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PUBLIC DISCLOSURE COPY

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

Department of the Treasury
Internal Revenue Service

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

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

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

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

| | | |
|--|---|---|
| Type or print | Name of exempt organization or other filer, see instructions. SCL HEALTH - FRONT RANGE, INC. | Taxpayer identification number (TIN) 84-1103606 |
| 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. 500 ELDORADO BLVD., SUITE 4300 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. BROOMFIELD, CO 80021 | |

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

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

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, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2021** or
▶ tax year beginning _____, and ending _____.

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

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

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

Form **990**

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

OMB No. 1545-0047

2021

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 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning and ending

| | | | |
|--|--|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization SCL HEALTH - FRONT RANGE, INC. | | D Employer identification number 84-1103606 |
| | Doing business as | | E Telephone number 303-813-5342 |
| | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | |
| | 500 ELDORADO BLVD., SUITE 4300 | | G Gross receipts \$ 1,038,553,159. |
| City or town, state or province, country, and ZIP or foreign postal code BROOMFIELD, CO 80021 | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| F Name and address of principal officer: MARK KORTH 500 ELDORADO BLVD, SUITE 4300, BROOMFIELD, CO | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | If "No," attach a list. See instructions | |
| J Website: WWW.SCLHEALTH.ORG/LOCATIONS | | H(c) Group exemption number ▶ | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1988 | M State of legal domicile: CO |

Part I Summary

| | | | |
|---|---|--|------------------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: WE REVEAL AND FOSTER GOD'S HEALING LOVE BY IMPROVING THE HEALTH OF THE PEOPLE AND COMMUNITIES | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 12 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 11 |
| | 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) | 5 | 9057 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 160 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 598,640. |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11 | 7b | 0. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | Prior Year 51,333,271. | Current Year 27,227,246. |
| | 9 Program service revenue (Part VIII, line 2g) | 869,107,438. | 994,170,182. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 7,493,453. | 9,089,876. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,851,290. | 2,002,274. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 929,785,452. | 1,032,489,578. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 2,084,512. | 2,063,730. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 414,681,790. | 452,017,681. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ | 0. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 484,636,066. | 665,571,353. |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 901,402,368. | 1,119,652,764. | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 28,383,084. | -87,163,186. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 769,910,245. | End of Year 715,905,008. |
| | 21 Total liabilities (Part X, line 26) | 228,965,884. | 262,264,737. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 540,944,361. | 453,640,271. |

Part II Signature Block

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

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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 \$ 976,192,546. including grants of \$ 2,063,730.) (Revenue \$ 995,823,004.) 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 976,192,546.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

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

Section A. Governing Body and Management

| | | Yes | No |
|-----------|--|-----|----|
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 1a 12 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 1b 11 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | X | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | X | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | X | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|--|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 10b | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| b | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 12c | | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | | X |
| b | Other officers or key employees of the organization | X | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | X | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | X | |
| 16b | | 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LYDIA JUMONVILLE FORMER OFFICER | 0.00 50.00 | | | | | | | 0. | 2,132,408. | 470,113. |
| (2) MARK KORTH MEMBER | 1.00 50.00 | X | | | | | | 0. | 1,191,313. | 182,370. |
| (3) JANIE WADE TREASURER | 2.00 50.00 | | | X | | | | 0. | 1,095,286. | 162,697. |
| (4) ADAM SMITH, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 1,207,760. | 0. | 47,722. |
| (5) JAMES TREADWELL, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 1,176,485. | 0. | 51,627. |
| (6) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC | 50.00 0.00 | | | X | | | | 0. | 1,056,624. | 33,767. |
| (7) JASON SHOFNOS, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 1,021,902. | 0. | 46,731. |
| (8) JAKE CHANIN, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 969,039. | 0. | 31,482. |
| (9) BASHEAL AGRAWAL, MD PHYSICIAN | 50.00 0.00 | | | | | X | | 912,000. | 0. | 49,959. |
| (10) JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OF | 50.00 0.00 | | | X | | | | 0. | 787,946. | 96,153. |
| (11) THOMAS MYDLER, MD VP CHIEF MEDICAL OFFICER 1/1-4/1 | 50.00 0.00 | | | | X | | | 0. | 603,552. | 76,295. |
| (12) THOMAS DONOHOE SECRETARY | 2.00 50.00 | | | X | | | | 0. | 502,346. | 93,350. |
| (13) JAMES DOYLE FORMER OFFICER | 0.00 50.00 | | | | | | X | 0. | 546,676. | 29,585. |
| (14) KAREN SCREMIN FORMER OFFICER | 0.00 0.00 | | | | | | X | 0. | 517,877. | 55,943. |
| (15) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER | 50.00 0.00 | | | | X | | | 0. | 493,392. | 38,207. |
| (16) ANDREA BURCH VP CHIEF OPERATING/NURSING OFFICER L | 50.00 0.00 | | | | X | | | 0. | 396,619. | 79,201. |
| (17) SCOTT DAY VP HUMAN RESOURCE OPERATIONS LMC | 50.00 0.00 | | | | X | | | 0. | 339,498. | 58,955. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (18) SEAN FADDEN FORMER OFFICER | 0.00 50.00 | | | | | | X | 0. | 310,310. | 64,557. |
| (19) PETER BENKOWSKI VP STRATEGY & BUS DEVELOPMENT GSMC | 50.00 0.00 | | | | X | | | 0. | 278,852. | 63,990. |
| (20) JUSTIN SCHMIEDEL VP CHIEF OPERATING OFFICER GSMC | 50.00 0.00 | | | | X | | | 0. | 271,697. | 64,683. |
| (21) MEGAN DURNING VP STRATEGY & BUS DEVELOPMENT LMC | 50.00 0.00 | | | | X | | | 0. | 301,637. | 34,603. |
| (22) HILDA DALFONSO VP FINANCE GSMC | 50.00 0.00 | | | X | | | | 0. | 237,784. | 32,787. |
| (23) MARY DEINES VP CHIEF NURSING OFFICER GSMC | 50.00 0.00 | | | | X | | | 0. | 247,871. | 20,581. |
| (24) PATRICE FARRELL-DELINE FORMER KEY EMPLOYEE | 50.00 0.00 | | | | | | X | 0. | 198,241. | 45,733. |
| (25) CALVIN BEASLEY VP INTEGRATIVE SVCS LMC | 50.00 0.00 | | | | X | | | 194,197. | 0. | 48,353. |
| (26) TONI GREEN-CHEATWOOD VP CHIEF MEDICAL OFFICER | 50.00 0.00 | | | | X | | | 0. | 182,963. | 8,575. |
| 1b Subtotal | | | | | | | | 5,481,383. | 11,692,892. | 1,988,019. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 146,890. | 21,719. |
| d Total (add lines 1b and 1c) | | | | | | | | 5,481,383. | 11,839,782. | 2,009,738. |

