 1/3% support test - 2020.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2019.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization  <b>SCL HEALTH - FRONT RANGE, INC.</b>	Employer identification number  <b>84-1103606</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST. MARY'S HOSPITAL & MEDICAL CENTER INC  2635 N. 7TH STREET  GRAND JUNCTION, CO 81501	\$ 12,427,554.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SAINT JOSEPH HOSPITAL, INC.  1375 E. 19TH. AVENUE  DENVER, CO 80218	\$ 3,614,338.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	LUTHERAN MEDICAL CENTER FOUNDATION  8300 WEST 38TH AVENUE  WHEAT RIDGE, CO 80033	\$ 1,760,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	GOOD SAMARITAN MEDICAL CENTER FDN  200 EXEMPLA CIRCLE  LAFAYETTE, CO 80026	\$ 335,348.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>SCL HEALTH - FRONT RANGE, INC.</b>	Employer identification number  <b>84-1103606</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
<u>4</u>	SUPPLIES, CLOTHING & FOOD _____ _____ _____	\$ <u>164,012.</u>	<u>12/31/20</u>
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization  <b>SCL HEALTH - FRONT RANGE, INC.</b>	Employer identification number  <b>84-1103606</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

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

**Open to Public Inspection**

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

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

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

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

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

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

Name of organization <b>SCL HEALTH - FRONT RANGE, INC.</b>	Employer identification number <b>84-1103606</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2020

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?		X	
<b>e</b> Publications, or published or broadcast statements?		X	
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
<b>i</b> Other activities?	X		12,586.
<b>j</b> Total. Add lines 1c through 1i			12,586.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

**Part IV Supplemental Information**

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

**PART II-B, LINE 1, LOBBYING ACTIVITIES:**

**SCHEDULE C, PART II-B, QUESTION 1I**

**LOBBYING EXPENDITURES**

**LOBBYING EXPENDITURES INCLUDES THE PORTIONS OF VARIOUS MEMBERSHIP DUES**

**THAT ARE DESIGNATED AS LOBBYING EXPENSE BY THOSE ORGANIZATIONS IN WHICH**

**SCL HEALTH - FRONT RANGE, INC. OR ITS ENTITIES ARE MEMBERS.**

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**Name of the organization** SCL HEALTH - FRONT RANGE, INC. **Employer identification number** 84-1103606

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

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,715,903.	6,636,208.	7,059,069.	6,248,061.	6,329,102.
b Contributions	14,703.	173,500.	189,134.		3,500.
c Net investment earnings, gains, and losses	919,333.	934,761.	-191,643.	905,286.	250,818.
d Grants or scholarships					
e Other expenditures for facilities and programs	268,161.	28,566.	420,352.	94,278.	335,359.
f Administrative expenses					
g End of year balance	8,381,778.	7,715,903.	6,636,208.	7,059,069.	6,248,061.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100.0000 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes | No |
|-----------------------------|-----|----|
| (i) Unrelated organizations |     | X  |
| (ii) Related organizations  | X   |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b** X
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		23,929,573.		23,929,573.
b Buildings		560,816,931.	263,883,790.	296,933,141.
c Leasehold improvements		37,392,500.	31,356,429.	6,036,071.
d Equipment		268,610,396.	153,379,063.	115,231,333.
e Other		12,197,623.		12,197,623.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				454,327,741.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) INTERCOMPANY RECEIVABLES	187,596,155.
(2) OTHER RECEIVABLES	1,945,769.
(3) LT ASSETS - ROU ASSETS	25,176,542.
(4) LT ASSETS - DEFERRED TAX ASSET	341,499.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	215,059,965.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY-MITIGATION	2,349,776.
(3) NOTE PAYABLE TO SCLHS	110,659,000.
(4) ACCRUED LIABILITY - FINANCING	
(5) LEASE	558,097.
(6) ACCRUED LIABILITY - OPERATING	
(7) LEASE	26,960,409.
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	140,527,282.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

THE SCL HEALTH - FRONT RANGE, INC., ENDOWMENT FUNDS ARE HELD AND ADMINISTERED BY THE RELATED ORGANIZATION'S LUTHERAN MEDICAL CENTER FOUNDATION AND GOOD SAMARITAN MEDICAL CENTER FOUNDATION.

**THE ENDOWMENT FUNDS CONSIST OF:**

1) THE HEALTH EDUCATION ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT HEALTH EDUCATION IN THE COMMUNITY. DISTRIBUTIONS ARE LIMITED BY BOARD ACTION TO THREE PERCENT OF ANNUAL VALUE.

2) THE FRIENDS OF HOSPICE ENDOWMENT FUND. THE PURPOSE IS LIMITED TO

**Part XIII** Supplemental Information (continued)

PROGRAMS AT LUTHERAN HOSPICE. DISTRIBUTIONS ARE LIMITED TO THREE PERCENT OF ANNUAL VALUE.

3) THE VOLUNTEER ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT PROGRAMS AND ACTIVITIES OF THE VOLUNTEERS AT LUTHERAN MEDICAL CENTER. DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$1 MILLION AND IS DISTRIBUTED TWICE ANNUALLY - BASED ON THE BALANCE AS OF MARCH 31 AND SEPTEMBER 30.

4) THE SENIOR CARE ENDOWMENT FUND. THE PURPOSE IS TO SUPPORT THE HEALTH AND HEALING OF ELDERS IN OUR COMMUNITY BY PROVIDING A WELLNESS WAY OF LIFE WITH QUALITY, EFFICIENCY AND EMPATHY TO THOSE ENTRUSTED IN OUR CARE TO INCLUDE BUT NOT LIMITED TO HOSPICE CARE, SENIOR EMERGENCY CARE AND SENIOR CHARITY CARE. DISTRIBUTIONS FROM THE FUND CAN ONLY BE MADE IF THE FUND BALANCE IS GREATER THAN \$1 MILLION.

5) HOSPICE ENDOWMENT FUND. THE PURPOSE IS LIMITED TO PROGRAMS AT LUTHERAN HOSPICE. DISTRIBUTIONS ARE DETERMINED UNDER THE SCL HEALTH ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTION DETERMINED BY THE SCL HEALTH PHILANTHROPIC IMPACT COMMITTEE.

6) COCHRAN FAMILY ONCOLOGY ENDOWMENT. THE PURPOSE IS TO PROVIDE CONTINUING EDUCATION SUPPORT TO ASSOCIATES EMPLOYED BY LUTHERAN MEDICAL CENTER. DISTRIBUTIONS ARE DETERMINED UNDER THE SCL HEALTH ENDOWMENT SPENDING POLICY AND AMOUNT OF DISTRIBUTION DETERMINED BY THE SCL HEALTH PHILANTHROPIC IMPACT COMMITTEE.

7) LILES FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE

**Part XIII** Supplemental Information (continued)

SUPPORT AT COLLIER HOSPICE.

8) MATSUO FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT AT COLLIER HOSPICE.

9) VILLANO FAMILY ENDOWED FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT THROUGH LUTHERAN MEDICAL CENTER.

10) HENDERSON FAMILY ENDOWMENT FUND. THE PURPOSE IS TO PROVIDE HOSPICE CARE SUPPORT AT COLLIER HOSPICE.

11) JOHN & ROBERTA NYBERG JUNIOR VOLUNTEER ENDOWMENT. THE PURPOSE IS TO PROVIDE SCHOLARSHIP SUPPORT TO JUNIOR VOLUNTEERS AT LUTHERAN MEDICAL CENTER.

12) EDWARD PYUN, JR, MD ENDOWMENT FUND - THE PURPOSE OF THE FUND IS TO PROVIDE SUPPORT FOR EDUCATION AND PATIENT ASSISTANCE IN THE TRAUMA DEPARTMENT AT GOOD SAMARITAN MEDICAL CENTER.

ACCOUNTS FOR ENDOWMENT FUNDS WERE INVESTED, ALLOWING INCOME AND PRINCIPAL TO GROW OVER TIME.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
SUB-SAHARAN AFRICA	0	0	GRANT	HOSPITAL & MEDICAL CENTER	50,040.
<b>3 a</b> Subtotal .....	0	0			50,040.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			50,040.

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

Schedule F (Form 990) 2020





Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

SCL HEALTH - FRONT RANGE, INC.(SCLHFR) PROVIDES ASSISTANCE TO ONLY ONE ORGANIZATION OUTSIDE THE U.S. SCLHFR OBTAINED AN INITIAL NEEDS ASSESSMENT REPORT FROM THE ORGANIZATION, WHICH ALSO OUTLINED THE COMMITMENT OF SCLHFR TO PROVIDE SUPPORT TO THE ORGANIZATION BASED ON AN INITIAL SITE VISIT. SCLHFR MAINTAINS REGULAR CONTACT WITH THE ORGANIZATION, SENDS A TEAM OF CLINICIANS FOR SITE VISITS TO THE ORGANIZATION EVERY YEAR AND REVIEWS THE ORGANIZATION'S ANNUAL REPORT.

**PART II, COLUMN (D):**

REGION: SUB-SAHARAN AFRICA

(D) PURPOSE OF GRANT: SUPPORT SELIAN LUTHERAN HOSPITAL AND ITS SISTER HOSPITAL ARUSHA LUTHERAN MEDICAL CENTER IN TANZANIA.

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2020**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Name of the organization **SCL HEALTH - FRONT RANGE, INC.** Employer identification number **84-1103606**

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

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

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

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....			7,883,481.	1,494,338.	6,389,143.	.73%
<b>b</b> Medicaid (from Worksheet 3, column a) .....			177,019,977.	132,876,984.	44,142,993.	5.02%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....			1,257,669.	1,037,793.	219,876.	.03%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs .....			186,161,127.	135,409,115.	50,752,012.	5.78%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....			2,611,034.	6,295.	2,604,739.	.30%
<b>f</b> Health professions education (from Worksheet 5) .....			1,699,835.	0.	1,699,835.	.19%
<b>g</b> Subsidized health services (from Worksheet 6) .....			38,018,351.	30,303,000.	7,715,351.	.88%
<b>h</b> Research (from Worksheet 7) .....						
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....			572,103.	640.	571,463.	.07%
<b>j Total.</b> Other Benefits .....			42,901,323.	30,309,935.	12,591,388.	1.44%
<b>k Total.</b> Add lines 7d and 7j .....			229,062,450.	165,719,050.	63,343,400.	7.22%





**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group LUTHERAN MEDICAL CENTER

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

		Yes	No
<b>Community Health Needs Assessment</b>			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....	1		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....	2		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	3	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility			
b <input checked="" type="checkbox"/> Demographics of the community			
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d <input checked="" type="checkbox"/> How data was obtained			
e <input checked="" type="checkbox"/> The significant health needs of the community			
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs			
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests			
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j <input type="checkbox"/> Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	6a	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	6b	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	7	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>			
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>			
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility			
d <input type="checkbox"/> Other (describe in Section C)			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	8	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>			
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	10	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>			
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....	12a		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$			

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group LUTHERAN MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group LUTHERAN MEDICAL CENTER

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group LUTHERAN MEDICAL CENTER

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

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**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or letter of facility reporting group GOOD SAMARITAN MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 2

	Yes	No
<b>Community Health Needs Assessment</b>		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? .....		X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C .....		X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 .....	X	
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C .....	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C .....	X	
7 Did the hospital facility make its CHNA report widely available to the public? .....	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input type="checkbox"/> Other website (list url): .....		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 .....	X	
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? .....	X	
a If "Yes," (list url): <u>SEE PART V, SECTION C</u>		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? .....		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? .....		X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? .....		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued)

**Financial Assistance Policy (FAP)**

Name of hospital facility or letter of facility reporting group GOOD SAMARITAN MEDICAL CENTER

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>13</b> Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? .....	<b>X</b>	
If "Yes," indicate the eligibility criteria explained in the FAP:		
<b>a</b> <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
<b>b</b> <input type="checkbox"/> Income level other than FPG (describe in Section C)		
<b>c</b> <input checked="" type="checkbox"/> Asset level		
<b>d</b> <input checked="" type="checkbox"/> Medical indigency		
<b>e</b> <input type="checkbox"/> Insurance status		
<b>f</b> <input checked="" type="checkbox"/> Underinsurance status		
<b>g</b> <input type="checkbox"/> Residency		
<b>h</b> <input type="checkbox"/> Other (describe in Section C)		
<b>14</b> Explained the basis for calculating amounts charged to patients? .....	<b>X</b>	
<b>15</b> Explained the method for applying for financial assistance? .....	<b>X</b>	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
<b>b</b> <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
<b>c</b> <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
<b>d</b> <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
<b>e</b> <input type="checkbox"/> Other (describe in Section C)		
<b>16</b> Was widely publicized within the community served by the hospital facility? .....	<b>X</b>	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u>		
<b>d</b> <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>e</b> <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>f</b> <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
<b>g</b> <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
<b>h</b> <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
<b>i</b> <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)

**Billing and Collections**

Name of hospital facility or letter of facility reporting group GOOD SAMARITAN MEDICAL CENTER

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

**Policy Relating to Emergency Medical Care**

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

**Part V Facility Information** *(continued)*

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

Name of hospital facility or letter of facility reporting group GOOD SAMARITAN MEDICAL CENTER

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

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**Part V Facility Information** (continued)

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

**LUTHERAN MEDICAL CENTER:**

PART V, SECTION B, LINE 5: LUTHERAN MEDICAL CENTER PARTICIPATED IN COLLABORATIVE PROCESS TO CONDUCT THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), ALONG WITH JEFFERSON COUNTY PUBLIC HEALTH AND ST. ANTHONY HOSPITAL (CENTURA). A NUMBER OF COMMUNITY BASED ORGANIZATIONS WERE INVOLVED IN THE PROCESS AS WELL.

**ADULT FOCUS GROUPS**

STUDENTS FROM THE COLORADO SCHOOL OF PUBLIC HEALTH, IN PARTNERSHIP WITH JEFFERSON COUNTY PUBLIC HEALTH, FACILITATED FOCUS GROUP DISCUSSIONS THAT WERE CONDUCTED AT KEY GEOGRAPHIC POINTS IN THE COUNTY TO ENSURE EQUAL REPRESENTATION OF THE COUNTY'S DIVERSE COMMUNITIES, AND TO INCLUDE BOTH MOUNTAIN AND URBAN/SUBURBAN POPULATIONS. 52 PARTICIPANTS ENGAGED IN SEVEN FOCUS GROUPS. THE FOCUS GROUP DISCUSSIONS WERE FACILITATED AT LOCATIONS IN ARVADA, CONIFER, EDGEWATER, INDIAN HILLS AND LAKEWOOD, AND INCLUDED TWO SPANISH LANGUAGE GROUPS. THESE COMMUNITIES WERE CHOSEN TO HIGHLIGHT GEOGRAPHIC, ETHNIC, LINGUISTIC, AND ECONOMIC DIVERSITY.

**PLACE - NUMBER - LANGUAGE**

- ARVADA - 5 - ENGLISH
- CONIFER - 4 - ENGLISH
- EDGEWATER - 9 - ENGLISH
- INDIAN HILLS - 11 - ENGLISH
- LAKEWOOD - 6 - ENGLISH
- LAKEWOOD - 9 - SPANISH
- LAKEWOOD - 8 - SPANISH

**Part V Facility Information** *(continued)*

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

FOCUS GROUP RECRUITMENT WAS COORDINATED BY JEFFERSON COUNTY PUBLIC HEALTH. FLYERS WERE POSTED THROUGHOUT THE COMMUNITIES IN PUBLIC PLACES INCLUDING GROCERY STORES AND LIBRARIES. IN ADDITION, THE HEALTH DEPARTMENT WORKED WITH LOCAL PARTNERS AND COALITIONS TO RECRUIT PARTICIPANTS FROM THEIR ORGANIZATIONS. SOME OF THESE PARTNERS INCLUDED THE HEALTHY JEFFCO NETWORK, THE COMMUNITIES THAT CARE COALITION, MEMBERS OF TOBACCO COALITIONS, AND THE CHILD YOUTH LEADERSHIP COMMISSION. FOR THE CONIFER AND INDIAN HILLS FOCUS GROUPS, ANNOUNCEMENTS WERE MADE ON FACEBOOK COMMUNITY PAGES (E.G., INDIAN HILLS IMPROVEMENT ASSOCIATION). THE FOCUS GROUPS WERE PLANNED AND LEAD BETWEEN OCTOBER 25 AND NOVEMBER 10, 2017. THE DISCUSSIONS WERE USED TO GAIN UNIQUE INSIGHTS INTO JEFFERSON COUNTY'S HEALTH CHALLENGES FROM THE PERSPECTIVE OF RESIDENTS.

**YOUTH FOCUS GROUPS**

THE JEFFERSON COUNTY COMMUNITIES THAT CARE TEAM HIRED 21 YOUTH RESEARCHERS FROM FOUR JEFFERSON COUNTY HIGH SCHOOLS TO CONDUCT RESEARCH ON THEIR PEERS' PERCEPTIONS OF YOUTH SUBSTANCE MISUSE, VIOLENCE AND HOPELESSNESS/ANXIETY. COMMUNITIES THAT CARE STAFF LED TWO FOCUS GROUPS WITH THE YOUTH RESEARCHERS, AND THE YOUTH RESEARCHERS PLANNED AND LED SIX FOCUS GROUPS THAT EACH INCLUDED AT LEAST SIX OTHER STUDENTS FROM THEIR SCHOOLS.

**KEY INFORMANT INTERVIEWS**

KEY INFORMANT INTERVIEWS WERE FACILITATED WITH COMMUNITY LEADERS AND STAKEHOLDERS IN ORGANIZATIONS WITH SPECIAL KNOWLEDGE OF COMMUNITY HEALTH CONCERNS, ESPECIALLY THOSE AFFECTING OUR MOST VULNERABLE RESIDENTS. THESE

**Part V Facility Information** (continued)

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

DISCUSSIONS WERE AIMED AT PROVIDING DEEP INSIGHTS INTO THE HEALTH ISSUES IMPACTING OUR COMMUNITY, PARTICULARLY WITH AN EMPHASIS ON IDENTIFYING HEALTH DISPARITIES OR INEQUITIES AFFECTING THE MOST VULNERABLE SUCH AS ELDERLY, PEOPLE OF COLOR, LGBTQ GROUPS, INDIVIDUALS LIVING WITH DISABILITIES AND LOW-SOCIOECONOMIC AND GEOGRAPHICALLY DISTINCT POPULATIONS. IN TOTAL, 30 KEY INFORMANT INTERVIEWS WERE COMPLETED.

INTERVIEW QUESTIONS FOCUSED ON THE FOLLOWING TOPICS:

- HEALTH AND QUALITY OF LIFE IN JEFFERSON COUNTY.
- CHALLENGES AND BARRIERS RELATIVE TO THE IDENTIFIED HEALTH NEEDS (I.E. WHAT MAKES EACH HEALTH NEED A SIGNIFICANT ISSUE IN THE COMMUNITY? WHAT ARE THE CHALLENGES PEOPLE FACE IN ADDRESSING THESE NEEDS?).
- SOCIOECONOMIC, BEHAVIORAL, OR ENVIRONMENTAL FACTORS CONTRIBUTING TO POOR HEALTH AND/OR QUALITY OF LIFE IN THE COMMUNITY.
- WHAT ARE THE VENUES THAT INFORM RESIDENTS OF HEALTH RESOURCES/PROGRAMS?
- WHAT MAKES A COMMUNITY HEALTHY, SAFE AND STRONG?
- COMMUNITY ASSETS AND STRENGTHS.
- ADDITIONAL COMMENTS AND CONCERNS.

COMMUNITY FEEDBACK

IN JANUARY 2018, ALL PRELIMINARY COMMUNITY HEALTH NEEDS ASSESSMENT DATA WERE POSTED ON THE JEFFERSON COUNTY PUBLIC HEALTH WEBSITE. THE PUBLIC HAD THE OPPORTUNITY TO REVIEW THE DATA ON GOOGLE SLIDES AND MAKE COMMENTS DIRECTLY ON THE DATA PAGES OR LEAVE COMMENTS AND VOTE ON TOP COMMUNITY PRIORITIES THROUGH A REDCAP SURVEY. THIS OPPORTUNITY TO PROVIDE FEEDBACK WAS PROMOTED ON JEFFERSON COUNTY PUBLIC HEALTH'S WEBSITE AND SOCIAL MEDIA PAGES AND OUR PARTNERS SHARED WITH THEIR NETWORKS AS WELL. THE COMMENTS

**Part V Facility Information** (continued)

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

RECEIVED WERE USED TO STRENGTHEN THE COMMUNITY HEALTH NEEDS ASSESSMENT DATA.

ASSET MAPPING

ASSET MAPPING IS A PARTICIPATORY EXERCISE WHERE THE COMMUNITY DOCUMENTS THE TANGIBLE AND INTANGIBLE RESOURCES WITHIN A COMMUNITY TO MOBILIZE PREVIOUSLY UNRECOGNIZED, BUT EXISTING, STRENGTHS AND CAPABILITIES THAT CAN BE HARNESSSED TO COLLECTIVELY IMPROVE OUR COMMUNITY'S HEALTH. ASSET MAPPING WAS CONDUCTED THROUGH AN ONLINE SURVEY DIRECTED TO JEFFERSON COUNTY RESIDENTS, WITH EXTERNAL PARTNERS, AND WITH JEFFERSON COUNTY PUBLIC HEALTH STAFF TO DETERMINE THE CAPACITY OF OUR COMMUNITY TO AFFECT POSITIVE CHANGES ON POPULATION HEALTH ISSUES IN TERMS OF RESOURCES, STAFF AND PARTNERSHIPS.

A FULL LIST OF STAKEHOLDERS CAN BE PROVIDED UPON REQUEST.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 5: GOOD SAMARITAN MEDICAL CENTER (GSMC) IS AN ACUTE-CARE HOSPITAL LOCATED IN THE CITY OF LAFAYETTE, COLORADO AND WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN BOULDER, BROOMFIELD, ADAMS, JEFFERSON, GILPIN AND WELD COUNTIES. WE ARE COMMITTED TO IMPROVING THE HEALTH OF OUR COMMUNITY. IN SO DOING, GSMC WORKED CLOSELY WITH COMMUNITY PARTNERS TO CONDUCT A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IN 2018. THE GOAL FOR THE CHNA WAS TO DETERMINE CURRENT AND PROJECTED FUTURE HEALTH CARE NEEDS IN THE GSMC PRIMARY COMMITMENT AREA AND TO IDENTIFY GAPS IN SERVICES TO IMPROVE THE HEALTH OF OUR COMMUNITY.