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 **750**

| | 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 |
|----------------------------------|--------------------------------|---------------------|
| NONE | | |
| | | |
| | | |
| | | |
| | | |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|---|---|--|----------------------|------------------------------------|----------------------------|--|----------|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 21,022,614. | | | | |
| | e Government grants (contributions) | 1e | 6,204,046. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 586. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 22,921. | | | | |
| | h Total. Add lines 1a-1f | | | 27,227,246. | | | |
| | Program Service Revenue | 2 a NET PATIENT SERVICE REVENUE | Business Code | 622110 | 992,565,183. | 992,190,209. | 374,974. |
| b MEDICAL DIRECTOR FEES | | | 621110 | 1,604,999. | 1,604,999. | | |
| c | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | 994,170,182. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 9,022,381. | | 9,022,381. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | 1,459,981. | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses | 6b | | 1,439,525. | | | |
| | c Rental income or (loss) | 6c | | 20,456. | | | |
| | d Net rental income or (loss) | | | 20,456. | | -106,332. | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | | | | |
| | | | (ii) Other | | 4,689,962. | | |
| | | | | | | | |
| | b Less: cost or other basis and sales expenses | 7b | | 4,622,467. | | | |
| | c Gain or (loss) | 7c | | 67,495. | | | |
| d Net gain or (loss) | | | 67,495. | | 67,495. | | |
| 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | | | | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 587. | | | | |
| b Less: cost of goods sold | 10b | | 1,589. | | | | |
| c Net income or (loss) from sales of inventory | | | -1,002. | | -1,002. | | |
| Miscellaneous Revenue | 11 a CAFETERIA | Business Code | 722514 | 1,652,822. | 1,652,822. | | |
| | b MED. DIRECTORS' FEES - DAVITA | | 621110 | 329,998. | | 329,998. | |
| | c | | | | | | |
| | d All other revenue | | | | | | |
| | e Total. Add lines 11a-11d | | | 1,982,820. | | | |
| 12 Total revenue. See instructions | | | 1,032,489,578. | 995,448,030. | 598,640. | 9,215,662. | |

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 X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 | 2,023,730. | 2,023,730. | | |
| 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 | 40,000. | 40,000. | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,143,713. | 5,949,568. | 194,145. | |
| 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 | 370,577,194. | 358,866,727. | 11,710,467. | |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 13,789,442. | 13,730,634. | 58,808. | |
| 9 Other employee benefits | 39,436,781. | 37,808,090. | 1,628,691. | |
| 10 Payroll taxes | 22,070,551. | 21,679,749. | 390,802. | |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 155,026. | | 155,026. | |
| b Legal | 99,660. | | 99,660. | |
| c Accounting | | | | |
| d Lobbying | 7,000. | | 7,000. | |
| 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.) | 119,625,046. | 110,923,056. | 8,701,990. | |
| 12 Advertising and promotion | 5,694,071. | | 5,694,071. | |
| 13 Office expenses | 1,978,810. | 1,891,191. | 87,619. | |
| 14 Information technology | 63,947,709. | 5,503,893. | 58,443,816. | |
| 15 Royalties | | | | |
| 16 Occupancy | 20,295,418. | 20,051,139. | 244,279. | |
| 17 Travel | 575,333. | 524,807. | 50,526. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 970,074. | 821,923. | 148,151. | |
| 20 Interest | 6,209,942. | 6,209,942. | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 157,870,828. | 157,870,828. | | |
| 23 Insurance | 5,996,326. | 5,996,326. | | |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a MEDICAL SUPPLIES | 128,216,691. | 128,216,691. | | |
| b MEDICAL PROVIDER TAXES | 53,335,093. | 53,070,486. | 264,607. | |
| c BILLING & COLLECTION - | 20,154,230. | | 20,154,230. | |
| d BAD DEBT EXPENSE | 19,744,503. | 19,744,503. | | |
| e All other expenses | 60,695,593. | 25,269,263. | 35,426,330. | |
| 25 Total functional expenses. Add lines 1 through 24e | 1,119,652,764. | 976,192,546. | 143,460,218. | 0. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. | | | | |

Check here 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) | | (B) |
|--|--|-------------------------|--------------|--------------|
| | | Beginning of year | | End of year |
| Assets | 1 Cash - non-interest-bearing | 25,110. | 1 | 24,821. |
| | 2 Savings and temporary cash investments | | 2 | |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 75,284,302. | 4 | 108,725,431. |
| | 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 Notes and loans receivable, net | 701,676. | 7 | 1,134,004. |
| | 8 Inventories for sale or use | 16,970,497. | 8 | 16,605,463. |
| | 9 Prepaid expenses and deferred charges | 7,540,954. | 9 | 6,094,284. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 923,348,628. | | |
| | b Less: accumulated depreciation | 10b 493,946,736. | | |
| | 11 Investments - publicly traded securities | 454,327,741. | 10c | 429,401,892. |
| | 12 Investments - other securities. See Part IV, line 11 | | 11 | |
| | 13 Investments - program-related. See Part IV, line 11 | | 12 | |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 215,059,965. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 769,910,245. | 15 | 153,919,113. | |
| | | 16 | 715,905,008. | |
| Liabilities | 17 Accounts payable and accrued expenses | 87,569,321. | 17 | 104,147,839. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 74,096. | 19 | 160,093. |
| | 20 Tax-exempt bond liabilities | | 20 | |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 795,185. | 23 | 0. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 140,527,282. | 25 | 157,956,805. |
| | 26 Total liabilities. Add lines 17 through 25 | 228,965,884. | 26 | 262,264,737. |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | |
| | 27 Net assets without donor restrictions | 540,944,361. | 27 | 453,640,271. |
| | 28 Net assets with donor restrictions | | 28 | |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | |
| | 29 Capital stock or trust principal, or current funds | | 29 | |
| | 30 Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 Total net assets or fund balances | 540,944,361. | 32 | 453,640,271. |
| 33 Total liabilities and net assets/fund balances | 769,910,245. | 33 | 715,905,008. | |

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) | 1,032,489,578. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 1,119,652,764. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | -87,163,186. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 540,944,361. |
| 5 | Net unrealized gains (losses) on investments | 819. |
| 6 | Donated services and use of facilities | |
| 7 | Investment expenses | |
| 8 | Prior period adjustments | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | -141,723. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 453,640,271. |

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 on 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 (2021)

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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on ... | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|----|--------------------------|
| 14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))..... | 14 | % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 |
|--|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

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

| Section D - Distributions | | Current Year |
|----------------------------------|---|---------------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | 1 |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | 2 |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | 3 |
| 4 | Amounts paid to acquire exempt-use assets | 4 |
| 5 | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>) | 5 |
| 6 | Other distributions (<i>describe in Part VI</i>). See instructions. | 6 |
| 7 | Total annual distributions. Add lines 1 through 6. | 7 |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions. | 8 |
| 9 | Distributable amount for 2021 from Section C, line 6 | 9 |
| 10 | Line 8 amount divided by line 9 amount | 10 |

| Section E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2021 | (iii) Distributable Amount for 2021 |
|--|-------------------------------------|---|--|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

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

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 |
|------------|-----------------------------------|----------------------------|--|
| <u>1</u> | <hr/> <hr/> <hr/> | \$ <u>14,878,713.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>2</u> | <hr/> <hr/> <hr/> | \$ <u>4,218,671.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>3</u> | <hr/> <hr/> <hr/> | \$ <u>1,600,159.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| <u>4</u> | <hr/> <hr/> <hr/> | \$ <u>325,071.</u> | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | <hr/> <hr/> <hr/> | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

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

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 & FOOD _____ _____ _____ | \$ <u>22,921.</u> | <u>12/31/21</u> |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |
| _____ | _____ _____ _____ | \$ _____ | _____ |

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

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 SCL HEALTH - FRONT RANGE, INC. | Employer identification number 84-1103606 |
|---|---|

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-. |
|----------|-------------|---------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | | | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2021

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

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

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 1a Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; 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. | | | | | | | | | | | | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | <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.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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 |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | X | | 7,000. |
| j Total. Add lines 1c through 1i | | | 7,000. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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?

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

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

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

Schedule D (Form 990) 2021

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 | 8,381,778. | 7,715,903. | 6,636,208. | 7,059,069. | 6,248,061. |
| b Contributions | 700. | 14,703. | 173,500. | 189,134. | |
| c Net investment earnings, gains, and losses | 1,014,239. | 919,333. | 934,761. | -191,643. | 905,286. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 296,017. | 268,161. | 28,566. | 420,352. | 94,278. |
| f Administrative expenses | | | | | |
| g End of year balance | 9,100,700. | 8,381,778. | 7,715,903. | 6,636,208. | 7,059,069. |

- 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? Yes No
- 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 | | 611,428,194. | 295,311,271. | 316,116,923. |
| c Leasehold improvements | | 6,455,545. | 32,611,040. | -26,155,495. |
| d Equipment | | 278,729,632. | 164,931,542. | 113,798,090. |
| e Other | | 2,805,684. | 1,092,883. | 1,712,801. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 429,401,892. |

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) INTERCOMPANY RECEIVABLES | 99,473,348. |
| (2) OTHER RECEIVABLES | 5,250,749. |
| (3) LT ASSETS - ROU ASSETS | 49,195,016. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 153,919,113. |

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 | 2,341,636. |
| (3) NOTE PAYABLE TO SCLHS | 103,678,000. |
| (4) ACCRUED LIABILITY - FINANCING | |
| (5) LEASE | 363,804. |
| (6) ACCRUED LIABILITY - OPERATING | |
| (7) LEASE | 51,573,365. |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 157,956,805. |

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.

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

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.

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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 | 40,000. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 40,000. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 40,000. |

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

Schedule F (Form 990) 2021

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

2021

Open to Public Inspection

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 for instructions and the latest information.

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

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 8,244,309. | 1,965,579. | 6,278,730. | .57% |
| b Medicaid (from Worksheet 3, column a) | | | 196,557,532. | 148,856,596. | 47,700,936. | 4.34% |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | 1,632,176. | 1,208,101. | 424,075. | .04% |
| d Total. Financial Assistance and Means-Tested Government Programs | | | 206,434,017. | 152,030,276. | 54,403,741. | 4.95% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 1,497,337. | 12,000. | 1,485,337. | .14% |
| f Health professions education (from Worksheet 5) | | | 2,041,076. | 0. | 2,041,076. | .19% |
| g Subsidized health services (from Worksheet 6) | | | 50,846,212. | 42,884,541. | 7,961,671. | .72% |
| h Research (from Worksheet 7) | | | 0. | 0. | | |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | 1,006,655. | 0. | 1,006,655. | .09% |
| j Total. Other Benefits | | | 55,391,280. | 42,896,541. | 12,494,739. | 1.14% |
| k Total. Add lines 7d and 7j | | | 261,825,297. | 194,926,817. | 66,898,480. | 6.09% |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | Yes | No |
|--|-----|-------------|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 X | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | 2 | 19,744,503. |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit | 3 | 0. |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | |

Section B. Medicare

| | | |
|---|---|---------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 | 289,265,159. |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 | 401,521,523. |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 | -112,256,364. |
| 8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | | |

Section C. Collection Practices

| | | |
|---|----|---|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | X |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | X |

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|----------------------------|---|--|--|---|
| 1 E PLUS PET IMAGING X, LP | RADIOLOGY SERVICES | 42.86% | .00% | 57.14% |
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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 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 |
|--|-----|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | X | |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | X | |
| 7 Did the hospital facility make its CHNA report widely available to the public? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input type="checkbox"/> Other (describe in Section C) | | |
| 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | X | |
| 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 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 LUTHERAN MEDICAL CENTER

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

Part V Facility Information (continued)

Billing and Collections

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

| | Yes | No |
|---|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| 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 | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| 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

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

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 |
|-----------|---|-----------|----------|
| 22 | Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | |
| a | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | |
| b | <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| c | <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| d | <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method | | |
| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C. | 23 | X |
| 24 | During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C. | 24 | X |

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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 |
|--|-----|----|
| Community Health Needs Assessment | | |
| 1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? | | X |
| 2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | X |
| 3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 | X | |
| If "Yes," indicate what the CHNA report describes (check all that apply): | | |
| a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b <input checked="" type="checkbox"/> Demographics of the community | | |
| c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d <input checked="" type="checkbox"/> How data was obtained | | |
| e <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |
| 4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>21</u> | | |
| 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted | X | |
| 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | X |
| b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | X | |
| 7 Did the hospital facility make its CHNA report widely available to the public? | X | |
| If "Yes," indicate how the CHNA report was made widely available (check all that apply): | | |
| a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u> | | |
| b <input type="checkbox"/> Other website (list url): _____ | | |
| c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d <input 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: | | |
| 13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? | X | |
| If "Yes," indicate the eligibility criteria explained in the FAP: | | |
| a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> % | | |
| b <input type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c <input checked="" type="checkbox"/> Asset level | | |
| d <input checked="" type="checkbox"/> Medical indigency | | |
| e <input type="checkbox"/> Insurance status | | |
| f <input checked="" type="checkbox"/> Underinsurance status | | |
| g <input type="checkbox"/> Residency | | |
| h <input type="checkbox"/> Other (describe in Section C) | | |
| 14 Explained the basis for calculating amounts charged to patients? | X | |
| 15 Explained the method for applying for financial assistance? | X | |
| If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | | |
| a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e <input type="checkbox"/> Other (describe in Section C) | | |
| 16 Was widely publicized within the community served by the hospital facility? | X | |
| If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | | |
| a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, SECTION C</u> | | |
| d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention | | |
| h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations | | |
| j <input type="checkbox"/> Other (describe in Section C) | | |