**Part V Facility Information** (continued)

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

**FOCUS GROUPS**

A GROUP OF HOSPITAL LEADERS AND DEPARTMENTAL REPRESENTATIVES, AS WELL AS COMMUNITY LEADERS, WAS CONVENED ON AUGUST 7, 2018 TO PRIORITIZE THE PRELIMINARY LIST AND NARROW THE LIST TO SEVEN KEY ISSUES THAT WOULD BE FURTHER DISCUSSED THROUGH COMMUNITY INTERVIEWS. THE GROUP RECEIVED A SUMMARY OF THE SECONDARY DATA COMPILED FROM LOCAL, COUNTY AND STATE SOURCES. FOLLOWING THE PRESENTATION, THE ATTENDEES WERE GIVEN TIME IN SMALL GROUPS TO DISCUSS THE ISSUES AND WERE ASKED TO RANK THE TWELVE ISSUES (ON A SCALE OF 1-10) BASED ON THE FOLLOWING TWO QUESTIONS:

BASED ON YOUR UNDERSTANDING OF THE COMMUNITY HEALTH FINDINGS THAT HAVE BEEN DISCUSSED, PLEASE RATE EACH OF THE FOLLOWING HEALTH ISSUES BASED ON:

1. THE SCOPE AND SEVERITY OF THE HEALTH ISSUE, AND
2. THE ABILITY OF THE HOSPITAL TO HAVE A POSITIVE IMPACT ON THE HEALTH ISSUE.

TOTAL SCORES FOR EACH HEALTH ISSUE WERE CALCULATED AND DIVIDED BY THE TOTAL NUMBER OF RESPONSES FOR WHICH DATA WERE PROVIDED, RESULTING IN AN OVERALL AVERAGE FOR EACH HEALTH NEED SEPARATELY BY QUESTION. THIS RESULTED IN TWO SCORES FOR EACH HEALTH ISSUE. THE COMBINED SCORE WAS ARRIVED AT BY AVERAGING THE TWO SCORES. CALCULATIONS FROM THIS GROUP ACTIVITY RESULTED IN THE FOLLOWING PRIORITIZATION.

**PHONE SURVEY**

GSMC CONDUCTED TARGETED INTERVIEWS TO GATHER INFORMATION AND OPINIONS FROM

**Part V Facility Information** (continued)

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

PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE MEDICAL CENTER. SIXTEEN INTERVIEWS WERE COMPLETED IN JULY 2018. FOR THE INTERVIEWS, COMMUNITY STAKEHOLDERS AND HOSPITAL LEADERS WERE IDENTIFIED BY GSMC AND CONTACTED TO PARTICIPATE IN THE NEEDS ASSESSMENT. INTERVIEWEES INCLUDED INDIVIDUALS WHO ARE LEADERS AND/OR REPRESENTATIVES OF MEDICALLY UNDERSERVED, LOW-INCOME, AND MINORITY POPULATIONS, LOCAL HEALTH, OR OTHER DEPARTMENTS OR AGENCIES THAT HAVE "CURRENT DATA OR OTHER INFORMATION RELEVANT TO THE HEALTH NEEDS OF THE COMMUNITY SERVED BY THE MEDICAL CENTER." INPUT WAS OBTAINED FROM AREA PUBLIC HEALTH DEPARTMENTS.

PARTNERS ACTIVELY PARTICIPATED IN THE QUANTITATIVE REVIEW, INPUT ON QUALITATIVE ISSUES AND PRIORITIZATION COMPONENTS OF THE CHNA. PARTNERS INCLUDED BUT WERE NOT LIMITED TO:

- AVISTA HOSPITAL
- BOULDER COUNTY PUBLIC HEALTH,
- BOULDER COUNTY HOUSING AND HUMAN SERVICES
- BROOMFIELD FISH
- BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT,
- CANCER CENTER OF COLORADO
- COMMUNITIES THAT CARE
- COMMUNITY REACH CENTER
- CLINICA FAMILY SERVICES,
- GOOD SAMARITAN MEDICAL CENTER: CARDIOLOGY, EMERGENCY, BUSINESS
- DEVELOPMENT, FOUNDATION, NURSING, MARKETING, MISSION INTEGRATION, TRAUMA
- OUTREACH
- FOOTHILLS UNITED WAY
- LAFAYETTE RECREATION CENTER

**Part V Facility Information** (continued)

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

MENTAL HEALTH PARTNERS,

SISTER CARMEN COMMUNITY CENTER

TRU COMMUNITY CARE

VIA MOBILITY

KEY FINDINGS IDENTIFIED GAPS AND UNMET NEEDS FOR HEALTHCARE IN THE SERVICE AREA AND INFORMED RECOMMENDATIONS AND STRATEGIC IMPLEMENTATIONS FOR THE GSMC SERVICE DELIVERY MODEL TO FILL THE GAPS. GSMC'S PRIORITIES FOR 2019-2021 INCLUDE:

CARDIOVASCULAR DISEASE (HEART DISEASE AND STROKE)

UNINTENTIONAL INJURIES

FOR THE 2018 CHNA AND CHIP, GSMC PARTNERED WITH MELISSA BIEL CONSULTANTS TO COLLECT THE SECONDARY DATA, INTERVIEW KEY INFORMANTS AND TO ASSIST WITH THE WRITING OF THE DOCUMENTS.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: SAINT ANTHONY HOSPITAL

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6A: AVISTA HOSPITAL

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: PARTNERS INCLUDED JEFFERSON COUNTY DEPARTMENT

**Part V Facility Information** (continued)

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

OF PUBLIC HEALTH, ARVADA CHAMBER, ARVADA FIRE, BRIGHT BY THREE, CITY OF EDGEWATER, CITY OF LAKEWOOD, CITY OF LAKEWOOD RECREATION, CITY OF WESTMINISTER, CITY OF WHEAT RIDGE, COLORADO COMMUNITY HEALTH ALLIANCE, COMMUNITY FIRST FOUNDATION, CONSORTIUM OF OLDER ADULTS, CREA RESULTS, EVERGREEN FIRE, FAMILY TREE, JEFFCO VETERANS SERVICES, JEFFERSON CENTER FOR MENTAL HEALTH, CONSERVATION COLORADO, JEFFERSON COUNTY HOUSING AUTHORITY, JEFFERSON COUNTY PUBLIC LIBRARIES, METRO COMMUNITY PROVIDER NETWORK, REGIS UNIVERSITY, SENIOR RESOURCES CENTER, SCL LUTHERAN MEDICAL CENTER, STATE SENATOR DISTRICT 20, THE ACTION CENTER, WEST CHAMBER, WEST METRO FIRE, TRI COUNTY PUBLIC HEALTH, WEST PINES.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 6B: THE FOLLOWING ORGANIZATIONS LISTED PARTICIPATED IN PRIORITIZATION AND KEY INFORMANT INTERVIEWS.

AVISTA HOSPITAL  
BOULDER COUNTY PUBLIC HEALTH,  
BOULDER COUNTY HOUSING AND HUMAN SERVICES  
BROOMFIELD FISH  
BROOMFIELD PUBLIC HEALTH AND ENVIRONMENT,  
CANCER CENTER OF COLORADO  
COMMUNITIES THAT CARE  
COMMUNITY REACH CENTER  
CLINICA FAMILY SERVICES,  
GOOD SAMARITAN MEDICAL CENTER: CARDIOLOGY, EMERGENCY, BUSINESS DEVELOPMENT, FOUNDATION, NURSING, MARKETING, MISSION INTEGRATION, TRAUMA OUTREACH  
FOOTHILLS UNITED WAY

**Part V Facility Information** (continued)

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

LAFAYETTE RECREATION CENTER

MENTAL HEALTH PARTNERS

SISTER CARMEN COMMUNITY CENTER

TRU COMMUNITY CARE

VIA MOBILITY

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/  
ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.sclhealth.org/locations/lutheran-medical-center/about/community-benefit/community-health-needs-assessment/)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7A, HOSPITAL FACILITY'S WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/  
ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT/](https://www.sclhealth.org/locations/good-samaritan-medical-center/about/community-benefit/community-health-needs-assessment/)

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 7B, OTHER WEBSITE:

JEFFERSON COUNTY PUBLIC HEALTH DEPARTMENT WEBSITE  
[HTTPS://INSIGHT.LIVESTORIES.COM/S/V2/CHA-HOME-PAGE/  
B08C9EBA-221C-41DE-B1FB-3540BCC51A76/](https://insight.livestories.com/s/v2/cha-home-page/b08c9eba-221c-41de-b1fb-3540bcc51a76/)

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/  
ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](https://www.sclhealth.org/locations/lutheran-medical-center/about/community-benefit/community-health-improvement-plan/)

**Part V Facility Information** (continued)

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

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 10A, HOSPITAL'S MOST RECENTLY ADOPTED

IMPLEMENTATION STRATEGY POSTED ON WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/](https://www.sclhealth.org/locations/good-samaritan-medical-center/)

[ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](#)

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 7D: COPIES OF THE CHNA WERE DISTRIBUTED AT VARIOUS COMMUNITY COALITIONS AND RESOURCE MEETINGS BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: ACCESS TO HEALTHCARE

THROUGH THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN

COLLABORATION WITH SAINT ANTHONY HOSPITAL AND JEFFERSON COUNTY DEPARTMENT

OF PUBLIC HEALTH, FOUR NEEDS SURFACED AS THE MOST PRESSING FOR JEFFERSON

COUNTY: 1. ACCESS TO MENTAL HEALTH AND SUBSTANCE USE TREATMENT 2. FOOD

INSECURITY 3. ALCOHOL AND SUBSTANCE USE 4. HOUSING.

ACCESS TO MENTAL HEALTH AND SUBSTANCE USE TREATMENT

TWO PROGRAMS CONTINUE AT LUTHERAN MEDICAL CENTER TO ADDRESS THIS COMMUNITY

HEALTH PRIORITY:

1. THE RECOVERY NURSE ADVOCATE PROGRAM (RNAP) AT LUTHERAN MEDICAL CENTER

IS DESIGNED TO SUPPORT MOTHERS STRUGGLING WITH ADDICTION THROUGH HOME

**Part V Facility Information** (continued)

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

VISITATION AND CONNECTION TO RESOURCES. PARTICIPANTS ARE ELIGIBLE DURING PREGNANCY AND FOR UP TO ONE YEAR POSTPARTUM. A NURSE ADVOCATE GUIDES THE PATIENT TO ENSURE ACCESS TO THE FOLLOWING: PRENATAL AND PEDIATRIC CARE, SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING, HEALTH INSURANCE, STABLE AND SAFE HOUSING, FOOD AND CLOTHING, AND TRANSPORTATION TO PROVIDER VISITS. EDUCATION ABOUT ADDICTION/SUBSTANCE ABUSE EFFECTS ON PREGNANCY, LABOR. IN 2020, MOST PROGRAM SERVICES WERE DELIVERED VIRTUALLY DUE TO THE COVID PANDEMIC. THE PROGRAM HAD A TOTAL OF 19 MOMS PARTICIPATING AND TO DATE, ALL BABIES IN THE PROGRAM HAVE REMAINED IN THE HOME.

2. THROUGH A PARTNERSHIP WITH ROCKY MOUNTAIN CRISIS PARTNERS, LUTHERAN MEDICAL CENTER'S EMERGENCY DEPARTMENT AND WEST PINES BEHAVIORAL HEALTH HAVE IMPLEMENTED A FOLLOW UP PROGRAM FOR INDIVIDUALS WHO HAVE ATTEMPTED SUICIDE. WHEN A PATIENT PRESENTS IN EITHER OF THESE SETTINGS WITH A SUICIDE RISK OR ATTEMPT THEY ARE OFFERED A WARM HAND OFF FOR FOLLOW UP BY ROCKY MOUNTAIN CRISIS PARTNERS. RESEARCH SHOWS THAT SUPPORT OFFERED DURING THIS CRITICAL PERIOD CAN LEAD TO STABILIZED MENTAL HEALTH, INCREASED LIKELIHOOD OF FOLLOW UP CARE, AND REDUCED FUTURE SUICIDE ATTEMPTS. IN 2020, 98 PATIENTS WERE REFERRED FOR FOLLOW UP CARE. OF THOSE REFERRED ONLY ONE RETURNED TO THE EMERGENCY DEPARTMENT WITH A MENTAL HEALTH CONCERN AND ZERO ATTEMPTED SUICIDE. BECAUSE THE PROGRAM IS OFFERED TELEPHONICALLY, NO ADJUSTMENTS WERE NECESSARY DUE TO COVID.

## FOOD INSECURITY

IN JEFFERSON COUNTY ONE IN TEN, RESIDENTS IS FOOD INSECURE AND 37% ARE OVERWEIGHT. EATING HEALTHY FOOD AND GETTING REGULAR EXERCISE CONTRIBUTE SIGNIFICANTLY TO AN INDIVIDUAL'S OVERALL HEALTH. ADDRESSING FOOD

**Part V Facility Information** (continued)

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

INSECURITY IN JEFFERSON COUNTY HAS INVOLVED A NUMBER OF EFFORTS FOCUSED ON BOTH GETTING FOOD INTO THE HANDS OF THOSE WHO LACK IT AND INCREASING NUTRITION LITERACY IN POPULATIONS WHERE LACK OF NUTRITION IS A MAIN FACTOR IN DISEASE. IN 2020 FOOD INSECURITY IN JEFFERSON COUNTY INCREASED SUBSTANTIALLY AS UNEMPLOYMENT INCREASED DUE TO THE PANDEMIC. ALL OF THE HOSPITAL'S FOOD DISTRIBUTION PARTNERS REPORTED THREE-AND FOUR-FOLD INCREASES IN THE NUMBER OF PEOPLE NEEDING FOOD.

2020 SAW THE CONTINUATION OF THE LUTHERAN MEDICAL CENTER COMMITMENT TO HEALTHY EATING THROUGH MAINTAINING GOLD STATUS AS A HEALTHY HOSPITAL COMPACT (HHC) PARTNER. AS A PARTNER HOSPITAL, LMC AGREES TO PROTECT AND PROMOTE THE HEALTH OF OUR PATIENTS AND THEIR FAMILIES, VISITORS AND STAFF. WE ARE COMMITTED TO LEADING BY EXAMPLE AND IMPLEMENTED MEASURES TO IMPROVE THE QUALITY OF OUR NUTRITION. IN THAT SPIRIT THE NUTRITION SERVICES STAFF OF THE HOSPITAL BEGAN WORKING WITH DOCTORS WITHOUT HARM ON A PILOT PROJECT IN 2020. THE PROJECT PAIRS INTERESTED HOSPITALS WITH PROVIDERS OF LOCALLY GROWN, SUSTAINABLY FARMED, ORGANIC FOOD THAT IS USED IN THE CAFETERIA SETTING. THE PROJECT BEGAN WITH THE PROCUREMENT OF LOCALLY GROWN PINTO BEANS. THE BEANS ARE GROWN 20 MILES AWAY IN BOULDER COLORADO. LUTHERAN OFFERS THE LOCAL BEANS IN THE HOSPITAL CAFE AS A PLANT-BASED PROTEIN THAT IS A LEGITIMATE ALTERNATIVE TO ANIMAL PROTEIN.

THE SOCIAL DISTANCING REQUIREMENTS OF 2020 PRESENTED CHALLENGES RELATED TO THE HOSPITAL'S USUAL PROGRAMMING AROUND HEALTHY EATING FOR THOSE EXPERIENCING A CHRONIC DISEASE. AS A PIVOT, THE COMMUNITY HEALTH STAFF DEVELOPED A VIRTUAL PROGRAM CALLED "HEALTHY U". THE PROGRAM BUILT PARTNERSHIPS WITH A LOCAL FOOD BANK, A COMMUNITY COLLEGE, AND A PROVIDER

**Part V Facility Information** (continued)

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

OF COOKING EDUCATION CALLED COOKING MATTERS. HEALTHY U RECRUITED PARTICIPANTS WHO HAD BOTH A CHRONIC HEALTH CONDITION LIKE DIABETES OR HYPERTENSION AND FOOD INSECURITY. THE PARTICIPANTS INTERACT IN AN ONLINE PLATFORM TO COMPLETE ASSIGNMENTS ABOUT NUTRITION, HEALTH, AND EXERCISE AND PARTICIPATE VIRTUALLY IN LIVE COOKING CLASSES. EVERY TWO WEEKS, IN THE 12-WEEK PROGRAM. HEALTHY U STUDENTS COME TO A LOCAL FOOD BANK TO DO THEIR FOOD SHOPPING AND ALSO MEET WITH A STUDENT PHYSICIAN'S ASSISTANT WHO COUNSEL AND OFFER BASIC BIOMETRIC SCREENING. THE FIRST COHORT KICKED OFF LATE IN 2020 AND RESULTS WILL BE AVAILABLE IN EARLY 2021.

HOUSING

AFFORDABLE, OBTAINABLE, STABLE AND SAFE HOUSING IS A FUNDAMENTAL HUMAN NEED, A KEY COMPONENT TO QUALITY OF LIFE AND A DETERMINANT OF HEALTH OUTCOMES. WITHIN THE LUTHERAN MEDICAL CENTER EFFORT TO ADDRESS HOUSING AS A SOCIAL DETERMINANT OF HEALTH THE HOSPITAL SUPPORTED TWO IMPORTANT INTERVENTIONS IN 2020:

1. JEFFERSON COUNTY'S HOMELESS NAVIGATION TEAM BEGAN SEEING AN UPTICK IN COVID CASES IN THE SPRING OF 2020 AMONG PEOPLE EXPERIENCING HOMELESSNESS. IN ORDER TO PREVENT THE SPREAD OF THE VIRUS TO OTHERS THE TEAM NEGOTIATED WITH SEVERAL LOCAL MOTELS TO PROVIDE ROOMS WHERE PEOPLE COULD STAY DURING THE TWO-WEEK ISOLATION PERIOD. MEDICAL CARE AND FOOD WERE DELIVERED DIRECTLY TO THE INDIVIDUAL SO THEY DID NOT HAVE TO THE LEAVE THE MOTEL ROOM. LMC FUNDED VOUCHERS WHICH PAID FOR MOTEL ROOMS FOR APPROXIMATELY 30 INDIVIDUALS, TOTALING \$10,000.

2. THE ACTION CENTER, ONE OF THE HOSPITAL'S KEY FOOD BANK PARTNERS, SAW A 10-FOLD INCREASE IN REQUESTS FOR RENTAL ASSISTANCE AMONG THOSE THEY SERVE

**Part V Facility Information** (continued)

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

IN 2020. ONE KEY STRATEGY FOR PREVENTING HOMELESSNESS IS KEEPING PEOPLE IN THEIR HOUSING. LMC DONATED \$30,000 TO THE ACTION CENTER'S RENTAL RELIEF PROJECT AND THE FUNDING WAS USED TO ASSIST THOSE WHO MIGHT FALL OUTSIDE OF STRICT GUIDELINES RELATED TO FEDERAL ASSISTANCE - A SIGNIFICANT GAP IDENTIFIED BY THE ACTION CENTER.

ADDITIONAL PRIORITIES NOT ADDRESSED

LUTHERAN MEDICAL CENTER (LMC) RECOGNIZES THAT THE OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE 2018 LMC COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS ARE IMPORTANT FOR THE HOSPITAL AND THE COMMUNITIES IT SERVES. NUMEROUS OTHER ORGANIZATIONS ARE CONCURRENTLY ADDRESSING MANY OF THESE REMAINING NEEDS. THEREFORE, DUE TO LIMITED EXPERTISE AND RESOURCES AT THE INDIVIDUAL HOSPITAL LEVEL LMC HAS NARROWED ITS TOP PRIORITIES TO THE FOCUS AREAS LISTED ABOVE. LMC WILL, HOWEVER, CONTINUE TO BUILD PARTNERSHIPS WITH OTHER COMMUNITY AGENCIES IN OUR PRIMARY SERVICE AREA IN ORDER TO EXPAND OUR FOOTPRINT AS FAR AS POSSIBLE INTO ALL RELEVANT HEALTH PRIORITY AREAS WITHOUT OVERTAXING AVAILABLE RESOURCES IN OUR IDENTIFIED PRIORITY AREAS.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: UNINTENTIONAL INJURIES

- IN 2020, SEVEN "STOP THE BLEED" TRAININGS WERE OFFERED REACHING 258 COMMUNITY MEMBERS. THIS TRAINING INSTRUCTED PARTICIPANTS ON THE THREE QUICK ACTIONS THAT CAN BE USED TO STOP LIFE-THREATENING BLEEDING IN A SEVERELY INJURED PERSON. PARTICIPANTS IN THE TRAINING RECEIVED EDUCATION AND WERE ABLE TO PRACTICE WHAT THEY HAD LEARNED.

- THE INJURY PREVENTION DEPARTMENT HAS CONSISTENTLY PROVIDED CLASSES AND

**Part V Facility Information** *(continued)*

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

EVENTS TO ADDRESS INJURIES DUE TO FALLS. THE POPULAR "MATTER OF BALANCE" CLASS WHICH IS OFFERED THROUGH THE NATIONAL COUNCIL ON AGING AND SPONSORED LOCALLY BY THE BOULDER AREA AGING ON AGING (BCAAA), WAS NOT OFFERED IN PERSON IN 2020 AND WAS NOT ADAPTABLE TO BE DELIVERED ONLINE. GSMC CONTINUES TO BE A SITE FOR THIS CLASS AND PLANS TO OFFER IN-PERSON LEARNING AS SOON AS THE RESTRICTIONS ARE LIFTED.

- GOOD SAMARITAN WAS ABLE TO OFFER SOME CLASSES IN 2020 TO ADDRESS FALL PREVENTION. "GET UP, GET UP" WAS A PROGRAM DEVELOPED BY THE BCAA AND THEIR COMMUNITY CENTER PARTNERS THAT ENCOURAGED PARTICIPANTS TO CONTINUE TO BE ACTIVE AS THEY AGE. THE "AGING MASTERY PROGRAM" (AMP) IS A 10-CLASS COURSE CREATED BY THE NATIONAL COUNCIL ON AGING TO HELP OLDER ADULTS MAKE THE MOST OF THEIR LIVES AS THEY AGE. FALL PREVENTION IS ONE OF THE CLASSES IN AMP WHICH OUTLINES WAYS TO PREVENT FALLS AND HOW TO REDUCE THE RISK OF FALLING.