Part V Facility Information (continued)

Billing and Collections

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

| | Yes | No |
|---|-----|----|
| 17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? | X | |
| 18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP: | | |
| 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 | | |
| 19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? | | X |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | |
| a <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b <input type="checkbox"/> Selling an individual's debt to another party | | |
| c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP | | |
| d <input type="checkbox"/> Actions that require a legal or judicial process | | |
| e <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| 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

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

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 |
|---|-----|----|
| 22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care. | | |
| a <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period | | |
| b <input checked="" type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| c <input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period | | |
| d <input type="checkbox"/> The hospital facility used a prospective Medicare or Medicaid method | | |
| 23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? | 23 | X |
| If "Yes," explain in Section C. | | |
| 24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? | 24 | X |
| If "Yes," explain in Section C. | | |

Schedule H (Form 990) 2021

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 A COLLABORATIVE PROCESS TO CONDUCT THE 2021 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.

COMMUNITY SURVEY

THE 2021 PUBLIC HEALTH PARTNERSHIP COMMUNITY HEALTH AND WELLBEING SURVEY GATHERED THE OPINIONS OF RESIDENTS IN JEFFERSON, CLEAR CREEK AND GILPIN COUNTIES. DEVELOPING THE QUESTIONNAIRE WAS A COLLABORATIVE EFFORT BETWEEN POLCO STAFF AND STAKEHOLDERS FROM JEFFERSON COUNTY PUBLIC HEALTH (JCPH), WITH INPUT FROM MOUNTAIN YOUTH NETWORK, CLEAR CREEK COUNTY PUBLIC AND ENVIRONMENTAL HEALTH, GILPIN COUNTY PUBLIC HEALTH, AND OTHER HEALTH STAKEHOLDERS WITHIN JEFFERSON COUNTY.

THIS SURVEY WAS IMPLEMENTED IN MAY THROUGH JULY 2021. A TOTAL OF 8,400 HOUSEHOLDS WERE RANDOMLY SELECTED TO RECEIVE MAILED INVITATIONS TO COMPLETE AN ONLINE SURVEY AND/OR TO COMPLETE AND MAIL BACK A PAPER SURVEY. HOUSEHOLDS WERE SELECTED RANDOMLY FROM A USPS LIST OF HOUSEHOLDS IN THE THREE COUNTIES AND STRATIFIED BY MAJOR CITIES WITHIN THE COUNTIES. USPS LISTS ARE BEST FOR ENSURING ALL HOUSEHOLDS IN A GIVEN AREA ARE INCLUDED IN THE SAMPLING FRAME AND THEREFORE HAVE AN EQUAL CHANCE OF BEING SELECTED TO PARTICIPATE. THE SURVEYS AND MAILED INVITATIONS WERE ALSO TRANSLATED INTO SPANISH. THE JCPH AND PARTNERS WERE PROVIDED A SEPARATE URL TO SHARE AN INVITATION TO AN "OPEN PARTICIPATION" SURVEY, WHERE ALL RESIDENTS WHO

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 NOTICE THROUGH SOCIAL MEDIA OR OTHER COMMUNICATION CHANNELS COULD COMPLETE THE SURVEY. A TOTAL OF 486 COMPLETED THE RANDOM SAMPLE SURVEY (1 IN SPANISH) FOR A RESPONSE RATE OF 7% AND AN OVERALL MARGIN OF ERROR OF 5%. ADDITIONALLY, 503 COMPLETED THE OPEN PARTICIPATION SURVEY (3 IN SPANISH). THE RESULTS FROM THESE TWO EFFORTS WERE STATISTICALLY COMPARED AND THE TWO DATA SETS WERE COMBINED FOR ANALYSIS. THE RESULTS OF EACH EFFORT WERE WEIGHTED TO REFLECT THE DEMOGRAPHIC PROFILE OF EACH OF THE SUB-GEOGRAPHIES WITHIN EACH COUNTY THAT WERE INCLUDED IN THE STUDY, AND THEN WEIGHTED TO REFLECT THEIR PROPORTION OF THE POPULATION IN THE COUNTY AND THE REGION OVERALL.

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 2021. 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. WE UTILIZED FOUR METHODS OF COLLECTING PRIMARY DATA: COMMUNITY LEADER PRIORITIZATION MEETINGS; PUBLIC INPUT AT COMMUNITY EVENTS; ONLINE COMMUNITY SURVEYS; AND KEY INFORMANT PHONE SURVEYS.

COMMUNITY LEADER PRIORITIZATION MEETINGS

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.

HOSPITAL LEADERS, DEPARTMENTAL REPRESENTATIVES, AND LEADERS FROM THE COMMUNITY MET ON JULY 6, 2021, TO DISCUSS AND PRIORITIZE THE SIGNIFICANT NEEDS. THE MEETING WAS A HYBRID OF IN-PERSON AND VIRTUAL PARTICIPATION USING GOOGLE MEET. THE GROUP RECEIVED A SUMMARY OF THE SECONDARY DATA RESULTS. FOLLOWING THE PRESENTATION, ATTENDEES MET IN SMALL GROUPS TO DISCUSS THE 13 COMMUNITY NEEDS. AFTER THE SMALL GROUP DISCUSSIONS, THEY WERE ASKED TO INDIVIDUALLY PRIORITIZE THE TOP SIX ISSUES IN THE GOOD SAMARITAN MEDICAL CENTER SERVICE AREA. THE PARTICIPANTS IN THE ROOM WERE GIVEN FIVE VOTING DOTS AND ASKED TO PLACE A DOT NEXT TO FIVE ISSUES OF GREATEST IMPORTANCE. EACH DOT REPRESENTED ONE POINT. PARTICIPANTS WHO JOINED VIRTUALLY SUBMITTED THEIR TOP FIVE ISSUES IN THE GOOGLE MEET CHAT. AFTER EVERYONE VOTED, THE VOTES WERE TALLIED UP. THE SIX ISSUES WITH THE MOST POINTS BECAME THE TOP SIX PRIORITY NEEDS.

A SECOND ROUND OF PRIORITIZATION TO INCORPORATE PRIMARY DATA COLLECTED, CONSISTED OF HOSPITAL LEADERS, DEPARTMENTAL REPRESENTATIVES, AND LEADERS FROM THE COMMUNITY. THE MEETING OCCURRED ON SEPTEMBER 13, 2021 TO DETERMINE THE PRIORITY NEEDS TO ADDRESS FOR THE NEXT THREE YEARS. THE MEETING WAS A HYBRID OF IN-PERSON AND VIRTUAL PARTICIPANTS USING GOOGLE MEET. THE GROUP RECEIVED A SUMMARY OF THE PRIMARY DATA COLLECTED FROM KEY INFORMANT PHONE INTERVIEWS, PUBLIC INPUT FROM COMMUNITY EVENTS, AND OPINIONS COLLECTED FROM A COMMUNITY ONLINE SURVEY. FOLLOWING THE PRESENTATION, THE ATTENDEES WERE GIVEN TIME TO DISCUSS THE SIX ISSUES AND WERE ASKED TO INDIVIDUALLY PRIORITIZE THE TOP TWO ISSUES IN THE GOOD SAMARITAN MEDICAL CENTER SURROUNDING AREA. THE PARTICIPANTS THAT WERE IN THE ROOM WERE ASKED TO RANK THEIR NUMBER ONE AND NUMBER TWO ISSUES FOR THE COMMUNITY. THE NUMBER ONE ISSUE WAS GIVEN TWO POINTS AND THE NUMBER TWO

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.

ISSUE WAS GIVEN ONE POINT. PEOPLE WHO JOINED VIRTUALLY SUBMITTED THEIR TOP TWO ISSUES, IN ORDER, IN THE GOOGLE MEET CHAT.

ORGANIZATIONS THAT TOOK PART IN THESE MEETINGS INCLUDED: LAFAYETTE AND BROOMFIELD SENIOR CENTER, BROOMFIELD FISH, BOULDER VALLEY SCHOOL DISTRICT, VIA MOBILITY, BOULDER COUNTY PUBLIC HEALTH, TRU COMMUNITY CARE, MENTAL HEALTH PARTNERS, BROOMFIELD COUNTY PUBLIC HEALTH, CLINICA FAMILY HEALTH CENTER, SISTER CARMEN COMMUNITY CENTER, AND BOULDER COUNTY AREA AGENCY ON AGING.

PUBLIC INPUT AT COMMUNITY EVENTS

GOOD SAMARITAN MEDICAL CENTER ENGAGED COMMUNITY MEMBERS AT TWO EVENTS TO FURTHER DISCUSS AND PRIORITIZE THE NEEDS. THE FIRST COMMUNITY EVENT WAS HELD ON AUGUST 5, 2021, AT THE ADAMS COUNTY SENIOR RESOURCE FAIR AND ENGAGED 45 PEOPLE. THE SECOND EVENT WAS AUGUST 21, 2021, AT THE LAFAYETTE PEACH FESTIVAL AND ENGAGED 230 PEOPLE.

A POSTER WITH THE TOP IDENTIFIED ISSUES WAS USED TO SOLICIT COMMUNITY INPUT. COMMUNITY MEMBERS WERE ASKED TO THINK ABOUT THE BIGGEST PROBLEMS IN THE COMMUNITY. THEY WERE THEN GIVEN TWO VOTES. THE PROBLEM THAT THEY FELT WAS THE WORST IN THE COMMUNITY RECEIVED A NUMBER ONE VOTE AND WAS WORTH TWO POINTS. THEIR CHOICES FOR THE SECOND BIGGEST PROBLEM RECEIVED A NUMBER TWO VOTE AND WAS WORTH ONE POINT.

ONLINE COMMUNITY SURVEYS

THE COLORADO HEALTH INSTITUTE (CHI), A DENVER-BASED RESEARCH AND DATA ANALYSIS FIRM THAT WORKS TO PROVIDE HEALTH DECISION SUPPORT AND INSIGHTS,

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.

DEVELOPED AND CONDUCTED A COMMUNITY SURVEY ON BEHALF OF SCL HEALTH. THE SURVEY WAS ADMINISTERED TO MORE THAN 300 PEOPLE IN SCL HEALTH'S FRONT RANGE SERVICE REGION, INCLUDING DENVER, JEFFERSON, ADAMS, BROOMFIELD AND BOULDER COUNTIES, FROM AUGUST 10 TO AUGUST 23, 2021. THE SURVEY WAS PROVIDED IN ENGLISH AND SPANISH. CHI SENT THE ELECTRONIC SURVEY LINK TO POTENTIAL PARTICIPANTS BY EMAIL USING CONSTANT CONTACT, WITH LIMITED ADDITIONAL OUTREACH THROUGH PERSONAL EMAILS AND SOCIAL MEDIA POSTS. SCL HEALTH'S INTERNAL COMMUNICATIONS TEAM ASSISTED WITH SURVEY DISSEMINATION BY SENDING TARGETED EMAILS TO LOCAL CONTACTS. THROUGH THE USE OF ZIP CODE IDENTIFICATION, SURVEY RESULTS WERE SEGMENTED BY EACH HOSPITAL'S SERVICE AREA. OF THE RESPONDENTS, 75 WERE RESIDENTS OF GSMC'S SERVICE AREA COUNTIES.

KEY INFORMANT PHONE SURVEYS

TWELVE (12) PHONE INTERVIEWS WERE CONDUCTED FOR THE CHNA FROM JULY 26 TO SEPTEMBER 9, 2021. INTERVIEW PARTICIPANTS INCLUDED A BROAD RANGE OF STAKEHOLDERS CONCERNED WITH HEALTH AND WELLBEING IN ADAMS AND WELD COUNTIES WHO SPOKE TO ISSUES AND NEEDS IN THE COMMUNITIES SERVED BY THE MEDICAL CENTER. THE IDENTIFIED STAKEHOLDERS WERE INVITED BY EMAIL TO PARTICIPATE IN A PHONE INTERVIEW. THE STAKEHOLDER INTERVIEWS WERE STRUCTURED TO OBTAIN GREATER DEPTH AND RICHNESS OF INFORMATION ON COMMUNITY NEEDS IDENTIFIED AS PRIORITIES THROUGH A DISCUSSION CONDUCTED WITH COMMUNITY REPRESENTATIVES PRIOR TO THE INTERVIEWS. FIRST, INTERVIEW PARTICIPANTS WERE ASKED TO DESCRIBE, FROM THEIR PERSPECTIVES, SOME OF THE MAJOR ISSUES IMPACTING THE COMMUNITY AS WELL AS THE SOCIAL DETERMINANTS OF HEALTH CONTRIBUTING TO POOR HEALTH IN THE COMMUNITY. INTERVIEW PARTICIPANTS WERE ALSO ASKED TO RATE THE IMPACT AND IMPORTANCE OF EACH

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.

NEED PRIOR TO PARTICIPATING IN THE TELEPHONE INTERVIEWS THROUGH A BRIEF SURVEY. DURING THE INTERVIEWS, PARTICIPANTS WERE ASKED TO SHARE THEIR PERSPECTIVES ON THE ISSUES, 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?), ALONG WITH IDENTIFYING KNOWN RESOURCES TO ADDRESS THESE HEALTH NEEDS, SUCH AS SERVICES, PROGRAMS AND/OR COMMUNITY EFFORTS.