- DUE TO COVID RESTRICTIONS, THE ANNUAL FALL PREVENTION WEEK ACTIVITIES HAD TO BE MODIFIED. THE INJURY PREVENTION COORDINATOR WORKED WITH A VIDEOGRAPHER TO PRODUCE THREE FALL PREVENTION VIDEOS. THESE VIDEOS FEATURED A PHYSICAL THERAPIST INSTRUCTING THE VIEWER ON THE FOLLOWING TOPICS: TIPS ON HOW TO AVOID FALLS, HOW TO USE ASSISTIVE DEVICES, AND TIPS FOR GOING UPSTAIRS. THE VIDEOS WERE SHARED ON THE BCAA WEBSITE. ADDITIONALLY, A LINK WAS SENT OUT IN A NEWSLETTER THAT WENT OUT TO ALL OF THE BCAA CLIENTS.

- DUE TO COVID RESTRICTIONS, COMMUNITY FESTIVALS AND FAIRS WERE CANCELED FOR THE SUMMER OF 2020. 15 FREE HELMETS WERE DISTRIBUTED AT A HELMET GIVEAWAY EVENT IN THE FALL IN LAFAYETTE THROUGH THE LAFAYETTE RECREATION CENTER. A FLYER WAS POSTED ON THEIR WEBSITE FOR THE EVENT AND POSTERS WERE PLACED AROUND THE REC CENTER. CHILDREN RECEIVED A PROFESSIONAL FITTING FOR

**Part V Facility Information** (continued)

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

THE HELMETS IN ADDITION TO RECEIVING THE FREE HELMET.

- GOOD SAMARITAN MEDICAL CENTER OPERATES A CHILD CAR SEAT CHECK FOR THE COMMUNITY TO PREVENT CHILDHOOD INJURIES FROM AUTO ACCIDENTS. THE SEATS ARE CHECKED TO ENSURE THEY WERE INSTALLED CORRECTLY AND THAT THEY ARE NOT DAMAGED OR ON A RECALL LIST. ANY SEAT THAT IS FOUND TO BE DEFECTIVE, RECALLED OR OTHERWISE A DANGER TO THE CHILD IS REPLACED AT NO COST TO THE FAMILY. THE PROGRAM IS TRADITIONALLY DONE IN-PERSON, HOWEVER DUE TO COVID, THE PROGRAM WAS PROVIDED VIRTUALLY FOR PART OF THE YEAR. 1,104 CAR SEATS WERE EXAMINED IN 2020 AND 3 WERE REPLACED.

CARDIOVASCULAR DISEASE

- OFFERED AN ANNUAL "WEAR RED" EVENT TO THE COMMUNITY. THE EVENT AS PLANNED INCLUDED A HEART-HEALTHY WALK AND A TABLE IN THE HOSPITAL LOBBY WHERE INDIVIDUALS COULD SIGN UP FOR THE 2020 AHA HEART WALK AND RECEIVE EDUCATION ON HEART DISEASE.

- IN ORDER TO PREVENT DEATH FROM CARDIAC EVENTS IN THE COMMUNITY, GOOD SAMARITAN PURCHASED AN AED TO DONATE TO THE BOLLMAN TECHNICAL COLLEGE AND PROVIDED TRAINING ON THE EQUIPMENT.

- GOOD SAMARITAN MEDICAL CENTER PROVIDED A FREE CARDIOVASCULAR SCREEN FOR SCHOOL-AGED ATHLETES IN COOPERATION WITH THE "PLAY WITH HEART" ORGANIZATION. 81 YOUTH HAD A 12-LEAD EKG SCREENING PERFORMED ON THEM IN ORDER TO IDENTIFY WHO MIGHT BE AT RISK OF SUDDEN CARDIAC ARREST. 1 IN 300 CHILDREN ARE BORN WITH A HIDDEN CARDIAC CONDITION AND THIS SCREENING HELPS TO IDENTIFY PROBLEMS AND FIX THEM SO THAT CHILDREN DO NOT SUFFER A CARDIAC EVENT WHILE PARTICIPATING IN A SPORTING EVENT.

- GOOD SAMARITAN MEDICAL CENTER IN 2020 HOSTED A BI-MONTHLY STROKE SUPPORT GROUP IN COORDINATION WITH THE ROCKY MOUNTAIN STROKE CENTER (ATTENDANCE IN

**Part V Facility Information** (continued)

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

2020: 306). THE GROUP MISSED ONE MEETING IN 2020 WHEN IN-PERSON MEETINGS WERE CURTAILED DUE TO COVID. THE GROUP QUICKLY SWITCHED FORMATS TO A VIRTUAL MEETING AND CONTINUED TO HAVE BI-MONTHLY MEETINGS FOR THE REMAINDER OF THE YEAR.

- THE GOOD SAMARITAN MEDICAL CENTER EMS OUTREACH COORDINATOR PROVIDED TRAINING AND RECERTIFICATION CLASSES (CPR, PALS AND ACLS) AT NO COST TO LOCAL EMS PROFESSIONALS. CONTINUING EDUCATION OCCURRED FROM JANUARY UNTIL THE BEGINNING OF APRIL AT THREE LOCAL FIRE STATIONS SERVING 202 PERSONS. RECERTIFICATION CLASSES TO 64 LOCAL FIRST RESPONDERS WERE PROVIDED THROUGHOUT THE YEAR.

HEALTH PRIORITIES NOT ADDRESSED

THE REMAINDER OF NEEDS IDENTIFIED IN THE CHNA ARE IMPORTANT TO GSMC, BUT DUE TO LIMITED RESOURCES AT THE HOSPITAL LEVEL, AND THE AVAILABILITY OF COMMUNITY ORGANIZATIONS WHO ARE ALREADY ADDRESSING THESE NEEDS, GSMC WILL FOCUS PRIMARILY ON ITS SELECTED PRIORITIES. GSMC WILL CONTINUE TO COLLABORATE WITH COMMUNITY ORGANIZATIONS TO ENSURE OTHER NEEDS AND HEALTH INDICATORS ARE SUPPORTED. SOME OF THE ORGANIZATIONS ACTIVELY ADDRESSING OTHER HEALTH PRIORITIES INCLUDE: BOULDER COUNTY PUBLIC HEALTH, BROOMFIELD PUBLIC HEALTH DEPARTMENT, CATHOLIC CHARITIES, UNITED WAY, AMERICAN CANCER SOCIETY, MENTAL HEALTH PARTNERS, WOMEN'S HEALTH, AND OTHERS.

SCHEDULE H, PART V, SECTION B, LINE 16

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

**Part V Facility Information** *(continued)*

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

WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16A, FINANCIAL ASSISTANCE POLICY WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16B, FINANCIAL ASSISTANCE APPLICATION WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE

SUMMARY:

WWW.SCLHEALTH.ORG/LOCATIONS/LUTHERAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 16C, FINANCIAL ASSISTANCE PLAIN LANGUAGE

SUMMARY:

**Part V** Facility Information *(continued)*

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

WWW.SCLHEALTH.ORG/LOCATIONS/GOOD-SAMARITAN-MEDICAL-CENTER/

PATIENTS-VISITORS/BILLING-PRICING/FINANCIAL-ASSISTANCE/

Multiple horizontal lines for providing supplemental information.

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
1 SCL HEALTH MEDICAL GROUP - ORTHOPAED 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
2 SCL HEART & VASCULAR INSTITUTE - WHE 3655 LUTHERAN PKWY STE 201 WHEAT RIDGE, CO 80033-6010	OUTPATIENT PHYSICIAN CLINIC
3 SCL HEALTH MEDICAL GROUP - HOSPITALI 2635 N 7TH ST STE 4205 GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
4 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 WELLINGTON AVE STE 3C GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
5 SCL HEALTH MEDICAL GROUP - CENTER FO 750 WELLINGTON AVE STE 3A GRAND JUNCTION, CO 81501-6124	OUTPATIENT PHYSICIAN CLINIC
6 SCL HEALTH MEDICAL GROUP - LUNG & SL 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501-8121	OUTPATIENT PHYSICIAN CLINIC
7 SCL HEALTH MEDICAL GROUP - LUTHERAN 3550 LUTHERAN PKWY G-20 WHEAT RIDGE, CO 80033-6016	OUTPATIENT PHYSICIAN CLINIC
8 SCL HEALTH MEDICAL GROUP - MIDTOWN 1960 N OGDEN ST STE 120 DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
9 SCL HEALTH MEDICAL GROUP - THORNTON 1181 E 120TH AVE UNIT A THORNTON, CO 80233-5729	OUTPATIENT PHYSICIAN CLINIC
10 SCL HEALTH MEDICAL GROUP - BROOMFIEL 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
11 SCL HEALTH MEDICAL GROUP - FOOTHILLS 1726 COLE BLVD SUITE 350 LAKEWOOD, CO 80401	OUTPATIENT PHYSICIAN CLINIC
12 SCL HEART & VASCULAR INSTITUTE - DEN 1960 N OGDEN ST STE 110 DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
13 SCL HEALTH MEDICAL GROUP - LAFAYETTE 2600 CAMPUS DR STE A LAFAYETTE, CO 80026-3358	OUTPATIENT PHYSICIAN CLINIC
14 SCL HEALTH MEDICAL GROUP - CHERRY CR 400 S COLORADO BLVD SUITE 900 DENVER, CO 80246	OUTPATIENT PHYSICIAN CLINIC
15 SCL HEART & VASCULAR INSTITUTE - LAF 300 EXEMPLA CIR STE 310 LAFAYETTE, CO 80026-3394	OUTPATIENT PHYSICIAN CLINIC
16 SCL HEALTH MEDICAL GROUP - OB/GYN SE 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
17 SCL HEALTH MEDICAL GROUP - STAPLETON 2803 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
18 SCL HEALTH HEART & VASCULAR- DENVER 1960 N OGDEN ST STE 540 DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
19 SCL HEALTH / CANCER CENTERS OF COLOR 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
20 SCL HEALTH MEDICAL GROUP - STAPLETON 2823 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
21 SCL HEALTH MEDICAL GROUP - COMMUNITY 11900 GRANT ST STE 220 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
22 SCL HEALTH MEDICAL GROUP - GREEN MOU 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
23 SCL HEALTH MEDICAL GROUP- GOOD SAMAR 300 EXEMPLA CIR STE 400 LAFAYETTE, CO 80026-3396	OUTPATIENT PHYSICIAN CLINIC
24 LUTHERAN SPINE CENTER 1687 COLE BLVD STE 103 LAKEWOOD, CO 80401-3322	OUTPATIENT PHYSICIAN CLINIC
25 SCL HEALTH MEDICAL GROUP - PHYSICAL 2686 PATTERSON ROAD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
26 WEST PINES MEDICATION MANAGEMENT CLI 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
27 SCL HEALTH MEDICAL GROUP - HEART & V 2643 PATTERSON RD SUITE 401 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
28 SCL HEALTH MEDICAL GROUP - DENVER OB 1960 N OGDEN ST STE 230 DENVER, CO 80218-3668	OUTPATIENT PHYSICIAN CLINIC
29 SCL HEALTH ST. MARY'S / NEPHROLOGY 2635 N 7TH ST, 4TH FLOOR GRAND JUNCTION, CO 81501-6100	OUTPATIENT PHYSICIAN CLINIC
30 SCL HEALTH MEDICAL GROUP - HEART & V 2643 PATTERSON RD STE 403 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
31 SCL HEALTH MEDICAL GROUP-SUPERIOR 3 SUPERIOR DRIVE SUITE 400 SUPERIOR, CO 80027-8656	OUTPATIENT PHYSICIAN CLINIC
32 SCL HEALTH MEDICAL GROUP - WESTMINST 8758 WOLFF CT STE 200 WESTMINSTER, CO 80031-6904	OUTPATIENT PHYSICIAN CLINIC
33 SCL HEALTH MEDICAL GROUP - NEONATAL 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209	OUTPATIENT PHYSICIAN CLINIC
34 SCL HEALTH / CANCER CENTERS OF COLOR 750 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
35 SAINT JOSEPH HOSPITAL - CANCER CENTE 1825 MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
36 SCL HEALTH MEDICAL GROUP- WHEAT RIDG 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
37 SCL HEALTH MEDICAL GROUP - OCCUPATIO 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
38 SCL HEART & VASCULAR INSTITUTE - NOR 11900 GRANT ST SUITE 240 NORTHGLENN, CO 80233	OUTPATIENT PHYSICIAN CLINIC
39 SCL HEALTH MEDICAL GROUP - NEUROSURG 3455 N LUTHERAN PKWY STE 285 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
40 SCL HEALTH HEART & VASCULAR-STRUCTUR 1960 N OGDEN ST STE 540 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
41 SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC
42 SCL HEALTH MEDICAL GROUP - WHEAT RID 9830 I-70 FRONTAGE ROAD S WHEAT RIDGE, CO 80033-1724	OUTPATIENT PHYSICIAN CLINIC
43 SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST STE 250 LAKEWOOD, CO 80226-7429	OUTPATIENT PHYSICIAN CLINIC
44 SCL HEALTH MEDICAL GROUP - DENVER UR 1960 N OGDEN ST STE 520 DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
45 SCL HEALTH MEDICAL GROUP - MATERNAL- 610 25 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC
46 SCL HEALTH MEDICAL GROUP- WHEAT RIDG 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
47 SCL HEALTH MEDICAL GROUP - FIRESTONE 8350 COLORADO BLVD STE 160 FIRESTONE, CO 80504-6803	OUTPATIENT PHYSICIAN CLINIC
48 SCL HEALTH MEDICAL GROUP - AURORA 23770 E SMOKEY HILL RD STE 240 AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
49 LUTHERAN MEDICAL CENTER - RADIATION 8300 W 38TH AVE WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
50 SCL HEALTH MEDICAL GROUP - DENVER SP 1830 FRANKLIN ST SUITE 340 DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V** Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
51 SCL HEALTH MEDICAL GROUP - QUAIL CRE 2055 WEST 136TH AVE UNIT B118 BROOMFIELD, CO 80023-9308	OUTPATIENT PHYSICIAN CLINIC
52 SAINT JOSEPH HOSPITAL - CANCER CENTE 1825 MARION ST DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
53 LUTHERAN MEDICAL CENTER - CANCER CEN 3550 LUTHERAN PKWY STE 100A WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
54 SCL HEALTH MEDICAL GROUP - LITTLETON 8515 W COAL MINE AVE STE 240 LITTLETON, CO 80123	OUTPATIENT PHYSICIAN CLINIC
55 SCL HEALTH HEART & VASCULAR- WHEAT R 3555 LUTHERAN PARKWAY STE 380 WHEAT RIDGE, CO 80033-6023	OUTPATIENT PHYSICIAN CLINIC
56 SCL HEALTH MEDICAL GROUP - PEDIATRIC 2643 PATTERSON RD STE 603 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
57 SCL HEALTH MEDICAL GROUP - PATTERSON 710 WELLINGTON AVE ENTRANCE 20 GRAND JUNCTION, CO 81501	OUTPATIENT PHYSICIAN CLINIC
58 SCL HEALTH MEDICAL GROUP-DENVER DIAB 1960 N OGDEN ST STE 120A DENVER, CO 80218-3667	OUTPATIENT PHYSICIAN CLINIC
59 SCL HEALTH MEDICAL GROUP - DENVER S 1960 N OGDEN ST STE 530 DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
60 SCL HEALTH MEDICAL GROUP - PALLIATIV 2635 N 7TH ST GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
61 SCL HEALTH MEDICAL GROUP - DENVER BR 1960 N OGDEN ST STE 690 DENVER, CO 80218-3671	OUTPATIENT PHYSICIAN CLINIC
62 SCL HEALTH MEDICAL GROUP- BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459	OUTPATIENT PHYSICIAN CLINIC
63 SCL HEALTH MEDICAL GROUP - INFECTIOU 2643 PATTERSON RD STE 406 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
64 PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019	OUTPATIENT PHYSICIAN CLINIC
65 LUTHERAN MATERNAL FETAL MEDICINE 3455 LUTHERAN PARKWAY STE 210 WHEAT RIDGE, CO 80033-6012	OUTPATIENT PHYSICIAN CLINIC
66 LUTHERAN WEIGHT LOSS CENTER 3455 LUTHERAN PKWY STE 220 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC
67 MATERNAL FETAL MEDICINE CENTER SJ 1960 N OGDEN ST STE 330 DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
68 SCL HEALTH MEDICAL GROUP- STAPLETON 2807 ROSLYN ST DENVER, CO 80238-2624	OUTPATIENT PHYSICIAN CLINIC
69 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
70 SCL HEALTH MEDICAL GROUP- LARKRIDGE 16571 WASHINGTON ST THORNTON, CO 80023-8964	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
71 SCL HEALTH MEDICAL GROUP-LAFAYETTE D 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
72 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
73 WEST PINES TMS 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035	OUTPATIENT PHYSICIAN CLINIC
74 CERTIFIED NURSE MIDWIVES 1960 N OGDEN S STE 320 DENVER, CO 80218-3669	OUTPATIENT PHYSICIAN CLINIC
75 SCL HEALTH MEDICAL GROUP-BRIGHTON DI 1610 PRAIRIE CENTER PARKWAY SUITE 23 BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
76 SCL HEALTH MEDICAL GROUP - BARIATRIC 2440 N 11TH STREET GRAND JUNCTION, CO 81501-8102	OUTPATIENT PHYSICIAN CLINIC
77 SCL HEALTH MEDICAL GROUP- GREEN MOUN 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 80228-2850	OUTPATIENT PHYSICIAN CLINIC
78 GSMC CRITICAL CARE & PULMONOLOGY 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
79 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 80026-3392	OUTPATIENT PHYSICIAN CLINIC
80 SCL HEALTH MEDICAL GROUP - CENTER FO 627 25 1/2 ROAD GRAND JUNCTION, CO 81505	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V** Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
81 SCL HEALTH MEDICAL GROUP- ASSOCIATE 500 ELDORADO BLVD BLDG 4 STE 4250 BROOMFIELD, CO 80021-3408	OUTPATIENT PHYSICIAN CLINIC
82 SCL HEALTH HEART & VASCULAR INSTITUT 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817	OUTPATIENT PHYSICIAN CLINIC
83 SCL HEALTH MEDICAL GROUP- WHEAT RIDG 3555 LUTHERAN PKWY STE 180 WHEAT RIDGE, CO 80033-6000	OUTPATIENT PHYSICIAN CLINIC
84 SCL HEALTH MEDICAL GROUP - ENDOCRINO 2686 PATTERSON RD GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
85 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 LUTHERAN PARKWAY STE 210 WHEAT RIDGE, CO 80033-6012	OUTPATIENT PHYSICIAN CLINIC
86 SCL HEALTH MEDICAL GROUP - NEUROLOGY 2020 W VICTORY WAY CRAIG, CO 81625	OUTPATIENT PHYSICIAN CLINIC
87 ST MARY'S INPATIENT CONSULT SERVICES 2635 N 7TH ST GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC
88 SCL HEALTH MEDICAL GROUP-SUPERIOR 300 EXEMPLA CIR STE 300 LAFAYETTE, CO 80026-3395	OUTPATIENT PHYSICIAN CLINIC
89 SCL HEALTH MEDICAL GROUP - NEUROLOGY 350 MARKET AVE STE 316 BASALT, CO 81621-7405	OUTPATIENT PHYSICIAN CLINIC
90 SCL HEALTH MEDICAL GROUP - VIRTUAL C 8550 W 38TH AVE STE 320 WHEAT RIDGE, CO 80033	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
91 SCL HEALTH MEDICAL GROUP - NEUROLOGY 1280 N MILDRED RD STE 1 CORTEZ, CO 81321	OUTPATIENT PHYSICIAN CLINIC
92 SCL HEALTH MEDICAL GROUP - NEUROLOGY 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
93 SCL HEALTH MEDICAL GROUP- WHEATRIDGE 1960 N OGDEN ST STE 520 DENVER, CO 80218	OUTPATIENT PHYSICIAN CLINIC
94 SCL HEALTH / CANCER CENTERS OF COLOR 600 RUSSELL ST CRAIG, CO 81625-8750	OUTPATIENT PHYSICIAN CLINIC
95 SCL HEALTH HEART & VASCULAR INSTITUT 23770 E SMOKY HILL RD AURORA, CO 80016	OUTPATIENT PHYSICIAN CLINIC
96 SCL HEALTH MEDICAL GROUP - NEUROLOGY 476 WEST WILLIAM WAY MOAB, UT 84532	OUTPATIENT PHYSICIAN CLINIC
97 SCL HEALTH / CANCER CENTERS OF COLOR MOAB REGIONAL HOSPITAL 450 WEST WILL MOAB, UT 84532-2185	OUTPATIENT PHYSICIAN CLINIC
98 SCL HEALTH / CANCER CENTERS OF COLOR 501 AIRPORT ROAD RIFLE, CO 81650-8510	OUTPATIENT PHYSICIAN CLINIC
99 SCL HEALTH MEDICAL GROUP - CENTER FO 575 RIVERGATE LN STE 109 DURANGO, CO 81301-7488	OUTPATIENT PHYSICIAN CLINIC
100 SCL HEALTH / CANCER CENTERS OF COLOR 2643 PATTERSON RD SUITE 503 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC

Schedule H (Form 990) 2020

**Part V Facility Information** *(continued)*

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

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

How many non-hospital health care facilities did the organization operate during the tax year? 108

Name and address	Type of Facility (describe)
101 LUTHERAN SPINE CENTER 1606 PRARIE CENTER PARKWAY STE 210 BRIGHTON, CO 80601	OUTPATIENT PHYSICIAN CLINIC
102 SCL HEALTH MEDICAL GROUP - MATERNAL- 711 N TAYLOR ST GUNNISON, CO 81230-2243	OUTPATIENT PHYSICIAN CLINIC
103 SCL HEALTH / CANCER CENTERS OF COLOR 2643 PATTERSON RD SUITE 503 GRAND JUNCTION, CO 81506-1937	OUTPATIENT PHYSICIAN CLINIC
104 LUTHERAN WEIGHT LOSS CENTER - LAFAYE 300 EXEMPLA CIR STE 360 LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
105 SCL HEALTH SAINT JOSEPH EMERGENCY DE 23770 E SMOKY HILL RD AURORA, CO 80016-3089	OUTPATIENT PHYSICIAN CLINIC
106 SCL HEALTH SAINT JOSEPH EMERGENCY DE 11900 GRANT ST NORTHGLENN, CO 80233-1117	OUTPATIENT PHYSICIAN CLINIC
107 GOOD SAMARITAN TRAUMA PROFESSIONAL F 200 EXEMPLA CIR LAFAYETTE, CO 80026	OUTPATIENT PHYSICIAN CLINIC
108 E PLUS PET IMAGING X, LP 104 WOODMONT, BLVD., STE 500 NASHVILLE, TN 37205	RADIOLOGY SERVICES

**Part VI Supplemental Information**

Provide the following information.