ORGANIZATIONS THAT PARTICIPATED INCLUDED: COLORADO COMMUNITY HEALTH ALLIANCE, CENTURA HEALTH, CITY AND COUNTY OF BROOMFIELD, THE REFUGE, BOULDER COUNTY PUBLIC HEALTH, OUT BOULDER COUNTY, COAL CREEK MEALS ON WHEELS, BEHAVIORAL HEALTH GROUP, AND THE UNIVERSITY OF COLORADO, BOULDER.

LUTHERAN MEDICAL CENTER:

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

LUTHERAN MEDICAL CENTER:

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

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.

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 THE CHNA PROCESS:

BEHAVIORAL HEALTH GROUP

BOULDER AREA AGENCY ON AGING

BOULDER COUNTY PUBLIC HEALTH

BOULDER VALLEY SCHOOL DISTRICT

BROOMFIELD FISH

BROOMFIELD COUNTY PUBLIC HEALTH

CENTURA HEALTH

CITY AND COUNTY OF BROOMFIELD

CLINICA FAMILY HEALTH SERVICES,

COAL CREEK MEALS ON WHEELS

COLORADO COMMUNITY HEALTH ALLIANCE

LAFAYETTE AND BROOMFIELD SENIOR CENTER

MENTAL HEALTH PARTNERS

OUT BOULDER COUNTY

THE REFUGE

SISTER CARMEN COMMUNITY CENTER

TRU COMMUNITY CARE

UNIVERSITY OF COLORADO, BOULDER

VIA MOBILITY

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 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 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/)

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/
ABOUT/COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/](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

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.

VARIOUS COMMUNITY COALITIONS AND RESOURCE MEETINGS BY THE REGIONAL DIRECTOR OF COMMUNITY HEALTH IMPROVEMENT AND TO COMMUNITY ORGANIZATIONS UPON REQUEST.

LUTHERAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: THROUGH THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS IN COLLABORATION WITH SAINT ANTHONY HOSPITAL AND JEFFERSON COUNTY DEPARTMENT OF PUBLIC HEALTH, THREE NEEDS SURFACED AS THE MOST PRESSING FOR JEFFERSON COUNTY: 1. MENTAL HEALTH AND SUBSTANCE USE 2. FOOD INSECURITY 3. HOUSING.

MENTAL HEALTH AND SUBSTANCE USE

OFFER MENTAL HEALTH FIRST AID TRAINING IN COMMUNITY: ELEVEN COMMUNITY-BASED TRAININGS WERE OFFERED WITHIN COMMUNITY-BASED ORGANIZATIONS, WHICH REACHED 111 COMMUNITY MEMBERS.

GROW PARTICIPATION IN THE ROCKY MOUNTAIN CRISIS PARTNERS SUICIDAL IDEATION/ATTEMPT FOLLOW-UP PROGRAM: PROGRAM EXPANDED TO INCLUDE REFERRAL FROM WEST PINES AND THE LMC EMERGENCY DEPARTMENT. 208 INDIVIDUALS WERE REFERRED OVER THE PERIOD TO RECEIVE 90 DAYS OF FOLLOW-UP SUPPORT. TRACKING INDICATED THAT NO PARTICIPANTS READMITTED IN THE LMC SYSTEM FOR A SUICIDE ATTEMPT.

INCREASE PARTICIPATION IN THE RECOVERY NURSE ADVOCATE PROGRAM FOR NEW AND EXPECTANT MOTHERS: BEGINNING WITH A BASELINE OF EIGHT PARTICIPANTS (2018) IN THE LONG-TERM, SUBSTANCE USE RECOVERY GROUP, THE GROUP EXPANDED TO 16

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 THE-2019. 2020 SAW A DECLINE IN IN-PERSON ATTENDANCE AS THE PANDEMIC TOOK HOLD. 2021 EXPERIENCED AN UPWARD TRAJECTORY WITH 11 NEW OR EXPECTANT MOTHERS RECEIVING PROGRAM SERVICES.

FOOD INSECURITY

INCREASE PROCUREMENT OF LOCALLY PRODUCED FOOD TO SUPPORT HEALTHY FOOD SYSTEMS: LMC HAS PARTNERED WITH HEALTHCARE WITHOUT HARM TO BUILD A SYSTEM FOR PURCHASING LOCALLY PRODUCED BEANS FOR USE IN THE HOSPITAL PATIENT FOOD PREPARATION AND CAFETERIA MEALS. PURCHASING LOCALLY GROWN FOOD SUPPORTS A HEALTHY FOOD DELIVERY SYSTEM THAT MAKES HEALTHY FOOD MORE AVAILABLE TO THOSE WHO NEED IT.

EXPAND FOOD FARMACY TO SERVE DURING COVID: OUR ABILITY TO ENGAGE COMMUNITY MEMBERS AROUND NUTRITION EDUCATION AND TO OFFER FOOD ACCESS WAS IMPACTED BY COVID RESTRICTIONS. IN RESPONSE, LMC DEVELOPED A VIRTUAL PROGRAM CALLED HEALTHY U. TO DATE 23 FOOD INSECURE COMMUNITY MEMBERS HAVE PARTICIPATED IN THE 12-WEEK PROGRAM WHICH PAIRS ONLINE EDUCATION ABOUT NUTRITION AND IN-PERSON HEALTH VISITS.

HOUSING

INVEST IN EVICTION MITIGATION FUND AT THE ACTION CENTER JEFFERSON COUNTY: A \$30,000 DONATION WAS MADE TO THE EVICTION MITIGATION FUND WITH THE SPECIFIC INTENT THAT IT BE USED TO SUPPORT INDIVIDUALS AND FAMILIES WHO MAY NARROWLY MISS CERTAIN STANDARDS FOR FEDERAL ASSISTANCE. TO DATE, 54 FAMILIES HAVE BEEN ABLE TO STAY IN THEIR HOMES.

SUPPORT MEDICAL RESPITE FOR UNHOUSED INDIVIDUALS WHO NEED TO QUARANTINE

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.

BASED ON A POSITIVE COVID TEST: MOTEL VOUCHERS WERE PURCHASED BY LMC FOR USE BY HOMELESS NAVIGATORS WHEN FACED WITH NEEDING TO HOUSE COVID POSITIVE INDIVIDUALS.

ADDITIONAL PRIORITIES NOT ADDRESSED

LUTHERAN MEDICAL CENTER (LMC) RECOGNIZES THAT THE OTHER HEALTH NEEDS AND INDICATORS IDENTIFIED IN THE 2021 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.