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

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**PART I, LINE 6A:**

THIS ORGANIZATION IS PART OF SCL HEALTH SYSTEM WHICH PREPARES AN ANNUAL COMMUNITY BENEFIT REPORT ON A CONSOLIDATED BASIS. THE REPORT IS PREPARED BY THE PARENT COMPANY, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC.

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**PART I, LINE 7:**

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

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**PART I, LINE 7, COLUMN (F):**

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 22,247,470.

**Part VI** Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

GOOD SAMARITAN MEDICAL CENTER:

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). GOOD SAMARITAN MEDICAL CENTER (GSMC) CONTINUES TO BE INTENTIONAL IN BUILDING COMMUNITY RELATIONSHIPS WITH LOCAL ORGANIZATIONS TO ADDRESS THE HEALTH OF OUR COMMUNITY. THIS IS ADDRESSED THROUGH STAFF PARTICIPATION ON SEVERAL COMMUNITY BOARDS, INVESTMENT IN COMMUNITY WORK GROUPS AND COALITIONS, SUCH AS THE MENTAL HEALTH TASK FORCE AND THE BOULDER COUNTY PUBLIC HEALTH IMPROVEMENT PROCESS (PHIP) STEERING COMMITTEE. PROVIDED SUPPORT FOR EMERGENCY PREPAREDNESS AND DISASTER READINESS. ACTIVELY WORK WITH LOCAL STAKEHOLDERS TO ENSURE SOCIAL DETERMINANTS OF HEALTH ARE INCLUDED IN COMMUNITY IMPROVEMENT PROJECTS - HEALTH PROFESSIONS EDUCATION, HOUSING, AND SAFETY.

PART III, LINE 1

THE ORGANIZATION REPORTS BAD DEBT IN ACCORDANCE WITH HEALTHCARE FINANCIAL MANAGEMENT ASSOCIATION (HFMA) STATEMENT NO. 15 TO THE EXTENT THAT HFMA STATEMENT NO. 15 FOLLOWS THE GENERALLY ACCEPTED ACCOUNTING PRINCIPLES (GAAP) FOR THE REPORTING OF BAD DEBT.

PART III, LINE 2:

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

THE ALLOWANCE FOR BAD DEBT IS BASED UPON MANAGEMENT'S ASSESSMENT OF

**Part VI** Supplemental Information (Continuation)

HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING THE BUSINESS AND GENERAL ECONOMIC CONDITIONS IN ITS SERVICE AREA, TRENDS IN HEALTH CARE COVERAGE, AND OTHER COLLECTION INDICATORS.

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

PART III, LINE 4:

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

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

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

**Part VI** Supplemental Information (Continuation)

AND OTHER FINANCIAL ASSISTANCE PROGRAMS.

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

THE FOLLOWING IS THE TEXT OF THE FOOTNOTE IN THE ORGANIZATION'S FINANCIAL STATEMENTS THAT DESCRIBES THE BAD DEBT ALLOWANCE AND BAD DEBT EXPENSE:

NET PATIENT SERVICE REVENUE GENERALLY RELATES TO CONTRACTS WITH PATIENTS IN WHICH THE PERFORMANCE OBLIGATIONS ARE TO PROVIDE HEALTH CARE SERVICES TO PATIENTS OVER A PERIOD OF TIME. REVENUE IS ESTIMATED FOR PATIENTS WHO HAVE NOT BEEN DISCHARGED AS OF THE REPORTING PERIOD BASED ON ACTUAL CHARGES INCURRED TO DATE IN RELATION TO TOTAL EXPECTED CHARGES. SCL HEALTH BELIEVES THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. THE CONTRACTUAL RELATIONSHIP WITH PATIENTS ALSO TYPICALLY INVOLVES A THIRD-PARTY PAYER (MEDICARE, MEDICAID, MANAGED CARE PLANS, AND COMMERCIAL INSURANCE COMPANIES), AND THE TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY OR NEGOTIATED WITH THE THIRD-PARTY PAYERS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENT OR REIMBURSEMENT TO SCL HEALTH AT OTHER-THAN-STANDARD CHARGES.

**Part VI** Supplemental Information (Continuation)

BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, SCL HEALTH HAS ELECTED TO APPLY THE OPTION EXEMPTION, AND THEREFORE, IS NOT REQUIRED TO DISCLOSE THE AGGREGATE AMOUNT OF THE TRANSACTION PRICE ALLOCATED TO PERFORMANCE OBLIGATIONS THAT ARE UNSATISFIED OR PARTIALLY SATISFIED AT THE END OF THE REPORTING PERIOD. THE UNSATISFIED OR PARTIALLY SATISFIED PERFORMANCE OBLIGATIONS REFERRED TO ABOVE ARE PRIMARILY RELATED TO INPATIENT SERVICES AT THE END OF THE REPORTING PERIOD. THE PERFORMANCE OBLIGATIONS FOR THESE CONTRACTS ARE GENERALLY COMPLETED WHEN PATIENTS ARE DISCHARGED, WHICH GENERALLY OCCURS WITHIN DAYS OR WEEKS OF THE END OF THE REPORTING PERIOD.

NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATES OF IMPLICIT PRICE CONCESSIONS AND RETROACTIVE REVENUE ADJUSTMENTS DUE TO AUDITS, REVIEWS, AND INVESTIGATIONS. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO UNINSURED PATIENTS AND PATIENTS WITH CO-PAYS, CO-INSURANCE AND DEDUCTIBLES AND ARE ESTIMATED BASED ON HISTORICAL COLLECTION DATA. RETROACTIVE ADJUSTMENTS ARE CONSIDERED IN THE RECOGNITION OF REVENUE ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED, AND SUCH AMOUNTS ARE ADJUSTED IN FUTURE PERIODS AS ADJUSTMENTS BECOME KNOWN OR AS YEARS ARE NO LONGER SUBJECT TO SUCH AUDITS, REVIEWS, OR INVESTIGATIONS.

PART III, LINE 8:

THE ORGANIZATION BELIEVES THAT AT LEAST SOME PORTION OF THE COSTS WE INCUR IN EXCESS OF PAYMENTS RECEIVED FROM THE FEDERAL GOVERNMENT FOR PROVIDING MEDICAL SERVICES TO MEDICARE ENROLLEES AND BENEFICIARIES UNDER THE FEDERAL

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

MEDICARE PROGRAM (SHORTFALL OR MEDICARE SHORTFALL) CONSTITUTES A COMMUNITY BENEFIT. PROVIDING THESE SERVICES CLEARLY LESSENS THE BURDENS OF THE GOVERNMENT BY ALLEVIATING THE FEDERAL GOVERNMENT FROM HAVING TO DIRECTLY PROVIDE THESE MEDICAL SERVICES. AS DEMONSTRATED AND CALCULATED ON FORM 990, SCHEDULE H, PART III, LINES 5, 6 AND 7, OUR MEDICARE "ALLOWABLE COSTS" CLEARLY EXCEED THE PAYMENTS WE RECEIVE FOR PROVIDING THESE MEDICAL SERVICES UNDER THE MEDICARE PROGRAM. BY ABSORBING THE MEDICARE SHORTFALL COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS.

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

PART III, LINE 9B:

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

Schedule H (Form 990)

**Part VI** Supplemental Information (Continuation)

ASSISTANCE AT ANY TIME DURING THE COLLECTION PROCESS, THE ACCOUNT IS RECLASSIFIED AS FINANCIAL ASSISTANCE AND DEBT COLLECTION EFFORTS ARE CEASED.

PART VI, LINE 2:

LUTHERAN MEDICAL CENTER:

AS PART OF LUTHERAN MEDICAL CENTER'S CORE VALUE OF SERVICE TO THE POOR AND VULNERABLE, THE HOSPITAL TAKES STEPS TO DETERMINE WHERE THERE IS THE MOST NEED IN ORDER TO PROVIDE THE GREATEST GOOD THROUGH INCREMENTAL REVIEW OF CURRENT NEEDS ACROSS THE COMMUNITIES SERVED. AS AN ACTIVE MEMBER AND LEADER OF THE NEWLY FORMED JEFFERSON COUNTY HEALTH ALLIANCE, THE HOSPITAL IS IN TOUCH WITH CURRENT NEEDS AND POISED TO RESPOND WHEN NEW NEEDS ARE IDENTIFIED. THE COMMUNITY CONDITIONS WHICH AROSE DURING THE COVID PANDEMIC OF 2020 WERE AN ILLUSTRATION OF THE NYMBLE NATURE OF LMCS AWARENESS AROUND COMMUNITY NEED. IN THE FIRST TWO MONTHS OF THE PANDEMIC THE HOSPITAL BEGAN REPROCESSING N95 MASKS FOR EXTERNAL COMMUNITY AGENCIES INCLUDING LOCAL FIRST RESPONDERS, DONATED 2000 ROLLS OF TOILET PAPER TO A FOOD BANK FOR DISTRIBUTION TO RESIDENTS ALONG WITH FOOD, AND TOOK ON THE ROLE OF ORGANIZING A SCHOOL SUPPLY DRIVE, USUALLY HOSTED BY THE ACTION CENTER, SO THAT THEY COULD FOCUS ON MEETING THE FOOD AND SOCIAL NEEDS OF THEIR PARTICIPANTS.

GOOD SAMARITAN MEDICAL CENTER:

IN ADDITION TO THE CHNA PROCESS, GSMC ACTIVELY PARTICIPATES WITH COMMUNITY COALITIONS AND WORK GROUPS WHO WORK ON SPECIFIC HEALTH ISSUES WITHIN THE COMMUNITY. THESE PARTNERSHIPS ENABLE AN ABILITY TO REVIEW OUTCOME METRICS ON HEALTH ISSUES IN A MORE DYNAMIC FASHION EITHER THROUGH PROGRAM DELIVERY RESULTS, SERVICES TO VULNERABLE POPULATIONS AND/OR ANNUAL MEETINGS.

**Part VI** Supplemental Information (Continuation)

PART VI, LINE 3:

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

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

PART VI, LINE 4:

LUTHERAN MEDICAL CENTER:

LUTHERAN MEDICAL CENTER (LMC) IS SITUATED IN THE WESTERN PORTION OF THE DENVER METROPOLITAN AREA IN THE CITY OF WHEAT RIDGE, COLORADO. THIS ACUTE CARE FACILITY HAS A SERVICE AREA THAT SERVES SEVERAL COMMUNITIES IN THE WESTERN METROPOLITAN AREA INCLUDING WHEAT RIDGE, ARVADA, GOLDEN, LAKEWOOD, WESTMINSTER AS WELL AS COMMUNITIES IN THE FOOTHILLS OF THE FRONT RANGE. LMC'S PRIMARY SERVICE AREA CONSISTS OF 18 STANDARD ZIP CODES, MAINLY LOCATED IN JEFFERSON COUNTY (13 ZIP CODES), BUT ALSO REPRESENTED BY ZIP CODES IN THE COUNTIES OF DENVER (3 ZIP CODES), ADAMS (1 ZIP CODE) AND GILPIN (1 ZIP CODE). THE SECONDARY SERVICE AREA INCLUDES 20 ZIP CODES AND

**Part VI** Supplemental Information (Continuation)

EXTENDS THROUGH ADAMS COUNTY, BROOMFIELD COUNTY, CLEAR CREEK COUNTY, DENVER COUNTY AND JEFFERSON COUNTY. THE PRIMARY SERVICE AREA IS DEFINED AS THE GEOGRAPHIC AREA OF CONTIGUOUS ZIP CODES FROM WHICH THE HOSPITAL DRAWS APPROXIMATELY 75% OF ITS INPATIENT DISCHARGES AND THE COMBINED PRIMARY AND SECONDARY SERVICE AREA IS BASED ON APPROXIMATELY 90% OF DISCHARGES. LMC'S MAIN CONCENTRATION OF CARE IS PROVIDED TO THE COMMUNITIES OF WHEAT RIDGE, ARVADA AND GOLDEN. 50% OF THE CARE SITE'S DISCHARGES COME FROM EIGHT ZIP CODES WITHIN THOSE CITIES. ADDITIONALLY, LMC SERVICES THE MOST PATIENTS WITHIN ITS PRIMARY SERVICE AREA WHEN COMPARED TO OTHER HOSPITALS FURNISHING CLOSE TO 30% OF THE INPATIENT CARE.

LMC AND SAINT ANTHONY HOSPITAL ARE THE ACUTE CARE PROVIDERS IN ALL OF JEFFERSON COUNTY WITH LMC BEING THE ONLY TO OFFER MATERNITY SERVICES. THERE ARE TWO ACUTE CARE HOSPITALS LOCATED IN THE SECONDARY SERVICE AREA, NORTH SUBURBAN MEDICAL CENTER (AN AFFILIATE OF THE FOR-PROFIT HEALTHONE SYSTEM) AND DENVER HEALTH (GOVERNMENT OWNED). BESIDES LMC AND GOOD SAMARITAN MEDICAL CENTER, THERE ARE FIVE OTHER NOT-FOR-PROFIT HOSPITALS IN THE COMMUNITY:

- ST. ANTHONY NORTH HOSPITAL-CENTURA HEALTH, WESTMINSTER
- ST. ANTHONY WEST HOSPITAL-CENTURA HEALTH, LAKEWOOD
- AVISTA ADVENTIST HOSPITAL-CENTURA HEALTH, LOUISVILLE
- LONGMONT UNITED HOSPITAL, LONGMONT
- BOULDER COMMUNITY HOSPITAL, BOULDER

THERE IS ALSO ONE FOR-PROFIT HOSPITAL, NORTH SUBURBAN MEDICAL CENTER-HEALTHONE, AND THORNTON.

**Part VI** Supplemental Information (Continuation)

THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC INFORMATION, UPDATED FOR 2018, USING THE RESOURCES OF COUNTY HEALTH RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA.

POPULATION

IN 2016, THE POPULATION IN JEFFERSON COUNTY WAS 571,837. THE POPULATION IN JEFFERSON COUNTY WAS 50.3% FEMALE, AND 49.7% MALE.

IN JEFFERSON COUNTY, THE MEDIAN AGE WAS 40.5 COMPARED TO 36.5 IN COLORADO. 20.6% OF THE POPULATION WAS UNDER THE AGE OF 18, 64.2% OF THE POPULATION WAS 18-64 YEARS OLD AND 15.2% WERE AGES 65 AND OVER. JEFFERSON COUNTY HAS A HIGHER PERCENTAGE OF OLDER ADULTS THAN FOUND IN THE STATE.

RACE AND ETHNICITY

THE COUNTY POPULATION WAS PREDOMINATELY NON-HISPANIC WHITE (78.5%) COMPARED TO 70.1% FOR THE STATE. IN JEFFERSON COUNTY, 15.3% OF THE POPULATION WAS HISPANIC, 2.8% WERE ASIAN, 2.3% WERE NON-HISPANIC OTHER AND 1.1% WERE BLACK OR AFRICAN AMERICAN.

LANGUAGE

IN JEFFERSON COUNTY, 89.6% OF THE POPULATION SPEAKS ONLY ENGLISH, COMPARED TO 83.1% FOR THE STATE, 6.1% SPEAK SPANISH, COMPARED TO 11.8% FOR THE STATE. OF THE 10.4% IN JEFFERSON COUNTY WHO SPEAK ANOTHER LANGUAGE, 30.1% OF THOSE SPEAK ENGLISH "LESS THAN VERY WELL."

LANGUAGE SPOKEN AT HOME, POPULATION 5 YEARS AND OLDER

JEFFERSON COUNTY - COLORADO

**Part VI** Supplemental Information (Continuation)

SPEAKS ONLY ENGLISH - 89.6% - 83.1%

SPEAKS SPANISH - 6.1% -11.8%

SPEAKS GERMAN - 0.6% - 0.5%

SPEAKS VIETNAMESE - 0.5% - 0.4%

SPEAKS RUSSIAN - 0.4% -0.3%

SPEAKS CHINESE - 0.4% -0.5%

SPEAKS ANOTHER LANGUAGE- 2.4% - 3.4%

ENGLISH LEARNERS

THE PERCENTAGE OF STUDENTS WHO WERE ENGLISH LEARNERS IN AREA SCHOOLS WAS 7.8% IN JEFFERSON COUNTY WHICH WAS LOWER THAN THE STATE RATE OF ENGLISH LEARNERS IN SCHOOLS (14%).

ENGLISH LEARNERS

PERCENT

JEFFERSON COUNTY - 7.8%

COLORADO - 14.0%

GOOD SAMARITAN MEDICAL CENTER:

GOOD SAMARITAN MEDICAL CENTER (GSMC) IS LOCATED IN THE CITY OF LAFAYETTE, COLORADO. WHILE LAFAYETTE IS SITUATED IN BOULDER COUNTY, THE HOSPITAL SERVICE AREA INCLUDES COMMUNITIES IN ADAMS, BOULDER AND BROOMFIELD COUNTIES. IN PREPARING FOR THE 2018 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA), GSMC SELECTED THE COUNTIES OF ADAMS, BOULDER AND BROOMFIELD AS THE DEFINED COMMUNITY FOR ITS CHNA IN ORDER TO FOCUS RESOURCES AND PLANNING ON THE MOST LOCAL GEOGRAPHIC AREA.

DEMOGRAPHIC CONSTITUENTS, ACCORDING TO 2016 US CENSUS DATA:

**Part VI** Supplemental Information (Continuation)

TOTAL POPULATION: ON AVERAGE, THE 2012 - 2016 ESTIMATED POPULATION OF GSMC SERVICE AREA WAS 1,072,775. ADAMS COUNTY HAD A POPULATION OF 479,977, BOULDER COUNTY'S POPULATION WAS 313,961, AND BROOMFIELD COUNTY'S POPULATION WAS 62,449.

POPULATION BY GENDER: IN THIS SERVICE AREA, 50.1% WAS MALE AND 49.9% WAS FEMALE.

POPULATION BY AGE: CHILDREN AND YOUTH, AGES 0-19, MAKE UP 27% OF THE POPULATION IN THE SERVICE AREA; 58.9% ARE ADULTS, AGES 20 - 64: AND 12% OF THE POPULATION ARE SENIORS, AGES 65 AND OVER.

POPULATION BY YOUTH, AGES 0-17 AND SENIORS, AGES 65+, AND MEDIAN AGE: WHEN THE HOSPITAL SERVICEAREA IS EXAMINED BY COMMUNITY, HENDERSON (23.9%) AND COMMERCE CITY (23.7%) HAD HIGH PERCENTAGES OF YOUTH, AGES 5-17. BOULDER HAD LOWER PERCENTAGES OF YOUTH IN THE SERVICE AREA. WHEAT RIDGE (19.3%) HAD THE HIGHEST PERCENTAGE OF SENIORS IN THE SERVICE AREA AND HENDERSON (5.3%) HAD THE LOWEST PERCENTAGE OF SENIORS IN THE SERVICE AREA.

RACE/ ETHNICITY: THE SERVICE AREA POPULATION WAS PREDOMINATELY WHITE (64.7%). 23.1% OF THE POPULATION WERE HISPANIC OR LATINO, 3.5% WERE ASIAN, AND 3.4% WERE AMERICAN INDIAN OR ALASKAN NATIVE. 1.1% OF THE POPULATION IN THE SERVICE AREA WERE BLACK OR AFRICAN AMERICAN.

RACE/ ETHNICITY BY PLACE: GOLDEN HAD THE HIGHEST PERCENTAGE OF WHITES (93.4%) IN THE SERVICE AREA. 62.3% OF DENVER (80221) WERE HISPANIC OR LATINO. LOUISVILLE (10.8%) AND BOULDER (80310) (10.5%) HAD THE HIGHEST

**Part VI** Supplemental Information (Continuation)

PERCENTAGE OF ASIANS IN THE SERVICE AREA. COMMERCE CITY HAD THE HIGHEST PERCENTAGE OF BLACKS/AFRICAN AMERICANS (3.6%) IN THE SERVICE AREA.

CITIZENSHIP: AMONG AREA COUNTIES, 15.3% OF ADAMS COUNTY RESIDENTS AND 10.7% OF BOULDER COUNTY RESIDENTS WERE FOREIGN BORN. THIS WAS HIGHER THAN 9.8% OF THE STATE POPULATION WHO WERE FOREIGN BORN. OF THE FOREIGN BORN IN ADAMS COUNTY, 69.5% WERE NOT U.S. CITIZENS. IN WELD COUNTY, 65.8% OF THE FOREIGN BORN POPULATION WAS NOT A US CITIZEN.

LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER: IN THE GSMC SERVICE AREA, 75.6% OF THE POPULATION SPEAKS ONLY ENGLISH AND 12.8% SPEAK SPANISH. 2.5% OF THE AREA POPULATION SPEAKS AN ASIAN AND PACIFIC ISLANDER LANGUAGE AND 2.3% SPEAK AN INDO-EUROPEAN LANGUAGE.

SOCIAL AND ECONOMIC FACTORS RANKINGS: THE COUNTY HEALTH RANKINGS RANKS COUNTIES ACCORDING TO HEALTH FACTORS DATA. SOCIAL AND ECONOMIC INDICATORS ARE EXAMINED AS A CONTRIBUTOR TO THE HEALTH OF A COUNTY'S RESIDENTS. COLORADO'S 64 COUNTIES ARE RANKED ACCORDING TO SOCIAL AND ECONOMIC FACTORS WITH 1 BEING THE COUNTY WITH THE BEST FACTORS TO 64 FOR THAT COUNTY WITH THE POOREST FACTORS. THIS RANKING EXAMINES: HIGH SCHOOL GRADUATION RATES; UNEMPLOYMENT; CHILDREN IN POVERTY; SOCIAL SUPPORT; AND OTHERS. ADAMS COUNTY IS RANKED 51ST, IN THE BOTTOM THIRD OF ALL COLORADO COUNTIES ACCORDING TO SOCIAL AND ECONOMIC FACTORS. WELD COUNTY CAME IN 23RD, FOLLOWED BY GILPIN COUNTY AT 20TH, JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY RANKED 5TH OVER ALL.

ECONOMICS: THE MEDIAN HOUSEHOLD INCOME IN 2014 WAS \$108,857 AS COMPARED TO THE STATE AVERAGE OF \$59,448. THE PERCENTAGE OF PERSONS LIVING IN POVERTY

**Part VI** Supplemental Information (Continuation)

IN THE CITY OF LAFAYETTE IS 2.5%.

ACCORDING TO 2015 COUNTY HEALTH RANKINGS DATA COMPILED BY THE UNIVERSITY OF WISCONSIN POPULATION HEALTH INSTITUTE AND THE ROBERT WOOD JOHNSON FOUNDATION:

OVERALL HEALTH RANK: THIS MEASURE RANKS THE OVERALL HEALTH OF COUNTY CITIZENS FOR ALL COUNTIES IN COLORADO. BOULDER COUNTY IS RANKED 4TH AND BROOMFIELD 13TH.

HEALTH OUTCOMES RANKINGS: COUNTY HEALTH RANKINGS EXAMINES HEALTHY BEHAVIORS AND RANKS COUNTIES ACCORDING TO HEALTH BEHAVIOR DATA. COLORADO'S 64 COUNTIES ARE RANKED FROM 1 (HEALTHIEST) TO 64 (LEAST HEALTHY) BASED ON A NUMBER OF INDICATORS THAT INCLUDE: ADULT SMOKING, OBESITY, PHYSICAL INACTIVITY, EXCESSIVE DRINKING, SEXUALLY TRANSMITTED INFECTIONS, AND OTHERS. A RANKING OF 28 FOR ADAMS COUNTY, PUTS IT IN THE UPPER HALF OF COUNTIES, FOLLOWED BY GILPIN COUNTY AT 25, WELD COUNTY AT 17, JEFFERSON COUNTY AT 8, BROOMFIELD COUNTY AT 3, AND BOULDER COUNTY AT NUMBER 2 FOR COLORADO.

EMPLOYMENT STATUS FOR THE POPULATION 16 AND OVER: WITHIN THE SERVICE AREA, UNEMPLOYMENT RATES RANGED FROM A LOW OF 2.3% IN DACONO AND ARVADA (80007) TO A HIGH OF 6.5% IN WESTMINSTER (80030).

SEE CONTINUATION BELOW

PART VI, LINE 5:

LUTHERAN MEDICAL CENTER:

**Part VI** Supplemental Information (Continuation)

LMC HAS A MULTITUDE OF PROGRAMS IN PLACE THROUGH ITS CANCER CENTER, NEUROVASCULAR CENTER, TRAUMA CENTER AND THROUGH COMMUNITY OUTREACH. A VARIETY OF CLASSES ARE OFFERED ON WEIGHT MANAGEMENT AND HEALTHY LIFESTYLE. SUPPORT GROUPS FOR CANCER PATIENTS ARE OFFERED. LMC ALSO ROUTINELY OFFERS COMMUNITY HEALTH EDUCATION, SKIN CANCER SCREENINGS, BREAST CANCER SURVIVORSHIP PROGRAMS, CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT CLASSES, TO NAME A FEW. LMC PARTNERS WITH SAFETY NET CLINICS SUCH AS STRIDE. LMC ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY CARE AND SERVICES. THE OBJECTIVES OF THE PROGRAM ARE TO BE A HIGHLY RELIABLE ORGANIZATION, OFFER HIGH QUALITY CARE, PROVIDE SAFETY FOR PATIENTS AND STAFF AND BE COST EFFECTIVE. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES.

## GOOD SAMARITAN MEDICAL CENTER:

COLLECTIVELY WITH ITS 234 LICENSED BEDS, GOOD SAMARITAN MEDICAL CENTER (GSMC) HAS SERVED ITS COMMUNITY BY PROVIDING COMPREHENSIVE MEDICAL SERVICES INCLUDING CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY, OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, SENIOR EMERGENCY DEPARTMENT CARE, PALLIATIVE & HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES.

COMMUNITY ACTIVITIES INCLUDE A VARIETY OF CLASSES OFFERED A NO- OR VERY LOW COSTS ON SUCH TOPICS AS WEIGHT MANAGEMENT, SAFETY AND FIRST AID/CPR CERTIFICATION. THERE ARE SUPPORT GROUPS FOR CANCER PATIENTS, STROKE PATIENTS AND FAMILIES, BREAST CANCER SURVIVORSHIP PROGRAMS, AS WELL AS

**Part VI** Supplemental Information (Continuation)

CLASSES FOR PROSPECTIVE PARENTS AND DIABETES MANAGEMENT CLASSES.

WE ARE AN IMPORTANT PART OF OUR COMMUNITY AND SERVE IN MANY WAYS, IN RESPONSE TO DIRECT REQUESTS FROM COMMUNITY ORGANIZATIONS AND RESIDENTS. FROM DELIVERING CORE HEALTH CARE TO PREVENTIVE CARE TO SUPPORT OF OTHER CIVIC GROUPS, OUR COMMUNITY INVOLVEMENT TAKES MANY FORMS. OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL. THEY ARE DEEPLY INVOLVED IN OUR COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS, BUILDING PROGRAMS AND SERVICES AND COMMUNITY OUTREACH TO ENSURE THAT RESIDENTS ARE INFORMED ABOUT AVAILABLE SERVICES. WHEN GSMC HAS EXCESS REVENUE OVER OPERATING EXPENSES, WE USE THOSE FUNDS TO OBTAIN CURRENT HEALTH CARE TECHNOLOGIES AND EQUIPMENT, IMPROVE PATIENT CARE, PROVIDE MEDICAL TRAINING EDUCATION AND RESEARCH, AND TO EXPAND ACCESS TO CARE FOR UNMET NEED AREAS.

IN 2020, OVER \$101,000 WAS GIVEN AS GRANTS TO LOCAL NONPROFITS WHOSE MISSIONS INTERSECT WITH THAT OF GSMC AND WHO PROVIDE INVALUABLE SERVICE TO THE POPULATION SERVED BY GSMC. AS PEOPLE LOST THEIR JOBS OR WERE QUARANTINED DUE TO THE PANDEMIC, HOUSING, FOOD AND MENTAL HEALTH ISSUES OVERWHELMED THE RESOURCES IN THE COMMUNITY AND BECAME PRIORITIES. IN 2020, GRANT FUNDS WERE DISTRIBUTED TO ASSIST ORGANIZATIONS THAT WERE ESSENTIAL PARTNERS IN PROVIDING SERVICES TO ALLEVIATE HOUSING AND FOOD INSECURITY, IN PROVIDING ACCESS TO BEHAVIORAL HEALTH AND PRIMARY HEALTHCARE SERVICES, AS WELL AS PROVIDING SOLUTIONS TO DECREASE SOCIAL ISOLATION. THE FOLLOWING ORGANIZATIONS RECEIVED FUNDS: BROOMFIELD FISH, SISTER CARMEN COMMUNITY CENTER, AMERICAN HEART ASSOCIATION, MENTAL HEALTH PARTNERS, MENTAL HEALTH COLORADO, BOULDER COUNTY AREA AGENCY ON AGING, TRU COMMUNITY CARE, COMMUNITY FOOD SHARE, CULTIVATE, COMMUNITY REACH CENTER, CLINICA FAMILY

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**Part VI** Supplemental Information (Continuation)

HEALTH CENTERS AND VIA MOBILITY.

PART VI, LINE 6:

THE ORGANIZATION IS A CONTROLLED ENTITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). SCLHS AND ITS AFFILIATED ENTITIES HAVE A COMMON CALLING AND MISSION: "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE." WE STRIVE TO PROVIDE HIGH-QUALITY, COMPASSIONATE AND AFFORDABLE HEALTHCARE IN EACH OF OUR HOSPITAL SITES AND THEIR RESPECTIVE COMMUNITIES, AS WELL AS IN A VARIETY OF OUTPATIENT SETTINGS AND IN THE HOME.

SCLHS IS A FAITH-BASED, NONPROFIT HEALTHCARE ORGANIZATION THAT OPERATES EIGHT HOSPITALS, TWO SAFETY NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 200 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA. THE HEALTH SYSTEM INCLUDES MORE THAN 15,900 EMPLOYEES AND MORE THAN 800 EMPLOYED PROVIDERS.

AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE. WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT. WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND THE OVERALL CARE EXPERIENCE. WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES.

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT

**Part VI** Supplemental Information (Continuation)

HIGH QUALITY HEALTHCARE SERVICES THAT ARE RESPONSIVE TO THE NEEDS OF ITS PATIENTS AND THEIR FAMILIES. THIS INCLUDES COORDINATING COMMUNITY BENEFIT PROCESSES, PROVIDING GUIDANCE WITH COMMUNITY NEEDS ASSESSMENTS, AND ESTABLISHING CONSISTENT FINANCIAL ASSISTANCE AND CHARITY CARE POLICIES AND PROCEDURES.

ADDITIONALLY, SCLHS BENEFITS AFFILIATES THROUGH QUALITY IMPROVEMENT AND PERFORMANCE EXCELLENCE INITIATIVES; SYSTEM-WIDE INFORMATION TECHNOLOGY IMPLEMENTATION AND INFRASTRUCTURE; STRATEGIC AND OPERATIONS DIRECTION AND OVERSIGHT; SUPPLY CHAIN MANAGEMENT AND PURCHASING; FINANCE ADMINISTRATION, REVENUE CYCLE SUPPORT, BENEFITS ADMINISTRATION, RISK MANAGEMENT; DISASTER PLANNING AND CRISIS ASSISTANCE, CENTRAL CASH MANAGEMENT AND INVESTMENT, INTERNAL AUDIT, LEGAL SERVICES, TAX SERVICES AND MISSION INTEGRATION.

SCHEDULE H, PART VI, LINE 4

CONTINUED NARRATIVE

GOOD SAMARITAN MEDICAL CENTER:

POVERTY LEVELS: POVERTY THRESHOLDS ARE USED FOR CALCULATING OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EACH YEAR BY THE CENSUS BUREAU. FOR 2016, THE FEDERAL POVERTY THRESHOLD FOR ONE PERSON WAS \$11,880, AND \$24,300 FOR A FAMILY OF FOUR. IN THE SERVICE AREA, 13.4% OF THE POPULATION IN BOULDER COUNTY, 12.9% OF ADAMS COUNTY AND 12.6% OF WELD COUNTY RESIDENTS WERE LIVING AT OR BELOW 100% OF THE FEDERAL POVERTY LEVEL (FPL). 33.4% OF ADAMS COUNTY RESIDENTS AND 30.9% OF WELD COUNTY RESIDENTS WERE CONSIDERED LOW-INCOME (LIVING AT OR BELOW 200% FPL). THESE POVERTY RATES WERE HIGHER THAN COLORADO RATES OF POVERTY.

**Part VI** Supplemental Information (Continuation)

POVERTY LEVELS OF INDIVIDUALS, CHILDREN UNDER AGE 18, AND SENIORS:

EXAMINING POVERTY LEVELS BY COMMUNITY PAINTS AN IMPORTANT PICTURE OF THE POPULATION WITHIN THE SERVICE AREA. 10.7% OF THE SERVICE AREA POPULATION WAS LIVING AT 100% OF FPL. CHILDREN SUFFER FROM POVERTY AT HIGHER RATES AS 12.6% OF CHILDREN IN THE SERVICE AREA WERE LIVING IN POVERTY. 6.7% SENIORS IN THE GSMC SERVICE AREA WERE LIVING IN POVERTY. AREAS WITH HIGH RATES OF POVERTY WERE BOULDER (80302, 80303), DENVER (80260) AND LONGMONT (80501). 18% OF COMMERCE CITY SENIORS WERE LIVING IN POVERTY.

FREE AND REDUCES PRICE MEALS ELIGIBILITY, 2017 - 2018: THE NUMBER OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED PRICE MEALS PROGRAM IS ONE INDICATOR OF THE SOCIOECONOMIC STATUS OF A SCHOOL DISTRICT'S STUDENT POPULATION. THE PERCENT OF STUDENTS IN ADAMS COUNTY ELIGIBLE FOR THE FREE AND REDUCED PRICE MEAL (FRPM) PROGRAM IS 49.4%, AND IN WELD COUNTY, 48.7% OF STUDENTS WERE ELIGIBLE FOR THE PROGRAM. ADAMS COUNTY AND WELD COUNTY HAVE HIGHER PERCENTAGES OF FRPM-ELIGIBLE CHILDREN THAN FOUND IN THE STATE (41.6%).

MEDIAN HOUSEHOLD INCOME: THE MEDIAN HOUSEHOLD INCOME FOR THE SERVICE AREA RANGED FROM \$13,750 IN BOULDER (80310- UNIVERSITY OF COLORADO RESIDENCE HALLS) TO \$136,295 IN ARVADA (80007).

HOUSEHOLD BY TYPE: THERE ARE 654,742 OCCUPIED HOUSING UNITS IN THE SERVICE AREA. IN THE SERVICE AREA, 32.8% OF HOUSEHOLDS WERE 2-PERSON HOUSEHOLDS. THE PERCENTAGE OF 4+ PERSON HOUSEHOLDS IN THE SERVICE AREA WAS 34.0%, WHICH WAS HIGHER THAN AREA COUNTIES AND THE STATE.

**Part VI** Supplemental Information (Continuation)

EDUCATIONAL ATTAINMENT (25+): OF THE POPULATION AGE 25 YEARS AND OLDER IN THE SERVICE AREA, 9.4% HAD NO HIGH SCHOOL DIPLOMA; 20.1% WERE HIGH SCHOOL GRADUATES.

HIGH SCHOOL GRADUATES, 2017 - 2018: HIGH SCHOOL GRADUATION RATES ARE THE PERCENTAGE OF HIGH SCHOOL GRADUATES THAT GRADUATED FOUR YEARS AFTER STARTING NINTH GRADE. IN THE SERVICE AREA THE HIGH SCHOOL GRADUATION RATES RANGED FROM 75.0% IN ADAMS COUNTY TO 87.7% IN BOULDER COUNTY. THE HEALTHY PEOPLE 2020 OBJECTIVE FOR HIGH SCHOOL GRADUATION IS 87%.

HOMELESS POINT-IN-TIME COUNT, JANUARY 2017: THE POINT-IN-TIME (PIT) COUNT IS AN ANNUAL SURVEY OF THE NUMBER AND CHARACTERISTICS OF HOMELESS PERSONS AT A SINGLE POINT IN TIME. THE MAJORITY OF HOMELESS PERSONS WERE SHELTERED. HOWEVER, 81.8% OF HOMELESS INDIVIDUALS IN BROOMFIELD COUNTY WERE UNSHELTERED. APPROXIMATELY 25% OF HOMELESS INDIVIDUALS IN THE AREA COUNTIES WERE CHRONICALLY HOMELESS, EXCEPT FOR WELD COUNTY WHERE 15% WERE CHRONICALLY HOMELESS.

LIVE BIRTHS AND AVERAGE ANNUAL CHANGE: IN 2016, THERE WERE 7,206 BIRTHS IN ADAMS COUNTY, AND IN BOULDER COUNTY 2,725 BIRTHS, BROOMFIELD COUNTY 718 BIRTHS, GILPIN COUNTY 41 BIRTHS, JEFFERSON COUNTY 6,033 BIRTHS, AND WELD COUNTY 4,318 BIRTHS.

BIRTHS TO TEENAGE MOTHERS, 15 - 17 YEARS OF AGE, 2016: IN ADAMS COUNTY, 13.9% OF BIRTHS WERE TO TEENS UNDER THE AGE OF 20. 14.2% OF BIRTHS IN WELD COUNTY AND 11.1% OF BIRTHS IN JEFFERSON COUNTY WERE TO TEENAGE MOTHERS. THESE RATES OF TEEN BIRTH WERE HIGHER THAN IN THE STATE (10.5%).

**Part VI** Supplemental Information (Continuation)

LATE ENTRY INTO PRENATAL CARE (AFTER FIRST TRIMESTER) / NO CARE, 2016:  
ADEQUATE PRENATAL CARE CAN PREVENT HEALTH RISKS IN WOMEN AND PREVENT  
HEALTH PROBLEMS FOR MOTHER AND CHILD. THE HEALTHY PEOPLE 2020 OBJECTIVE  
IS FOR 77.9% OF WOMEN TO RECEIVE CARE IN THE FIRST TRIMESTER. ALL  
COUNTIES IN THE SERVICE AREA, WITH THE EXCEPTION OF GILPIN COUNTY  
(76.9%), MET THIS OBJECTIVE. WHEN EXAMINING GEOGRAPHIC AREAS WITH A  
SMALL POPULATION, SUCH AS WITH GILPIN COUNTY, IT IS IMPORTANT TO USE  
CAUTION WHEN DRAWING CONCLUSIONS FROM DATA; A SMALL OCCURRENCE OF A  
HEALTH ISSUE MAY RESULT IN A HIGH RATE. LATE OR NO PRENATAL CARE RATES  
IN ADAMS COUNTY (19.7%), GILPIN COUNTY (23.1%) AND WELD COUNTY (20.7%)  
EXCEEDED THE STATE RATE (17.8%).

LOW BIRTH WIEGHT (UNDER 2,500 G), 2016: LOW BIRTH WEIGHT IS A NEGATIVE  
BIRTH INDICATOR. BABIES BORN AT A LOW BIRTH WEIGHT ARE AT HIGHER RISK  
FOR DISEASE, DISABILITY AND POSSIBLY DEATH. FOR THIS MEASUREMENT, A  
LOWER RATE IS A BETTER INDICATOR. THE HEALTHY PEOPLE 2020 OBJECTIVE IS  
TO REDUCE LOW BIRTH WEIGHT BIRTHS TO 7.8% OF LIVE BIRTHS. ALL COUNTIES  
IN THE SERVICE AREA FELL SHORT OF THE HEALTHY PEOPLE 2020 OBJECTIVE FOR  
LOW BIRTH WEIGHT (UNDER 2,500 G). BROOMFIELD COUNTY (10.3%) AND GILPIN  
COUNTY (17.1%) EXCEEDED THE STATE RATE (8.9%) FOR LOW BIRTH WEIGHT  
BABIES.

INFANT MORTALITY RATE, 2016: THE INFANT MORTALITY RATE IS THE NUMBER  
OF DEATHS OF INFANTS UNDER ONE YEAR OLD PER 1,000 LIVE BIRTHS. THE  
HEALTHY PEOPLE 2020 OBJECTIVE IS TO REDUCE THE INFANT MORTALITY RATE TO  
6.0 PER 1,000 LIVE BIRTHS. THE INFANT MORTALITY RATE IN ADAMS COUNTY  
(6.5 PER 1,000 LIVE BIRTHS) AND WELD COUNTY (6.3) WERE HIGHER THAN THE

**Part VI** Supplemental Information (Continuation)

HEALTHY PEOPLE 2029 OBJECTIVE. THE INFANT MORTALITY RATE IN BOULDER COUNTY (4.8) AND JEFFERSON COUNTY (5.1) ACHIEVED THE HEALTHY PEOPLE 2020 OBJECTIVE AND WERE LOWER THAN THE STATE RATE (5.6).

AGE- ADJUSTED DEATH RATE, 2016: THE CRUDE DEATH RATE IS A RATIO OF THE NUMBER OF DEATHS TO THE ENTIRE POPULATION. AGE-ADJUSTED DEATH RATES ELIMINATE THE BIAS OF AGE IN THE MAKEUP OF THE POPULATIONS BEING COMPARED. WHEN COMPARING ACROSS GEOGRAPHIC AREAS, AGE-ADJUSTING IS TYPICALLY USED TO CONTROL FOR THE INFLUENCE THAT DIFFERENT POPULATION AGE DISTRIBUTIONS MIGHT HAVE ON HEALTH EVENT RATES. WHEN ADJUSTED FOR AGE, THE DEATH RATE RANGED FROM 775.9 PER 100,000 PERSONS FOR ADAMS COUNTY TO 508.4 FOR BROOMFIELD COUNTY. THE ADAMS COUNTY DEATH RATE (775.9) AND WELD COUNTY (662.0) EXCEEDED THE STATE AGE-ADJUSTED DEATH RATE (661.2).

CANCER DEATH RATE, CRUDE AND AGE - ADJUSTED DEATH RATES PER 100,000 PERSONS, 2016: THE CANCER MORTALITY RATE IS THE NUMBER OF DEATHS, WITH CANCER AS THE UNDERLYING CAUSE OF DEATH, OCCURRING IN A SPECIFIED POPULATION DURING A YEAR. CANCER MORTALITY IS USUALLY EXPRESSED AS THE NUMBER OF DEATHS DUE TO CANCER PER 100,000 PERSONS. ADAMS COUNTY HAD THE HIGHEST CANCER DEATH RATES IN THE SERVICE AREA FOR DIGESTIVE SYSTEM CANCER (82.3 PER 100,000 PERSONS), COLORECTAL CANCER (37.8) AND LUNG CANCER (40.6). JEFFERSON COUNTY HAD THE HIGHEST AREA DEATH RATES FOR ORAL CAVITY CANCER (14.2) AND BREAST CANCER (69.0). GILPIN COUNTY HAD THE HIGHEST AREA DEATH RATES FOR RESPIRATORY SYSTEM CANCER (63.8).

HEART DISEASE DEATH RATE, AGE - ADJUSTED DEATH RATE PER 100,000 PERSONS, 2016: ADAMS COUNTY HAS AN AGE- ADJUSTED RATE OF DEATH DUE TO

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**Part VI** Supplemental Information (Continuation)

HEAT DISEASE OF 136.5 FOLLOWED BY JEFFERSON COUNTY OF 132.5, GILPIN COUNTY 132.0, WELD COUNTY 131.1, BROOMFIELD COUNTY 118.1, AND BOULDER COUNTY OF 115.2 PER 100,000 PERSONS.

STROKE DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH FOR CEREBROVASCULAR DISEASE IN WELD COUNTY WAS 33.5, ADAMS COUNTY 33.1, BOULDER COUNTY 32.8, JEFFERSON COUNTY 32.3, BROOMFIELD COUNTY 30.2, AND GILPIN COUNTY 0 PER 100,000 PERSONS.