COMMUNITY-BUILDING ACTIVITIES ARE THOSE THAT IMPROVE THE HEALTH AND SAFETY OF COMMUNITY MEMBERS BY ADDRESSING THE ROOT CAUSES OF PROBLEMS (E.G. POVERTY, HOMELESSNESS, AND ENVIRONMENTAL HAZARDS). IN 2021, LMC CONTINUED TO EXPAND SEVERAL PARTNERSHIPS INTENDED TO DIRECTLY ADDRESS THE HEALTH AND SAFETY NEEDS OF RESIDENTS OF JEFFERSON COUNTY. ONE EXAMPLE IS A STRENGTHENED COLLABORATION WITH COMMUNITY TABLE, RED ROCKS COMMUNITY COLLEGE, AND STRIDE. THROUGH THIS MULTISECTORIAL PARTNERSHIP WE HAVE BEEN ABLE TO IDENTIFY AND OFFER PROGRAMMING TO FOOD INSECURE JEFFERSON COUNTY RESIDENTS WHO HAVE A CHRONIC HEALTH CONDITION THAT IS MANAGEABLE THROUGH DIET. THROUGH EDUCATION, FREQUENT BIOMETRIC SCREENING, COOKING CLASSES,

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.

AND BUILDING TRUSTED RELATIONSHIPS COMMUNITY MEMBERS HAVE BEEN ABLE TO SEE CHANGES IN THEIR HEALTH RELATED TO CHANGES IN DIETARY HABITS AND FOOD ACCESS.

2021 ALSO SAW DEVELOPMENT OF A NEW PARTNERSHIP WITH THE JEFFERSON COUNTY PUBLIC LIBRARY. LMC IS FINANCIALLY SUPPORTING THE DEVELOPMENT OF NEW PROGRAMMING TARGETING THE MENTAL HEALTH NEEDS OF COMMUNITY MEMBERS EXPERIENCING UNSTABLE HOUSING AND SUBSTANCE USE ISSUES. WEEKLY PROGRAM MEETINGS WILL PROVIDE AN OPPORTUNITY FOR COMMUNITY MEMBERS TO MEET ONE-ON-ONE WITH A MENTAL HEALTH PROFESSIONAL.

GOOD SAMARITAN MEDICAL CENTER:

PART V, SECTION B, LINE 11: UNINTENTIONAL INJURIES

-IN 2021, SEVEN "STOP THE BLEED" TRAININGS WERE OFFERED REACHING 211 COMMUNITY MEMBERS. THIS TRAINING INSTRUCTED PARTICIPANTS ABOUT 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 ALWAYS PROVIDED SEVERAL CLASSES AND 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 ABLE TO BE OFFERED IN PERSON IN 2021 AND WAS NOT DELIVERED ONLINE. FALL PREVENTION EDUCATION WAS OFFERED AT FESTIVALS AND FAIRS IN COLLABORATION WITH NORTH METRO FIRE AND REACHED 270 INDIVIDUALS.

Part V Facility Information (continued)

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

-GSMC WAS ABLE TO OFFER SOME CLASSES IN 2021 TO ADDRESS FALL PREVENTION.

(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 AND IT 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. THE 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. A LINK WAS SENT OUT IN A NEWSLETTER THAT WENT OUT TO ALL OF THE

BCAAA CLIENTS. SINCE SEPTEMBER OF 2021, THE VIDEOS HAVE RECEIVED 31,400

VIEWS ON GSMC'S FACEBOOK PAGE, 98 VIEWS ON VIMEO AND 21 VIEWS ON YOUTUBE.

-BICYCLE SAFETY AND HELMET DISTRIBUTION - 121 ATTENDED THE TRAINING AND 57

HELMETS WERE DISTRIBUTED. CHILDREN RECEIVED A PROFESSIONAL FITTING FOR THE

HELMETS IN ADDITION TO RECEIVING THE FREE HELMET.

-GSMC OPERATED A CHILD CAR SEAT CHECK FOR THE COMMUNITY TO PREVENT

CHILDHOOD INJURIES FROM AUTO ACCIDENTS. THE SEATS WERE CHECKED TO MAKE

SURE THAT THEY WERE INSTALLED CORRECTLY AND THAT THEY WERE NOT DAMAGED OR

ON A RECALL LIST. ANY SEAT THAT WAS FOUND TO BE DEFECTIVE, RECALLED OR

OTHERWISE A DANGER TO THE CHILD WAS REPLACED AT NO COST TO THE FAMILY.

THE PROGRAM WAS USUALLY DONE IN-PERSON BUT DUE TO COVID, THE PROGRAM WAS

PROVIDED VIRTUALLY FOR PART OF THE YEAR. 1,061 CAR SEATS WERE EXAMINED IN

2021. NONE NEEDED TO BE REPLACED.

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.

CARDIOVASCULAR DISEASE

-THE GSMC EMS OUTREACH COORDINATOR PROVIDED TRAINING AND RECERTIFICATION CLASSES (CPR, PALS AND ACLS) AT NO COST TO LOCAL EMS PROFESSIONALS.

CONTINUING EDUCATION OCCURRED THROUGHOUT THE YEAR AT THREE LOCAL FIRE STATIONS SERVING 624 PERSONS. HE ALSO PROVIDED RECERTIFICATION CLASSES TO 64 LOCAL FIRST RESPONDERS THROUGHOUT THE YEAR.

-GSMC HOSTED A BOOTH AT THE LAFAYETTE PEACH FESTIVAL WHICH SAW AN ATTENDANCE OF CLOSE TO 20,000 PEOPLE. IT IS ESTIMATED THAT AT LEAST 2,000 STOPPED AT THE BOOTH AND SPOKE WITH OUR STAFF WHO ARE KNOWLEDGEABLE ABOUT CARDIOVASCULAR HEALTH.

-GSMC WAS ABLE TO OFFER SOME CLASSES IN 2021 TO ADDRESS TOPICS RELATED TO CARDIOVASCULAR HEALTH WITHIN THE AGING MASTERY PROGRAM (AMP). 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. TWO CLASSES RELATED TO CARDIOVASCULAR HEALTH ARE HEALTHY EATING AND EXERCISE.

-IN ORDER TO PREVENT DEATH FROM CARDIAC EVENTS IN THE COMMUNITY, GOOD SAMARITAN PURCHASED AN AED TO DONATE TO BIG ELK VOLUNTEER FIRE DEPARTMENT AND PROVIDED TRAINING ON THE EQUIPMENT.

-GSMC IN 2021 HOSTED A BI-MONTHLY STROKE SUPPORT GROUP IN COORDINATION WITH THE ROCKY MOUNTAIN STROKE CENTER (ATTENDANCE IN 2021: 250). ROCKY MOUNTAIN STROKE CENTER ALSO PROVIDED 83 INDIVIDUAL COUNSELING SESSIONS THROUGHOUT THE YEAR.

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.

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.

SCHEDULE H, PART V, SECTION B, LINE 16

LUTHERAN MEDICAL CENTER:

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

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/

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.