UNINTENTIONAL INJURY DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2016: IN GILPIN COUNTY THE RATE WAS 61.6, FOLLOWED BY ADAMS COUNTY WITH 53.8, JEFFERSON COUNTY 49.2, BOULDER COUNTY 46.5, WELD COUNTY 44.1, AND BROOMFIELD COUNTY 37.5 PER 100,000 PERSONS. THESE ALL EXCEED THE HEALTHY PEOPLE 2020 OBJECTIVE FOR UNINTENTIONAL INJURY DEATHS OF 36.4 PER 100,000 PERSONS.

DIABETES DEATH RATE, AGE ADJUSTED PER 100,000 PERSONS, 2016: THE AGE - ADJUSTED DEATH RATE FOR DIABETES IN WELD COUNTY WAS 19.5, ADAMS COUNTY 18.9, JEFFERSON COUNTY 12.0, BOULDER COUNTY 9.0, BROOMFIELD COUNTY 8.4, AND GILPIN COUNTY 0 PER 100,000 PERSONS.

PNEUMONIA DEATH RATE, AGE- ADJUSTED PER 100,000 PERSONS, 2016: THE DEATH RATE FROM PNEUMONIA WAS 37.8, ADAMS COUNTY 16.4, WELD COUNTY 13.6, BOULDER AND JEFFERSON COUNTIES AT 12.8, AND BROOMFIELD COUNTY AT 6.8 PER 100,000 PERSONS.

SUICIDE DEATH RATE, AGE -ADJUSTED PER 100,000 PERSONS: THE RATE OF DEATH BY SUICIDE IN WELD COUNTY WAS 19.5, ADAMS COUNTY 17.6, JEFFERSON

**Part VI** Supplemental Information (Continuation)

COUNTY 17.1, BOULDER COUNTY 16.3, BROOMFIELD COUNTY 13.6 AND GILPIN COUNTY 0 PER 100,000 PERSONS. THESE RATES EXCEED THE HEALTHY PEOPLE OBJECTIVE OF 10.2 DEATHS PER 100,000 PERSONS FROM SUICIDE.

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DRUG-INDUCED DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS. 2016: THE RATE OF DRUG- INDUCED DEATHS IN BROOMFIELD COUNTY WAS 21.1, ADAMS COUNTY 18.6, JEFFERSON COUNTY 17.4, WELD COUNTY 13.6, BOULDER COUNTY 11.2, AND GILPIN COUNTY 0 PER 100,000 PERSONS.

ALCOHOL LIVER DISEASE, AGE- ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH DUE TO ALCOHOL LIVER DISEASE WAS 13.9 IN ADAMS COUNTY, WELD COUNTY 11.9, GILPIN COUNTY 11.1, BOULDER COUNTY 10.2, JEFFERSON COUNTY 8.9, AND BROOMFIELD COUNTY 8.5 PER 100,000 PERSONS.

HIV/ AIDS MORTALITY, AGE- ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH DUE TO HIV/AIDS WAS 0.6 IN ADAMS COUNTY AND 0.8 IN JEFFERSON COUNTY. THE RATES FOR THE OTHER COUNTIES WERE TOO LOW TO BE RECORDED.

HEALTH INSURANCE COVERAGE, CIVILIAN NON-INSTUTIONALIZED POPULATION, AGES 18-64: HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESS HEALTH CARE. IN THE SERVICE AREA, 89.7% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE WAS HIGHER IN BROOMFIELD COUNTY (94.5%) AND LOWER IN ADAMS COUNTY (84.4%).

UNINSURED CHILDREN, AGE 0-17: THE PERCENTAGE OF UNINSURED CHILDREN UNDER THE AGE OF 18 WAS HIGHEST ADAMS COUNTY AND GILPIN COUNTY (8.2%). BROOMFIELD COUNTY HAD THE LOWEST RATE OF UNINSURED CHILDREN IN THE

**Part VI** Supplemental Information (Continuation)

SERVICE AREA (3.0%).

ADULTS WITH UNMET MEDICAL NEED DUE TO COST: AMONG ADULTS IN BOULDER COUNTY AND BROOMFIELD COUNTY, 20.8% HAD AN UNMET MEDICAL NEED BECAUSE THEY WERE NOT ABLE TO AFFORD CARE OR BECAUSE THEY WERE UNABLE TO SCHEDULE MEDICAL APPOINTMENTS. WITH THE EXCEPTION OF JEFFERSON COUNTY, THE AREA COUNTIES HAD HIGHER RATES OF ADULTS WITH UNMET MEDICAL NEEDS THAN THE STATE (14%).

PRIMARY CARE PHYSICIANS, NUMBER AND RATIO, 2016: THE PRIMARY CARE PHYSICIAN RATIO REPRESENTS THE NUMBER OF PERSONS TO ONE PROVIDER. THE RATIO OF THE POPULATION TO PRIMARY CARE PHYSICIANS WAS HIGHEST IN GILPIN COUNTY (2,910:1), AND LOWEST IN BOULDER COUNTY (820:1). GILPIN, ADAMS AND WELD COUNTIES HAD HIGHER POPULATION TO PRIMARY CARE PHYSICIANS (FEWER PROVIDERS) THAN THE STATE.

DENTISTS, NUMBER AND RATIO, 2016: THE RATIO OF THE POPULATION TO DENTISTS WAS HIGHER THAN THE STATE (1,370:1) IN WELD COUNTY (2,594:1) AND ADAMS COUNTY (1,690:1). BOULDER COUNTY HAD MORE DENTISTS AS INDICATED BY THE LOWEST RATIO OF POPULATION TO DENTISTS (1,030:1) IN THE SERVICE AREA. THE HEALTHY PEOPLE 2020 OBJECTIVE IS FOR 55.3% OF THE POPULATION TO HAVE DENTAL INSURANCE. ADAMS COUNTY (61.6%), BOULDER COUNTY (61.3%), BROOMFIELD COUNTY (71.1%), JEFFERSON COUNTY (69.3%), AND WELD COUNTY (60.4%) EXCEEDED THIS RATE OF DENTAL INSURANCE FOR ADULTS. IN MOST CASES, THE RATE OF ADULTS VISITING THE DENTIST CLOSELY RELATES TO DENTAL INSURANCE COVERAGE.

MENTAL HEALTH PROVIDERS, NUMBER AND RATIO, 2017: MENTAL HEALTH

**Part VI** Supplemental Information (Continuation)

PROVIDERS INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS. AMONG SERVICE AREA COUNTIES, GILPIN COUNTY HAD THE HIGHEST RATIO (1,480:1) OF POPULATION TO MENTAL HEALTH PROVIDERS (FEWER PROVIDERS). BOULDER COUNTY HAD THE BEST RATIO (160:1) AMONG SERVICE AREA COUNTIES. THIS EXCEEDED THE STATE RATIO OF 392:1.

FAIR OR POOR HEALTH, ADULTS, 2016: WHEN ASKED TO SELF-REPORT ON HEALTH STATUS, 17.1% OF ADULTS IN ADAMS COUNTY AND 14.8% IN WELD COUNTY INDICATED THEY WERE IN FAIR OR POOR HEALTH. THESE RATES WERE HIGHER THAN FOUND IN THE STATE (13.7%). THE FUNCTIONAL STATUS AND QUALITY OF LIFE INDICATORS INDICATED THAT ADAMS COUNTY RESIDENTS HAD AN AVERAGE OF 3.6 DAYS OF POOR PHYSICAL HEALTH IN THE PAST 30 DAYS, BOULDER COUNTY 3.2 DAYS, BROOMFIELD COUNTY 2.6 DAYS, GILPIN COUNTY 5.1 DAYS, JEFFERSON COUNTY, 3.2, AND WELD COUNTY 3.3 DAYS. ADAMS AND GILPIN COUNTIES HAD SCORES HIGHER THAN THE STATE AVERAGE.

ASTHMA PREVALENCE, PERCENT OF POPULATION, 2016: THE PREVALENCE OF ASTHMA IS 9.7% IN ADAMS COUNTY, BEING THE HIGHEST, AND 6.5% IN BROOMFIELD COUNTY, BEING THE LOWEST PERCENTAGE.

ADULT DIABETES PREVALENCE, 2016: THE PERCENTAGE OF ADULT DIABETES IS THE HIGHEST IN ADAMS COUNTY WITH 8.9% FOLLOWED BY GILPIN COUNTY 8.1%, BROOMFIELD COUNTY 7.1%, WELD COUNTY 7.0%, JEFFERSON COUNTY 5.6%, AND BOULDER COUNTY OF 4.8%, BEING THE LOWEST.

HIGH BLOOD PRESSURE, 2016: IN THE SERVICE AREA, RESIDENTS OF BOULDER

**Part VI** Supplemental Information (Continuation)

COUNTY, BROOMFIELD COUNTY, GILPIN COUNTY, AND JEFFERSON COUNTY HAVE ELEVATED CHOLESTEROL RATES THAT EXCEEDED THE STATE RATE (33.6%). ADAMS COUNTY AND BROOMFIELD COUNTY RESIDENTS HAVE HIGHER RATES OF ELEVATED BLOOD PRESSURE THAN THE STATE (25.8%).

NEW DIAGNOSES OF TB, PER 100,000 PERSONS, 5- YEAR AVERAGE, 2016: ADAMS COUNTY AND BOULDER COUNTY HAVE THE SAME RATE OF NEWLY DIAGNOSED TB RATES OF 1.5 PER 100,000 PERSONS, BROOMFIELD CAME IN AT 1.1, AND JEFFERSON AND WELD COUNTIES EACH HAD A RATE OF 0.5 PER 100,000 PERSONS. RACIAL MINORITIES ARE AT THE GREATEST RISK: 86% OF NEW TB CASES IN THE STATE OCCURRED IN MINORITY POPULATIONS, YET THEY ONLY COMPRISE 31% OF THE STATE'S POPULATION. 21.9% OF TB CASES WERE IN THOSE OF ASIAN/PACIFIC ISLANDER ORIGIN, 39.1% OF CASES WERE IN HISPANICS, AND 25.0% IN BLACK/AFERICAN AMERICANS.

SEXUALLY TRANSMITTED INFECTIONS, PER 100,000PERSONS, 2016: CHAMYDIA OCCURES AT A RATE OF 1,731.6 IN ADAMS COUNTY. WELD COUNTY FOLLOWS WITH 1385.5 THEN, BROOMFIELD COUNTY WITH 1,306.3, BOULDER COUNTY AT 1,087.6, GILPIN AT 1,075.0, AND JEFFERSON COUNTY AT THE LOWEST WITH 891.4 PER 100,000 PERSONS. FEMALES ACCOUNT FOR MORE THAN TWO-THIRDS (66.3%) OF THE CHLAMYDIA CASES AMONG 15- 19 YEAR OLDS, THE CHLAMYDIA RATE FOR FEMALES, 2,657.3 PER 100,000, IS NEARLY FOUR TIMES GREATER THANTH THE RATE FOR MALES, 681.7 PER 100,000 PERSONS. RATE OF GONORRHEA IN ADAMS COUNTY IS 200.5, BROOMFIELD COUNTY 169.7, WELD COUNTY 104.9, JEFFERSON COUNTY 103.0, AND BOULDER COUNTY 79.8. GILPIN COUNTY IS NOT REPORTED.

ADULT OVERWEIGHT (BMI 25.5 TO 29.9), 2016: IN THE SERVICE AREA, WELD COUNTY HAD THE HIGHEST RATE OF ADULT OBESITY. OVER ONE-QUARTER OF

**Part VI** Supplemental Information (Continuation)

ADULTS (27.9%) WERE OBESE AND 65.7% WERE OVERWEIGHT OR OBESE. AT 15.1%, WELD COUNTY HAD THE HIGHEST RATE OF CHILD OBESITY IN THE SERVICE AREA. ADAMS COUNTY HAD THE HIGHEST PERCENTAGE OF CHILDREN WHO WERE OVERWEIGHT OR OBESE (32.2%). EVEN WITH THE HIGH RATES OF OBESITY AMONG CHILDREN, 12.8% OF ADAMS COUNTY CHILDREN WERE CONSIDERED UNDERWEIGHT. BOULDER COUNTY (14.1%) AND JEFFERSON COUNTY (18.3%) HAD LOWER RATES OF ADULT OBESITY. JEFFERSON COUNTY (19.2%) HAD THE LOWEST AREA RATES OF CHILDHOOD OVERWEIGHT AND OBESITY.

ADULT OBESE (BMI > 30), 2016: OVER ONE-FOURTH OF THE ADULT POPULATION IS OBESE IN ADAMS COUNTY (26.1%) AND WELD COUNTY (27.9%). GILPIN AND BROOMFIELD COUNTIES COME IN NEXT AT 24.4% AND 21.5% RESPECTIVELY. JEFFERSON AND BOULDER COUNTIES COME IN NEXT WITH 18.3% AND 14.1% RESPECTIVELY.

MODERATELY PHYSICALLY ACTIVE, ADULTS, 2015: 54.6% OF ADULTS OF ADAMS COUNTY, 71.4% OF ADULTS IN BOULDER COUNTY, 56.1% OF ADULTS IN BROOMFIELD COUNTY, 73.5% OF ADULTS IN GILPIN COUNTY, 62.6% OF ADULTS IN JEFFERSON COUNTY, AND 52.6% OF WELD COUNTY ADULTS ENGAGED IN PHYSICAL ACTIVITY OVER 150 MINUTES IN A GIVEN WEEK. 23.5% OF ADULTS IN ADAMS COUNTY WERE SEDENTARY AND DID NOT PARTICIPATE IN ANY LEISURE TIME PHYSICAL ACTIVITY. 10.8% OF ADULTS IN BOULDER COUNTY, 11.4% OF ADULTS IN BROOMFIELD COUNTY, 16.7% OF ADULTS IN GILPIN COUNTY, 14.0% OF ADULTS IN JEFFERSON COUNTY, AND 21% OF ADULTS IN WELD COUNTY WERE SEDENTARY.

SEDENTARY ADULTS, 2015: 23.5% OF ADULTS ARE SEDENTARY IN ADAMS COUNTY AND DO NOT PARTICIPATE IN ANY LEISURE TIME OF PHYSICAL ACTIVITY. WELD COUNTY'S RATE IS 21.0%. BOTH ARE ABOVE THE STATE LEVEL OF 17.4%.

**Part VI** Supplemental Information (Continuation)

BOULDER (10.8%), BROOMFIELD (11.4%), GILPIN (16.7%) AND JEFFERSON (14.0%) COUNTIES COME IN LOWER THAN THE STATE LEVEL.

YOUTH PHYSICAL ACTIVITY, AGES 5- 14, 2016: 34.2% OF ADAMS COUNTY CHILDREN, AGES 5-14, WERE PHYSICALLY ACTIVE FOR AT LEAST 60 MINUTES A DAY FOR THE PAST 7 DAYS, 53.9% OF CHILDREN IN BOULDER COUNTY, 43.7% OF CHILDREN IN JEFFERSON COUNTY AND 37.5% OF WELD COUNTY CHILDREN WERE PHYSICALLY ACTIVE. 77.7% OF CHILDREN, AGES 1-14, IN ADAMS COUNTY, 86.7% IN BOULDER COUNTY, 57.1% IN JEFFERSON COUNTY AND 87.6% OF WELD COUNTY CHILDREN SPENT TWO HOURS OR LESS IN FRONT OF TV, VIDEO OR COMPUTER SCREENS ON WEEKDAYS.

ADULT SMOKERS, 2015- 2017: THE HEALTHY PEOPLE 2020 OBJECTIVE IS 12% OF THE POPULATION WHO SMOKE CIGARETTES. BOULDER COUNTY (11.4%) AND BROOMFIELD COUNTY (11.5%) RESIDENTS MET THIS OBJECTIVE. IN GILPIN COUNTY, 32.7% OF ADULTS SMOKED CIGARETTES. 3.5% OF CHILDREN IN ADAMS COUNTY WERE EXPOSED TO CIGARETTE SMOKE IN CARS. THIS WAS HIGHER THAN THE STATE RATE (3.3%). NONE OF THE AREA COUNTIES EXCEEDED THE STATE RATE (2.8%) FOR CHILDREN EXPOSED TO CIGARETTE SMOKE IN HOMES. 5.7% OF PREGNANT WOMEN IN ADAMS COUNTY, 4% IN BOULDER COUNTY, 4.4% IN JEFFERSON COUNTY AND 6.5% IN WELD COUNTY SMOKED DURING THEIR PREGNANCIES.

SCHEDULE H, PART VI, LINE 4

PHYSICAL OR MENTAL UNHEALTHY DAYS IN PREVIOUS 30 DAYS, ADULT, 3-YEAR AVERAGE: THE NUMBER OF DAYS THAT ADULTS AND CHILDREN EXPERIENCED WITH POOR MENTAL HEALTH IN THE PAST 30 DAYS WAS 3.5 IN ADAMS COUNTY, 2.8 DAYS IN BOULDER COUNTY, 2.4 DAYS IN BROOMFIELD COUNTY, 9.6 DAYS IN GILPIN COUNTY, 3.0 DAYS IN JEFFERSON COUNTY, AND 3.3 DAYS IN WELD

**Part VI** Supplemental Information (Continuation)

COUNTY. GILPIN COUNTY RESIDENTS EXPERIENCED 2.5 DAYS OF POOR PHYSICAL AND MENTAL HEALTH PREVENTING NORMAL ACTIVITY IN THE PAST 30 DAYS. ADAMS COUNTY RESIDENTS EXPERIENCED 2.4 DAYS OF POOR PHYSICAL AND MENTAL HEALTH IN THE PAST 30 DAYS. THESE RATES EXCEEDED THE STATE RATE OF 2.1 DAYS OF POOR PHYSICAL AND MENTAL HEALTH.

FREQUENT MENTAL DISTRESS, ADULT, 2016: THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS HIGHEST AT 10% IN ADAMS COUNTY. IN BROOMFIELD COUNTY AND JEFFERSON COUNTY 8% OF ADULTS REPORTED FREQUENT MENTAL DISTRESS, THESE RATES WERE LOWER THAN THE STATE RATE (9%).

BINGE DRINKING, ADULTS, 2015- 2017: BINGE DRINKING IS DEFINED AS FIVE OR MORE DRINKS ON ONE OCCASION FOR MEN AND FOUR OR MORE DRINKS FOR WOMEN. GILPIN COUNTY (27.4%), BROOMFIELD COUNTY (20.5%), BOULDER COUNTY (19.1%) AND JEFFERSON COUNTY (18.8%) HAD HIGHER RATES OF BINGE DRINKING THAN FOUND IN THE STATE (18.2%). HEAVY DRINKING IS DEFINED AS GREATER THAN 15 DRINKS PER WEEK FOR MEN AND GREATER THAN 8 DRINKS A WEEK FOR WOMEN. JEFFERSON COUNTY (8.2%) AND BOULDER COUNTY (6.8%) ADULTS ENGAGED IN HEAVY DRINKING OVER THE PAST YEAR AT RATES HIGHER THAN IN THE STATE (6.5%).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **SCL HEALTH - FRONT RANGE, INC.** Employer identification number **84-1103606**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026	84-1649162	501 ( C ) ( 3 )	668,209.	0.			PROGRAM SUPPORT
LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033	20-8846152	501 ( C ) ( 3 )	652,549.	0.			PROGRAM SUPPORT
PROJECT CURE INTERNATIONAL HEADQUARTERS - 10377 E. GEDDES AVENUE - CENTENNIAL, CO 80112	84-1568566	501 ( C ) ( 3 )	0.	320,528.	BOOK	SURGICAL SUPPLIES	PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION, INC. 7272 GREENVILLE AVENUE DALLAS, TX 75231	13-5613797	501 ( C ) ( 3 )	75,000.	0.			PROGRAM SUPPORT
JEFFCO ACTION CENTER, INC. 8755 W 14TH AVE DENVER, CO 80215	23-7019679	501 ( C ) ( 3 )	30,500.	0.			PROGRAM SUPPORT
METRO COMMUNITY PROVIDER NETWORK 3701 S BROADWAY ENGLEWOOD, CO 80113	74-2477108	501 ( C ) ( 3 )	30,000.	0.			PROGRAM SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **26.**

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

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

Schedule I (Form 990) 2020

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DENVER SCHOLARSHIP FOUNDATION 789 SHERMAN ST., SUITE 610 DENVER, CO 80203	20-5143175	501 ( C ) ( 3 )	24,520.	0.			PROGRAM SUPPORT
COLLEGE TRACK COLORADO 1391 SPEER BLVD SUITE 405 DENVER, CO 80204	94-3279613	501 ( C ) ( 3 )	20,000.	0.			PROGRAM SUPPORT
COMMUNITY FOOD SHARE 650 S. TAYLOR AVE LOUISVILLE, CO 80027	74-2227731	501 ( C ) ( 3 )	17,000.	0.			PROGRAM SUPPORT
BOULDER COUNTY AREA AGENCY ON AGING - 3482 BROADWAY ST - BOULDER, CO 80304	84-6000748	BOULDER COUNTY	15,000.	0.			PROGRAM SUPPORT
MENTAL HEALTH PARTNERS 1455 DIXON AVE LAFAYETTE, CO 80026	84-0520493	501 ( C ) ( 3 )	13,000.	0.			PROGRAM SUPPORT
BROOMFIELD FISH 6 GARDEN CENTER BROOMFIELD, CO 80020	84-1591870	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
CLINICA CAMPESINA FAMILY HEALTH SERVICES - 1345 PLAZA COURT N. - LAFAYETTE, CO 80026	84-0743432	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
HOMEWARD BOUND OF THE GRAND VALLEY 2853 NORTH AVE GRAND JUNCTION, CO 81501	26-0052916	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR. LAFAYETTE, CO 80026	84-0820308	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUNSHINE HOME SHARE COLORADO 2501 NORTH GAYLORD ST DENVER, CO 80205	47-4717607	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
COAL CREEK MEALS ON WHEELS 455 N BURLINGTON AVE LAFAYETTE, CO 80026	84-0634856	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
VIA MOBILITY SERVICES 2855 63RD ST. BOULDER, CO 80301	84-0777296	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
CULTIVATE 6325 GUNPARK DR. #F BOULDER, CO 80301	84-0769724	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
YOUNG AMERICANS CENTER FOR FINANCIAL EDUCATION - 3550 EAST FIRST AVE - DENVER, CO 80206	84-1564926	501 ( C ) ( 3 )	10,000.	0.			PROGRAM SUPPORT
JEFFERSON COUNTY HOMELESS INITIATIVE - 100 JEFFERSON COUNTY PARKWAY - GOLDEN, CO 80419	84-6000774	JEFFERSON COUNTY	10,000.	0.			PROGRAM SUPPORT
CENTER FOR HEALTH PROGRESS 1245 E COLFAX AVE STE 202 DENVER, CO 80218	43-2007393	501 ( C ) ( 3 )	9,250.	0.			PROGRAM SUPPORT
FRIENDS FIRST 7100 E BELLEVIEW AVE STE 111 GREENWOOD VILLAGE, CO 80111	84-1234326	501 ( C ) ( 3 )	6,000.	0.			PROGRAM SUPPORT
UNIVERSITY OF SAINT MARY 4100 S 4TH ST. LEAVENWORTH, KS 66048	48-0547846	501 ( C ) ( 3 )	6,000.	0.			PROGRAM SUPPORT

Schedule I (Form 990)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

THE ORGANIZATION KEEPS RECORDS TO SUPPORT THE AMOUNTS PROVIDED OR REASON FOR SUCH SUPPORT. ELIGIBILITY FOR FUNDING IS DETERMINED ON AN INDIVIDUAL BASIS, CONSIDERING THE USE OF THE FUNDS AND HOW THE USE RELATES TO THE ORGANIZATION'S MISSION.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization: **SCL HEALTH - FRONT RANGE, INC.**  
 Employer identification number: **84-1103606**

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	<b>X</b>
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	<b>X</b>
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LYDIA JUMONVILLE FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,224,172.	473,730.	310,554.	394,423.	20,125.	2,423,004.	271,088.
(2) MARK KORTH VICE CHAIR	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 1,143,005.	171,821.	17,532.	145,044.	26,052.	1,503,454.	0.
(3) JANIE WADE TREASURER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 896,127.	276,809.	14,148.	132,801.	24,177.	1,344,062.	0.
(4) JASON SHOFNOS, MD PHYSICIAN	(i) 1,060,428.	82,000.	8,568.	17,100.	32,039.	1,200,135.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(5) J. GRANT WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 573,291.	213,952.	324,902.	17,100.	18,257.	1,147,502.	0.
(6) BASHEAL AGRAWAL, MD PHYSICIAN	(i) 907,649.	169,753.	13,871.	17,100.	31,383.	1,139,756.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(7) BRIAN WITWER, MD PHYSICIAN	(i) 897,338.	169,753.	17,283.	17,100.	33,143.	1,134,617.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(8) ROBERT REPLOGLE, MD PHYSICIAN	(i) 882,905.	169,753.	13,025.	17,100.	34,010.	1,116,793.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(9) EDWARD MAURIN, MD PHYSICIAN	(i) 869,553.	169,753.	14,280.	17,100.	34,440.	1,105,126.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
(10) ROSLAND MCLEOD FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 539,825.	203,358.	166,493.	155,369.	27,730.	1,092,775.	140,548.
(11) JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OF	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 500,403.	187,834.	14,981.	79,727.	24,928.	807,873.	0.
(12) KAREN SCREMIN FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 432,700.	97,424.	55,326.	64,720.	8,417.	658,587.	47,299.
(13) THOMAS MYDLER, MD VP CHIEF MEDICAL OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 371,077.	92,994.	50,030.	61,258.	26,877.	602,236.	43,797.
(14) JAMES DOYLE FORMER OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 313,075.	112,422.	87,726.	37,821.	21,625.	572,669.	0.
(15) THOMAS DONOHOE SECRETARY	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 380,531.	94,587.	1,462.	62,503.	27,187.	566,270.	0.
(16) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER	(i) 0.	0.	0.	0.	0.	0.	0.
	(ii) 365,178.	92,151.	54,511.	17,100.	22,289.	551,229.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANDREA BURCH	(i)	0.	0.	0.	0.	0.	0.	0.
VP CHIEF OPERATING/NURSING OFFICER L	(ii)	297,599.	75,515.	31,784.	45,832.	28,900.	479,630.	29,900.
(18) SCOTT DAY	(i)	0.	0.	0.	0.	0.	0.	0.
VP HUMAN RESOURCES LMC	(ii)	247,505.	62,628.	45,334.	39,311.	21,406.	416,184.	24,748.
(19) PETER BENKOWSKI	(i)	0.	0.	0.	0.	0.	0.	0.
VP STRATEGY & BUS DEVELOPMENT GSMC	(ii)	212,281.	54,267.	21,961.	34,483.	27,691.	350,683.	19,238.
(20) FOREST BINDER	(i)	0.	0.	0.	0.	0.	0.	0.
VP FINANCE LMC 1/1-2/21	(ii)	59,382.	80,029.	199,153.	3,607.	1,808.	343,979.	0.
(21) JUSTIN SCHMIEDEL	(i)	0.	0.	0.	0.	0.	0.	0.
VP CHIEF OPERATING OFFICER GSMC	(ii)	266,918.	19,143.	992.	29,290.	16,276.	332,619.	0.
(22) SEAN FADDEN	(i)	0.	0.	0.	0.	0.	0.	0.
VP FINANCE LMC	(ii)	218,685.	48,611.	1,046.	30,429.	25,609.	324,380.	0.
(23) MEGAN DURNING	(i)	0.	0.	0.	0.	0.	0.	0.
VP STRATEGY & BUS DEVELOPMENT LMC	(ii)	227,451.	55,943.	1,961.	33,958.	765.	320,078.	0.
(24) JANET REEDER	(i)	0.	0.	0.	0.	0.	0.	0.
VP CHIEF NURSING OFFICER GSMC	(ii)	226,939.	0.	3,114.	26,501.	11,264.	267,818.	0.
(25) DEBORAH JOHNSON-SASSO	(i)	0.	0.	0.	0.	0.	0.	0.
INTERIM VP CHIEF NURSING OFFICER GSM	(ii)	202,923.	26,531.	7,512.	7,401.	15,819.	260,186.	0.
(26) HILDA DALFONSO	(i)	0.	0.	0.	0.	0.	0.	0.
VP FINANCE GSMC	(ii)	196,435.	17,206.	1,913.	30,743.	1,890.	248,187.	0.
(27) PATRICE FARRELL-DELINE	(i)	0.	0.	0.	0.	0.	0.	0.
VP MISSION INTEGRATION REGION	(ii)	154,749.	18,907.	1,591.	24,756.	25,558.	225,561.	0.
(28) CALVIN BEASLEY	(i)	157,776.	17,957.	1,868.	25,864.	21,894.	225,359.	0.
VP INTEGRATIVE SVCS LMC	(ii)	0.	0.	0.	0.	0.	0.	0.
(29) JOHN HIGGINS	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	0.	0.	203,373.	0.	11,383.	214,756.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

## PART I, LINE 1A:

THE ORGANIZATION AND RELATED ORGANIZATIONS ALLOW FOR CERTAIN TAX INDEMNIFICATION AND GROSS-UP PAYMENTS IN THE INSTANCES OF RELOCATION. THESE AMOUNTS ARE TREATED AS TAXABLE COMPENSATION. THE INDIVIDUALS THAT RECEIVED TAX GROSS-UP PAYMENTS IN 2020 WERE: MARK KORTH - \$54,475, JANET REEDER - \$1,890, JUSTIN SCHMIEDEL - \$1,547.

## PART I, LINE 1B:

THE ORGANIZATION AND RELATED ORGANIZATIONS DO NOT HAVE A FORMAL WRITTEN POLICY FOR TAX INDEMNIFICATION AND GROSS-UP PAYMENTS. HOWEVER, BEFORE ANY TAX INDEMNIFICATION AND GROSS-UP PAYMENTS ARE MADE; PROPER APPROVAL FROM THE EMPLOYEE'S MANAGER IS REQUIRED. IN ADDITION, APPROVAL IS ALSO REQUIRED FROM HUMAN RESOURCES.

## PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

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

**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.

ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE SCL HEALTH BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY

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.

SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.

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

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

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

**Part III** Supplemental Information

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

PART I, LINES 4A-B:

SCHEDULE J, PART I, LINE 4A

SEVERANCE PAYMENTS

THE ORGANIZATION AND RELATED ORGANIZATIONS PERIODICALLY INCUR SEVERANCE PAYMENTS TO FORMER EMPLOYEES. THE INDIVIDUALS AND THE AMOUNTS PAID FOR SEVERANCE IN 2020 WERE: JOHN HIGGINS - \$190,726.

SCHEDULE J, PART I, LINE 4B

PAYMENTS FROM SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

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

**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.

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM COST AND HAVE GREATER CONTROL OVER FINANCIAL RISK, THE SERP WAS CONVERTED FROM A DEFINED BENEFIT (DB) TO A DEFINED CONTRIBUTION (DC) DESIGN. CERTAIN MEMBERS OF SENIOR MANAGEMENT WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS. THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014

PRIOR TO 2014, THE RELATED ORGANIZATION'S NQDC SERP PLAN PROVIDED A BENEFIT TO ELIGIBLE PARTICIPANTS BASED ON A PERCENTAGE OF THEIR BASE COMPENSATION. THE VESTING PERIOD IS 5 YEARS OR WHEN THE PARTICIPANT IS AGE 65 OR OLDER. THERE WERE NO CONTRIBUTIONS TO THIS PLAN AFTER DECEMBER 31, 2013.

**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.

FOR AMOUNTS CONTRIBUTED TO THE NQDC SERP PLAN PRIOR TO 2014, VESTED AMOUNTS ARE PAYABLE UPON THE END OF EMPLOYMENT. THE VESTED AMOUNTS WITHDRAWN INCLUDE AMOUNTS PREVIOUSLY TAXED TO THE RECIPIENT AND AMOUNTS TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

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

NQDC SERP PLANS STARTING IN 2014

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

**Part III Supplemental Information**

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

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2020. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2020 WERE: FOREST BINDER - \$297,181, J. GRANT WICKLUND - \$433,241, PETER BENKOWSKI - \$19,238, STEVEN BROWN, MD - \$43,500, ANDREA BURCH - \$29,900, SCOTT DAY - \$61,782, THOMAS MYDLER, MD - \$43,797, JAMES DOYLE - \$133,848, LYDIA JUMONVILLE - \$391,631, ROSLAND MCLEOD - \$190,175, KAREN SCREMIN - \$87,103.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION EARNED OVER THE VESTING PERIOD IS REPORTED IN COLUMN C AND ANY AMOUNTS VESTED/PAID FROM A DEFERRED COMPENSATION PLAN ARE REPORTED IN COLUMN B(III). THUS, THE SAME AMOUNT WOULD BE REPORTED TWICE (FIRST WHEN IT ACCRUED DURING THE VESTING PERIOD AND AGAIN WHEN IT IS VESTED/PAID). THIS RESULTS IN THE APPEARANCE OF CERTAIN EXECUTIVES RECEIVING MORE THAN THEY ARE ACTUALLY PAID FROM THE DEFERRED COMPENSATION PLANS. COLUMN F IS

**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.

INTENDED TO RECONCILE THIS DUPLICATION (BY REPORTING AMOUNTS INCLUDED IN COLUMN B(III) THAT HAD BEEN REPORTED AS DEFERRED COMPENSATION ON A SCHEDULE J FOR A PREVIOUS YEAR). HOWEVER, THE SIGNIFICANCE OF THE AMOUNTS LISTED IN COLUMN F IS OFTEN OVERLOOKED AND GIVEN THE COMPLEXITY OF THE SCHEDULE J REPORTING REQUIREMENTS, THE AMOUNTS SHOWN ARE EASILY MISUNDERSTOOD. TO DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT) DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E.

PART I, LINE 7:

THE AT-RISK COMPENSATION (ARC) PLAN WAS ESTABLISHED TO ENABLE SCL HEALTH TO ATTRACT AND ENGAGE QUALIFIED LEADERS AND TO PROVIDE SUCH LEADERS WITH AN ADDITIONAL PERFORMANCE COMPENSATION OPPORTUNITY TO PROMOTE AND FURTHER ITS CHARITABLE MISSION AND STRATEGIC IMPERATIVES.

THE PLAN OPERATES ON A CALENDAR-YEAR BASIS AND AWARD OPPORTUNITIES ARE A PERCENTAGE OF LEADERS' BASE PAY AS DETERMINED BY THEIR MANAGEMENT LEVEL AT SCL HEALTH. ACTUAL AWARDS WILL BE PAID OUT BASED ON ATTAINMENT OF SELECTED SCL HEALTH BOARD-APPROVED GOALS, INCLUDING OPERATING INCOME, STEWARDSHIP, QUALITY, PATIENT AND ASSOCIATE SAFETY AND PATIENT EXPERIENCE AND

**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.

FULFILLMENT OF OUR MISSION.

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

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

SCHEDULE J - ADDITIONAL OFFICER AND BOARD DISCLOSURES

THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH) AND RELATED TAX EXEMPT ORGANIZATIONS CONSISTS OF EIGHT HOSPITALS, NINE FOUNDATIONS, TWO SAFETY-NET CLINICS, ONE CHILDREN'S MENTAL HEALTH CENTER, HOME HEALTH AND MORE THAN 200 PHYSICIAN CLINICS IN THREE STATES - COLORADO, KANSAS AND MONTANA. THE HEALTH SYSTEM INCLUDES MORE THAN 15,900 FULL-TIME ASSOCIATES AND MORE THAN 800 EMPLOYED PROVIDERS. SCL

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.

HEALTH AND RELATED TAX EXEMPT ORGANIZATIONS ADHERE TO GOVERNANCE  
 EXCELLENCE STANDARDS INCLUDING TRANSPARENCY AND ACCOUNTABILITY. IN  
 KEEPING WITH SCL HEALTH'S CORE VALUE OF STEWARDSHIP, SCL HEALTH'S BOARD  
 COMPENSATION COMMITTEE (COMMITTEE) HAS RETAINED THE SERVICES OF AN  
 INDEPENDENT COMPENSATION ADVISOR. THE COMPENSATION ADVISOR IS  
 RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO  
 EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO  
 ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR  
 MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY  
 PHILOSOPHY SET BY THE BOARD.

THE SISTERS WHO SERVE AS OFFICERS AND/OR BOARD MEMBERS ARE MEMBERS OF  
 THE SISTERS OF CHARITY OF LEAVENWORTH (A RELIGIOUS ORDER OF WOMEN). THE  
 SISTERS HAVE TAKEN VOWS OF POVERTY AND RECEIVE NO COMPENSATION, EXPENSE  
 ACCOUNT ALLOWANCE, OR CONTRIBUTIONS TO BENEFIT PLANS FOR THEIR SERVICES  
 TO THE HEALTH CARE SYSTEM. HOWEVER, A PAYMENT IS MADE DIRECTLY TO THE  
 SISTERS OF CHARITY OF LEAVENWORTH FOR THE SERVICES OF THOSE WHO PERFORM  
 PROFESSIONAL, ADMINISTRATIVE, AND OTHER SUCH SERVICES.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **SCL HEALTH - FRONT RANGE, INC.** Employer identification number **84-1103606**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		15,000.	FMV
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	43	25,472.	FMV
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( MISC FOOD )	X	113	119,440.	FMV
26	Other ▶ ( MISC OTHER )	X	2	4,100.	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2020



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

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

WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE.

FORM 990, PART III, LINES 4A - 4D

DESCRIPTION OF PROGRAM SERVICE ACHIEVEMENTS

SCL HEALTH - FRONT RANGE, INC. (SCLHFR) OPERATES LUTHERAN MEDICAL CENTER (LMC) SERVING PRIMARILY WESTERN AND SOUTHERN SUBURBAN AREAS OF METRO DENVER AND GOOD SAMARITAN MEDICAL CENTER (GSMC), SERVING PRIMARILY BOULDER AND NORTHWEST COUNTIES OF METRO DENVER, AND OTHER AFFILIATED MEDICAL OPERATIONS. THE SYSTEM'S COLLECTIVE PROGRAM SERVICES ACCOMPLISHMENTS INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

MEDICAL SERVICES ARE PROVIDED TO ALL WHO SEEK SERVICE REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, HANDICAP, AGE, OR ABILITY TO PAY. ALTHOUGH REIMBURSEMENT FOR SERVICES IS CRITICAL FOR THE OPERATION AND STABILITY OF THE SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, IT IS RECOGNIZED THAT NOT ALL INDIVIDUALS POSSESS THE ABILITY TO PURCHASE ESSENTIAL MEDICAL SERVICES. THE MISSION OF SCL HEALTH IS "WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE, ESPECIALLY THOSE WHO ARE POOR AND VULNERABLE".

THEREFORE, IN KEEPING WITH SCLHFR'S COMMITMENT TO SERVE ALL MEMBERS OF ITS COMMUNITY, FREE CARE AND/OR SUBSIDIZED CARE WILL BE CONSIDERED AND PROVIDED WHERE THE NEED AND/OR AN INDIVIDUAL'S INABILITY TO PAY EXIST.

IN ADDITION, SCLHFR RECOGNIZES THE ESSENTIAL NEED TO BE EXCEPTIONAL

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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STEWARDS OF MEDICARE, MEDICAID AND COMMUNITY/PRIVATE FUNDING DOLLARS.

DURING THE YEAR, SCL HEALTH - FRONT RANGE, INC. PROVIDED BENEFITS TO THE COMMUNITY WHICH WENT TO CARING FOR THOSE WHO ARE POOR AND VULNERABLE THROUGH CHARITY CARE, UNREIMBURSED MEDICAID AND OTHER MEANS - TESTED GOVERNMENT PROGRAMS. SCLHFR PROVIDED ADDITIONAL BENEFITS TO THE COMMUNITY WHICH WENT TO IMPROVING THE HEALTH OF THE HOSPITAL'S COMMUNITY THROUGH HEALTH EDUCATION, COMMUNITY PROGRAMS, SUBSIDIZED HEALTH SERVICES AND ENVIRONMENTAL IMPROVEMENTS.

SCLHFR ALSO RECOGNIZES THE ESSENTIAL NEED TO ENHANCE AND IMPROVE MEDICAL OUTCOMES, QUALITY AND SERVICES. IN RESPONSE, A BEST IN THE NATION STRATEGY AND PROGRAM WAS IMPLEMENTED. THE OBJECTIVES OF THE PROGRAM ARE TO BE THE BEST IN THE NATION IN PREDEFINED QUALITY, SERVICE AND COST INDICATORS. THE QUALITY INDICATORS ARE IN ALIGNMENT WITH MAJOR PUBLICLY COMPARABLE DATABASES, INCLUDING THE COLORADO HEALTH AND HOSPITAL ASSOCIATION AND CENTERS FOR MEDICARE AND MEDICAID SERVICES.

COLLECTIVELY WITH ITS 572 LICENSED BEDS AT LMC AND GSMC, SCLHFR SERVED THE COMMUNITY WITH 25,410 INPATIENT ADMISSIONS AND 302,647 TOTAL OUTPATIENT VISITS WHILE PROVIDING SURGICAL SERVICES TO 11,889 RECIPIENTS. TOTAL BIRTHS AT SCLHFR WERE 3,657. TOTAL ER VISITS WERE 88,948. TOTAL LAB TESTS PERFORMED WERE 1,395,103.

-COMPREHENSIVE MEDICAL SERVICES INCLUDE, BUT ARE NOT LIMITED TO, CARDIOLOGY, ONCOLOGY, ORTHOPEDIC, WOMEN AND FAMILY, PEDIATRICS, EMERGENCY AND TRAUMA, NEONATAL INTENSIVE CARE, NEUROLOGY, NEUROSURGERY, OB/GYN, GENERAL SURGICAL AND MEDICAL, PRIMARY CARE, INTERNAL MEDICINE, BEHAVIORAL HEALTH, HOSPICE CARE AND INTEGRATIVE HEALTH SERVICES. A

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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STRONG COMMITMENT TO THE HEALTH OF THE COMMUNITY IS FURTHER EXEMPLIFIED BY, BUT NOT LIMITED TO, THE FOLLOWING PROGRAMS;

-THE CANCER CENTER AT LMC INCLUDES ALL STAGES OF CARE INCLUDING INITIAL DIAGNOSIS; PROVIDING MONITORING, AND MANAGING MEDICATIONS. THE CENTER INCLUDES STATE-OF-THE-ART-RADIATION ONCOLOGY CENTER, INFUSION CENTER, ONCOLOGY UNIT, CLINICAL TRIALS, NUTRITION COUNSELING, SOCIAL WORK SERVICES, SITE SPECIFIC CARE TEAM, EDUCATION AND SUPPORT SERVICES.

-AT THE HEART AND NEUROVASCULAR CENTER, PATIENTS ARE TREATED BY AN INTERDISCIPLINARY TEAM FOR CARDIAC AND NEUROLOGICAL CARE. PATIENTS DO NOT NEED TO BE TRANSFERRED TO ANOTHER FACILITY. THE CENTER FEATURES ADVANCED IMAGING EQUIPMENT AND NEUROLOGICAL SUITES TO SPEED PATIENTS' CARE.

-THE BREAST CARE CENTER, ACCREDITED BY THE AMERICAN COLLEGE OF RADIOLOGY AND THE NATIONAL ACCREDITATION BREAST CARE CENTER, PROVIDES A FULL RANGE OF HIGH-TECH SERVICES IN ITS SCREENING AND DIAGNOSTIC SUITES INCLUDING DIGITAL MAMMOGRAPHY SCREENINGS AND DIAGNOSTIC SERVICES, ULTRASOUND, STEREOTACTIC BIOPSIES, MEDICAL CONSULTATION, EDUCATION, AS WELL AS AN ALTERNATIVE HEALTH CENTER AND EMOTIONAL SUPPORT.

-THE WOMEN AND FAMILY CENTER INCLUDES A LEVEL III NEONATAL INTENSIVE CARE UNIT AND COMPREHENSIVE PRENATAL AND PARENTING EDUCATION. THE ANTEPARTUM FAMILY UNIT HELPS PREGNANT WOMEN WHO NEED SPECIALIZED CARE FOR THEMSELVES AND/OR THEIR UNBORN BABIES. SUPPORT FOR THE NEW UNIT HELPS US REACH OUR GOAL TO HELP WOMEN HAVE HEALTHY PREGNANCIES, BIRTHS AND BABIES.

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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-THE DIAGNOSTIC IMAGING CENTER IS ONE OF DENVER'S MOST ADVANCED IMAGING CENTERS FEATURING COMPREHENSIVE STATE-OF-THE-ART DIAGNOSTIC IMAGING SERVICES INCLUDING 40 SLICE CT SCANNER, 3.0 TESLA MRI SYSTEM, 3D MAMMO EQUIPMENT ULTRASOUND ROOMS WITH ADJOINED CHANGING ROOMS AND RESTROOMS AND DIAGNOSTIC TECHNOLOGY IN ALL-DIGITAL ENVIRONMENT.

-THE HUMAN MOTION INSTITUTE (HMI) OFFERS STATE-OF-THE-ART MUSCULOSKELETAL CARE. HMI COMBINES THE MOST ADVANCED MEDICAL TECHNOLOGY WITH A DEDICATED TEAM OF PHYSICIANS AND MEDICAL PROFESSIONALS. THE FOCUS IS ON PREVENTION, ASSESSMENT, TREATMENT AND REHABILITATION OF MUSCULOSKELETAL INJURIES.

-COLLIER HOSPICE CENTER PROVIDES COMPASSIONATE, COMPREHENSIVE, INTERDISCIPLINARY END-OF-LIFE CARE FOR TERMINALLY ILL PATIENTS AND SUPPORT FOR THEIR FAMILIES. PATIENTS ARE SERVED IN THEIR HOMES, IN NURSING HOMES AND IN THE HOSPICE INPATIENT UNIT LOCATED ON LMC'S CAMPUS. THERE ARE FREE COMMUNITY SERVICES INCLUDING VOLUNTEER-BASED PRE-HOSPICE SUPPORT, GRIEF SUPPORT GROUPS, GRIEF EDUCATION WORKSHOPS, CAREGIVER SUPPORT GROUPS AND GRIEF SUPPORT FOR YOUNG PEOPLE.

-WEST PINES IS A BEHAVIORAL HEALTH FACILITY THAT PROVIDES INPATIENT AND OUTPATIENT PSYCHIATRIC AND ADDICTION SERVICES TO ADULTS. THE WEST PINES RECOVERY CENTER OFFERS AN INNOVATIVE TWO-WEEK ADDICTION RECOVERY PROGRAM TO CLIENTS AND THEIR FAMILIES WHO STRUGGLE WITH ADDICTION, OR ADDICTION PLUS MENTAL ILLNESS. AFTER THE TWO-WEEK STAY, CLIENTS RECEIVE INTENSIVE OUTPATIENT ASSISTANCE AND OPTIONAL MEDICATION MANAGEMENT. THE PROGRAM PROVIDES SHORTER STAYS AND LOWER COSTS. THE SENIOR BEHAVIORAL

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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HEALTH IS A 20 BED UNIT LOCATED AT LMC TO TREAT SENIORS WITH PSYCHIATRIC ILLNESSES.

-BRIDGES INTEGRATIVE HEALTH AND WELLNESS OFFERS INTEGRATIVE CARE ACUPUNCTURE, MASSAGE, HEALING TOUCH, PULMONARY REHABILITATION, PHYSICAL THERAPY AND CARDIAC REHABILITATION.

-ESTES STREET COMMUNITY CLINIC IS A PARTNERSHIP BETWEEN LMC, THE JEFFCO ACTION CENTER AND METRO COMMUNITY PROVIDER NETWORK. THE CLINIC SERVES HOMELESS AND LOW-INCOME CHILDREN AND ADULTS WITHOUT INSURANCE. IT PROVIDES ACUTE AND PREVENTIVE CARE, IMMUNIZATIONS, WELL-CHILD AND WELL-WOMEN CHECKUPS.

-LMC PROVIDES COMPREHENSIVE EDUCATION PROGRAMS WITH OPPORTUNITIES FOR ALL AGES. THROUGH EDUCATION, RELIABLE HEALTH INFORMATION AND SUPPORT, THE PROGRAM PARTNERS WITH DOCTORS AND OTHER HEALTH CARE EXPERTS TO IMPROVE COMMUNITY HEALTH.

-CARDIAC AND VASCULAR SERVICES INCLUDES THE CARDIAC CALCIUM SCORE FOR DETECTING HEART DISEASE RISK.

-EMERGENCY AND TRAUMA SERVICES INCLUDES A LEVEL III TRAUMA CENTER.

-BONE AND JOINT INSTITUTE INCLUDES A COMPREHENSIVE TREATMENT OF ALL JOINT INJURIES AND REPLACEMENT. FULL SERVICE PHYSICAL THERAPY IS ALSO AVAILABLE.

-NEUROSCIENCES: THE GOOD SAMARITAN MEDICAL CENTER ADDED TWO

Name of the organization

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BREAKTHROUGH NEUROSCIENCE TECHNOLOGIES - THE INFRARED 800TM AND THE  
OPMI PENTERO - FOR TREATMENT OF STROKES, ANEURYSMS, BRAIN TUMORS AND  
OTHER CONDITIONS. THE HOSPITAL EMPLOYS A STROKE FELLOWSHIP-TRAINED  
PHYSICIAN AND HAS CREATED A STROKE CENTER.

-OTOLARYNGOLOGY INCLUDES BALLOON SINUPLASTY.

-WOMEN AND FAMILY CENTER INCLUDES A LEVEL II NEONATAL INTENSIVE CARE  
AND COMPREHENSIVE PRENATAL AND PARENTING EDUCATION. SUPPORT FOR THE  
UNIT HELPS US REACH OUR GOAL TO HELP WOMEN HAVE HEALTHY PREGNANCIES,  
BIRTHS AND BABIES. GSMC ALSO IS THE FIRST HOSPITAL TO RECEIVE THE  
BABY-FRIENDLY DESIGNATION IN COLORADO. INPATIENT AND OUTPATIENT  
SURGICAL SERVICES INCLUDES A BONE & JOINT INSTITUTE.

FORM 990, PART III, LINES 4A - 4D (CONT'D)

-NEUROSURGERY, INCLUDING O-ARM TECHNOLOGY FOR COMPLEX NEUROSURGICAL  
CASES AND THE OPMI PENTERO MICROSCOPE, A STATE OF THE ART IMPROVEMENT  
IN INTRA-OPERATIVE VISUALIZATION FOR BRAIN TUMORS AND ANEURYSMS, THE  
ONLY ONE OF ITS KIND IN THE REGION. GSMC ALSO BEGAN A DEEP BRAIN  
STIMULATION SERVICE FOR TREATMENT OF SEVERE MOVEMENT DISORDER LIKE  
ADVANCED PARKINSON'S DISEASE.

-INTERVENTIONAL AND DIAGNOSTIC RADIOLOGY INCLUDING A 64-SLICE CT  
SCANNER. OTHER SERVICES INCLUDE MRI, ULTRASOUND AND DIAGNOSTIC IMAGING.

-GSMC'S HEALTH & HEALING CENTER OFFERS INPATIENT AND OUTPATIENT  
INTEGRATIVE CARE (ACUPUNCTURE, MASSAGE, HEALING TOUCH, PULMONARY

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84-1103606

REHABILITATION, PHYSICAL THERAPY AND CARDIAC REHABILITATION).

-GSMC PROVIDES WELLNESS QUEST, A COMPREHENSIVE EDUCATION PROGRAM WITH OPPORTUNITIES FOR ALL AGES. THROUGH EDUCATION, RELIABLE HEALTH INFORMATION AND SUPPORT, THE PROGRAM PARTNERS WITH DOCTORS, OTHER HEALTH CARE EXPERTS AND SCHOOLS TO IMPROVE COMMUNITY HEALTH.

-GSMC WORKS CLOSELY WITH CLINICA CAMPESENA, A LAFAYETTE-BASED, FEDERALLY-QUALIFIED CLINIC FOR INDIGENT AND LOW INCOME INDIVIDUALS IN BOULDER COUNTY, PROVIDING ASSISTANCE TO FAMILIES IN NEED. LMC WORKS CLOSELY WITH METRO COMMUNITY PROVIDER NETWORK, A FEDERALLY QUALIFIED HEALTH CENTER ALSO SERVING INDIGENT AND LOW INCOME INDIVIDUALS AND FAMILIES IN JEFFERSON COUNTY.

-GSMC AND LMC ARE DESIGNATED "BABY-FRIENDLY HOSPITALS" THAT SUPPORT BREASTFEEDING ON NEWBORNS AND PROMOTES THE INITIATION OF BREASTFEEDING WITHIN 1 HOUR OF BIRTH AND ALLOWS MOTHERS AND INFANTS TO REMAIN TOGETHER 24 HOURS A DAY.

-GSMC AND LMC OFFER THE "BABY'S FIRST RIDE PROGRAM" AS A SERVICE TO ALL FAMILIES DELIVERING AT OUR HOSPITAL. PARENTS ARE TAUGHT THE PROPER WAY TO INSTALL AND USE A CAR SEAT TO ENSURE THEIR BABY'S FIRST RIDE IS A SAFE ONE.

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

MEMBERS OR STOCKHOLDERS

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) IS THE SOLE

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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MEMBER OF SCL HEALTH-FRONT RANGE, INC.

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

POWER TO ELECT OR APPOINT MEMBERS

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC., THE SOLE MEMBER OF SCL HEALTH - FRONT RANGE, INC., APPROVES MEMBERS OF SCL HEALTH - FRONT RANGE, INC. BOARD OF DIRECTORS.

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

DECISIONS RESERVED TO MEMBERS OR STOCKHOLDERS;

SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS) HAS CERTAIN RESERVE POWERS TO APPROVE CHANGES TO THE ARTICLES OF INCORPORATION AND THE BYLAWS INCLUDING THE APPOINTMENT OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO. SCLHS ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.

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

PROCESS USED TO REVIEW THE FORM 990;

THE FORM 990 IS PREPARED BY THE TAX DEPARTMENT OF THE PARENT ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCLHS). THE FORM 990 IS REVIEWED BY CERTAIN MEMBERS OF SENIOR MANAGEMENT. A COPY OF THE

Name of the organization

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FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE. ANY QUESTIONS ARE ADDRESSED TO THE TAX DIRECTOR OF SCLHS PRIOR TO FILING THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY:

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

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

Name of the organization SCL HEALTH - FRONT RANGE, INC.	Employer identification number 84-1103606
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ANY PERSON IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER SCL HEALTH IS CONSIDERED AN INTERESTED PERSON. THIS TERM INCLUDES, BUT IS NOT LIMITED TO THE FOLLOWING:

- BOARD MEMBERS, BOARD COMMITTEE MEMBERS, OFFICERS AND DIRECTORS;
- SENIOR LEADERS AND EXECUTIVES (CEO, PRESIDENT, SVP, VP, EXECUTIVE DIRECTORS);
- EMPLOYED PHYSICIANS AND PHYSICIANS IN MEDICAL STAFF LEADERSHIP ROLES (E.G., DEPARTMENT CHAIRS, MEMBERS OF MEDICAL STAFF COMMITTEES);
- MEDICAL DIRECTORS OF CLINICAL PROGRAMS THAT ASSESS, REVIEW, RECOMMEND OR REQUEST PURCHASE OF ANY SPECIFIC PHARMACEUTICAL PRODUCTS, MEDICAL DEVICES, SUPPLIES AND/OR EQUIPMENT;
- DEPARTMENT DIRECTORS; AND
- OTHER SELECT INDIVIDUALS IDENTIFIED BY LEADERSHIP WHICH MAY INCLUDE, BUT IS NOT LIMITED TO, SUPPLY CHAIN AND FINANCE.

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

WHEN AN INTERESTED PERSON BECOMES AWARE OF A CONFLICT OF INTEREST WHICH HAS NOT BEEN DISCLOSED ON A STATEMENT, HE OR SHE SHALL CONTACT THE LOCAL

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COMPLIANCE AND PRIVACY OFFICER OR THE CHIEF INTEGRITY AND COMPLIANCE OFFICER, OBTAIN A STATEMENT FORM, COMPLETE AND RETURN IT TO THE SCL HEALTH INTEGRITY AND COMPLIANCE DEPARTMENT.

WHENEVER AN INTERESTED PERSON BECOMES AWARE THAT AN ARRANGEMENT WITH RESPECT TO WHICH HE OR SHE HAS A CONFLICT OF INTEREST IS BEING CONSIDERED, THE INTERESTED PERSON MUST DISCLOSE ALL MATERIAL FACTS CONCERNING THE EXISTENCE AND NATURE OF THE CONFLICT OF INTEREST TO HIS OR HER SUPERVISOR (IF AN EMPLOYEE OTHER THAN THE ORGANIZATIONS SCL HEALTH CEO) OR TO THE APPLICABLE BOARD OR COMMITTEE CHAIR (IF THE SCL HEALTH CEO OR A BOARD OR COMMITTEE MEMBER), EVEN IF THE CONFLICT OF INTEREST HAS BEEN PREVIOUSLY DISCLOSED.

WITH REGARD TO EMPLOYEES OTHER THAN THE SCL HEALTH CEO, THE INTERESTED PERSON'S SUPERVISOR WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. WITH REGARD TO THE SCL HEALTH CEO AND BOARD OR COMMITTEE MEMBERS, THE REMAINING MEMBERS OF THE BOARD OR COMMITTEE WILL DETERMINE WHETHER A CONFLICT OF INTEREST EXISTS. PERSON(S) RESPONSIBLE FOR THE DETERMINATION SHOULD OBTAIN FURTHER GUIDANCE FROM THE SCL HEALTH INTEGRITY AND COMPLIANCE OR LEGAL DEPARTMENTS.

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

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PARTICIPATE IN THE DELIBERATION OR DECISION REGARDING THE TRANSACTION OR ARRANGEMENT; BE PRESENT DURING THE DELIBERATION OR DECISION-MAKING; OR BE ALLOWED TO MAKE A PRESENTATION PRIOR TO THE DELIBERATION AND DECISION-MAKING ACTIVITIES.

WHEN AN INTERESTED PERSON HAS A CONFLICT OF INTEREST, THE DECISION-MAKER/DECISION-MAKING BODY CONSIDERING THE TRANSACTION OR ARRANGEMENT WILL TAKE REASONABLE MEASURES, PRIOR TO APPROVING OR ENTERING INTO THE TRANSACTION OR ARRANGEMENT, TO ENSURE THAT THE PROPOSAL IS IN SCL HEALTH'S BEST INTERESTS. THE PROPOSED TRANSACTION OR ARRANGEMENT MAY PROCEED IF THE DECISION-MAKER/DECISION-MAKING BODY, AFTER HAVING BEEN FULLY INFORMED OF THE MATERIAL FACTS ESTABLISHING THE CONFLICT OF INTEREST, DETERMINES THAT THE TRANSACTION OR ARRANGEMENT IS IN SCL HEALTH'S BEST INTERESTS AND IS FAIR AND REASONABLE. A MAJORITY VOTE OF THE DISINTERESTED DECISION-MAKERS IS REQUIRED WHEN A DETERMINATION IS MADE BY A BOARD, COMMITTEE OR OTHER DECISION-MAKING BODY.

MANAGEMENT OF POTENTIAL CONFLICTS IS DONE BY THE CHIEF INTEGRITY AND COMPLIANCE OFFICER AND/OR CARE SITE COMPLIANCE AND PRIVACY OFFICERS AND REPORTED ANNUALLY TO THE CARE SITE LEADERSHIP COMMITTEES AND/OR SYSTEM INTEGRITY AND COMPLIANCE COMMITTEE AND TO THE AUDIT COMMITTEE, ORGANIZATIONAL INTEGRITY AND COMPLIANCE COMMITTEE OF THE SCL HEALTH BOARD OF DIRECTORS. ANY REPORTED CONFLICTS OR POTENTIAL CONFLICTS WILL ALSO BE REPORTED TO AND REVIEWED BY THE SCL HEALTH TAX DIRECTOR FOR COMPLIANCE WITH THE FORM 990 TAX RETURN.

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

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

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THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE SCL HEALTH BOARD COMPENSATION COMMITTEE (COMMITTEE) ON BEHALF OF SCL HEALTH AND ALL OF ITS AFFILIATES. THE COMMITTEE REVIEWS AND APPROVES COMPENSATION ARRANGEMENTS OF THE OFFICERS AND SENIOR MANAGEMENT AND MAKES RECOMMENDATIONS TO SCL HEALTH'S BOARD FOR APPROVAL OF ANY CHANGES TO COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT. THE COMMITTEE'S REVIEW IS CONDUCTED IN A MANNER THAT IS INTENDED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERMEDIATE SANCTIONS RULES OF INTERNAL REVENUE CODE SECTION 4958. THE COMMITTEE CONDUCTS THE REVIEW WITH THE ASSISTANCE OF AN EXPERIENCED AND INDEPENDENT COMPENSATION CONSULTING FIRM THAT HAS DEEP NATIONAL EXPERTISE IN HEALTH SYSTEMS' EXECUTIVE COMPENSATION PROGRAMS AND LEVELS. THE COMMITTEE OBTAINS AND RELIES UPON CURRENT, COMPARABLE MARKET DATA FOR PEER ORGANIZATIONS PRIOR TO MAKING COMPENSATION RELATED DECISIONS. THE INFORMATION REVIEWED INCLUDES COMPENSATION LEVELS PAID BY SIMILARLY SITUATED ORGANIZATIONS FOR FUNCTIONALLY COMPARABLE POSITIONS, THE AVAILABILITY OF SIMILAR SERVICES IN THE GEOGRAPHIC AREA SERVED BY SCL HEALTH AND CURRENT COMPENSATION SURVEYS COMPILED BY AN INDEPENDENT FIRM. CONSISTENT WITH THE PAY PHILOSOPHY SET BY SCL HEALTH'S BOARD, THE COMMITTEE EMPHASIZES THE IMPORTANCE OF ENSURING TOTAL REMUNERATION IS REASONABLE AND APPROPRIATE WHEN REVIEWING AND MAKING RECOMMENDATIONS WITH RESPECT TO COMPENSATION PACKAGES FOR THE OFFICERS AND SENIOR MANAGEMENT.

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

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

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

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

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

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

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

TRANSFER FROM FOUNDATION FOR REIMBURSEMENT OF CAPITAL	
ACQUISITIONS	331,405.
BOOK VS. TAX DEPRECIATION	-375,741.
TOTAL TO FORM 990, PART XI, LINE 9	-44,336.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **SCL HEALTH - FRONT RANGE, INC.** Employer identification number **84-1103606**

**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
GOOD SAMARITAN MEDICAL CENTER, LLC - 43-1982139, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	HOSPITAL SERVICES	COLORADO	322,362,057.	282,401,460.	SCL HEALTH - FRONT RANGE, INC.
SCL HEALTH MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	146,193,361.	43,531,523.	SCL HEALTH - FRONT RANGE, INC.
SCL PHYSICIANS - RMPC, LLC - 35-2563201 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	PHYSICIAN SERVICES	COLORADO	0.	0.	SCL HEALTH MEDICAL GROUP - DENVER, LLC
SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC - 46-3778277, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81502	PHYSICIAN SERVICES	COLORADO	76,569,122.	9,560,355.	SCL HEALTH - FRONT RANGE, INC.

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

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

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH		X
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SCLHS		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SCLHS		X
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.		X
GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 84-1649162, 200 EXEMPLA CIRCLE, LAFAYETTE, CO 80026	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
LUTHERAN MEDICAL CENTER FOUNDATION - 20-8846152, 8300 WEST 38TH AVENUE, WHEAT RIDGE, CO 80033	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SCL HEALTH-FRONT RANGE, INC.	X	
ST. MARYS HOSPITAL & MEDICAL CENTER, INC. - 84-0425720, 2635 NORTH 7TH STREET, GRAND JUNCTION, CO 81501	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS		X
ST. MARYS HOSPITAL FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,		X
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SCLHS		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SCLHS		X



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LUTHERAN CAMPUS ASC, LLC - 02-0749532, 569 BROOKWOOD VILLAGE, SUITE 901, BIRMINGHAM, AL 35209	OP SURGERY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLH-GI ENDOSCOPY HOLDINGS, LLC - 81-2979243, 382 S. ARTHUR AVENUE, LOUISVILLE, CO 80027	OP ENDOSCOPY	CO	N/A	N/A	N/A	N/A		X	N/A		X	N/A
SCLTDI JV, LLC - 47-2294770 4200 SIX FORKS ROAD, SUITE 100 RALEIGH, NC 27609	RADIOLOGY	DE	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATHLETIC MEDICINE & PERFORMANCE, LLC - 27-2270640, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	PHYSICAL THERAPY	MT	N/A	N/A	N/A	N/A		X	N/A		X	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A		X
ST. FRANCIS ACCOUNTABLE HEALTH NETWORK, INC. - 46-2874128, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	HEALTHCARE	KS	N/A	C CORP	N/A	N/A	N/A		X
WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	REAL ESTATE MANAGEMENT	MT	N/A	C CORP	N/A	N/A	N/A		X
LEAVEN INSURANCE COMPANY, LTD. - 98-0370522 23 LIME TREE BAY AVENUE, WEST BAY ROAD GRAND CAYMAN, CAYMAN ISLANDS KY1-1102	INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	B	668,209.	CASH
(2) GOOD SAMARITAN MEDICAL CENTER FOUNDATION	C	335,348.	CASH
(3) LUTHERAN MEDICAL CENTER FOUNDATION	B	652,549.	CASH
(4) LUTHERAN MEDICAL CENTER FOUNDATION	C	1,760,237.	CASH
(5)			
(6)			



**Part VII** Supplemental Information

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

**PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**

NAME OF RELATED ORGANIZATION:

PLATTE VALLEY MEDICAL CENTER FOUNDATION

DIRECT CONTROLLING ENTITY: BRIGHTON COMMUNITY HOSPITAL ASSOCIATION

NAME OF RELATED ORGANIZATION:

ST. MARYS HOSPITAL FOUNDATION

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

# 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](http://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](http://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.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>SCL HEALTH - FRONT RANGE, INC.</b>	Taxpayer identification number (TIN) <b>84-1103606</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>500 ELDORADO BLVD., SUITE 4300</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BROOMFIELD, CO 80021</b>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**KYLE ENGMAN**

- The books are in the care of ▶ **500 ELDORADO BLVD., SUITE 4200 - BROOMFIELD, CO 80021**  
Telephone No. ▶ **(303) 813-5543** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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