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:

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

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

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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 1 SCL HEALTH MEDICAL GROUP - ROCKY MOUNTAIN 627 25 1/2 ROAD GRAND JUNCTION, CO 81505 | OUTPATIENT PHYSICIAN CLINIC |
| 2 SCL HEALTH HEART & VASCULAR INSTITUTE 3655 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6010 | OUTPATIENT PHYSICIAN CLINIC |
| 3 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124 | OUTPATIENT PHYSICIAN CLINIC |
| 4 SCL HEALTH ST. MARY'S / HOSPITALISTS 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209 | OUTPATIENT PHYSICIAN CLINIC |
| 5 SCL HEALTH MEDICAL GROUP - LUTHERAN 8550 W 38TH AVE WHEAT RIDGE, CO 80033-6016 | OUTPATIENT PHYSICIAN CLINIC |
| 6 SCL HEALTH MEDICAL GROUP - CENTER FOR 750 WELLINGTON AVE GRAND JUNCTION, CO 81501-6124 | OUTPATIENT PHYSICIAN CLINIC |
| 7 SCL HEALTH - ST. MARY'S HOSPITAL AND 2698 PATTERSON RD GRAND JUNCTION, CO 81506 | OUTPATIENT PHYSICIAN CLINIC |
| 8 SCL HEALTH MEDICAL GROUP - MIDTOWN 1960 N OGDEN ST DENVER, CO 80218-3667 | OUTPATIENT PHYSICIAN CLINIC |
| 9 SCL HEALTH HEART & VASCULAR INSTITUTE 360 WEST PARK DR GRAND JUNCTION, CO 81506-8817 | OUTPATIENT PHYSICIAN CLINIC |
| 10 SCL HEALTH MEDICAL GROUP - BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 11 SCL HEALTH MEDICAL GROUP - THORNTON 1181 E 120TH AVE THORNTON, CO 80233-5729 | OUTPATIENT PHYSICIAN CLINIC |
| 12 SCL HEALTH HEART & VASCULAR INSTITUT 300 EXEMPLA CIR LAFAYETTE, CO 80026-3394 | OUTPATIENT PHYSICIAN CLINIC |
| 13 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218-3667 | OUTPATIENT PHYSICIAN CLINIC |
| 14 SCL HEALTH MEDICAL GROUP - PATTERSON 2570 PATTERSON RD GRAND JUNCTION, CO 81505 | OUTPATIENT PHYSICIAN CLINIC |
| 15 SCL HEALTH MEDICAL GROUP - DENVER WE 1726 COLE BLVD LAKEWOOD, CO 80401 | OUTPATIENT PHYSICIAN CLINIC |
| 16 SCL HEALTH MEDICAL GROUP - LAFAYETTE 2600 CAMPUS DR LAFAYETTE, CO 80026-3358 | OUTPATIENT PHYSICIAN CLINIC |
| 17 SCL HEALTH MEDICAL GROUP - OB-GYN SE 610 25 ROAD GRAND JUNCTION, CO 81505 | OUTPATIENT PHYSICIAN CLINIC |
| 18 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218-3671 | OUTPATIENT PHYSICIAN CLINIC |
| 19 SCL HEALTH HEART & VASCULAR INSTITUT 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937 | OUTPATIENT PHYSICIAN CLINIC |
| 20 CANCER CENTERS OF COLORADO - LUTHERA 400 INDIANA ST GOLDEN, CO 80401 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 21 SCL HEALTH MEDICAL GROUP - GREEN MOU 12790-A W ALAMEDA PKWY LAKEWOOD, CO 80228-2850 | OUTPATIENT PHYSICIAN CLINIC |
| 22 SCL HEALTH MEDICAL GROUP - CHERRY CR 400 S COLORADO BLVD DENVER, CO 80246 | OUTPATIENT PHYSICIAN CLINIC |
| 23 SCL HEALTH MEDICAL GROUP - CENTRAL P 2803 ROSLYN ST DENVER, CO 80238-2624 | OUTPATIENT PHYSICIAN CLINIC |
| 24 SCL HEALTH MEDICAL GROUP - CENTRAL P 2823 ROSLYN ST DENVER, CO 80238-2624 | OUTPATIENT PHYSICIAN CLINIC |
| 25 SCL HEALTH MEDICAL GROUP - GOOD SAMA 300 EXEMPLA CIR LAFAYETTE, CO 80026-3396 | OUTPATIENT PHYSICIAN CLINIC |
| 26 SCL HEALTH MEDICAL GROUP - COMMUNITY 11900 GRANT ST NORTHGLENN, CO 80233 | OUTPATIENT PHYSICIAN CLINIC |
| 27 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 N LUTHERAN PKWY WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |
| 28 ST MARY'S MEDICAL CENTER - CANCER CE 750 WELLINGTON AVE GRAND JUNCTION, CO 81501 | OUTPATIENT PHYSICIAN CLINIC |
| 29 MATERNAL FETAL MEDICINE CENTER SJ 1960 OGDEN ST DENVER, CO 80218-3669 | OUTPATIENT PHYSICIAN CLINIC |
| 30 SCL HEALTH MEDICAL GROUP - DENVER OB 1960 N OGDEN ST DENVER, CO 80218-3668 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 31 LMG SPINE CARE LUTHERAN SPINE CENTE 1687 COLE BLVD LAKEWOOD, CO 80401-3322 | OUTPATIENT PHYSICIAN CLINIC |
| 32 SCL HEALTH MEDICAL GROUP - PHYSICAL 2686 PATTERSON ROAD GRAND JUNCTION, CO 81506 | OUTPATIENT PHYSICIAN CLINIC |
| 33 SCL HEALTH MEDICAL GROUP - WESTMINST 8758 WOLFF CT WESTMINSTER, CO 80031-6904 | OUTPATIENT PHYSICIAN CLINIC |
| 34 SCL HEALTH ST. MARY'S / NEPHROLOGY 2635 N 7TH ST, 4TH FLOOR GRAND JUNCTION, CO 81501-6100 | OUTPATIENT PHYSICIAN CLINIC |
| 35 WEST PINES 3400 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6035 | OUTPATIENT PHYSICIAN CLINIC |
| 36 SCL HEALTH HEART & VASCULAR INSTITUT 11900 GRANT ST NORTHGLENN, CO 80233 | OUTPATIENT PHYSICIAN CLINIC |
| 37 ST MARY'S MEDICAL CENTER - CANCER CE 750 WELLINGTON AVE GRAND JUNCTION, CO 81501 | OUTPATIENT PHYSICIAN CLINIC |
| 38 SCL HEALTH MEDICAL GROUP - WHEAT RID 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724 | OUTPATIENT PHYSICIAN CLINIC |
| 39 SCL HEALTH ST. MARY'S / NEONATAL INT 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209 | OUTPATIENT PHYSICIAN CLINIC |
| 40 SCL HEALTH HEART & VASCULAR INSTITUT 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 41 SJH RADIATION ONCOLOGY 1375 EAST 19TH AVE DENVER, CO 80218 | OUTPATIENT PHYSICIAN CLINIC |
| 42 SCL HEALTH MEDICAL GROUP - SUPERIOR 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656 | OUTPATIENT PHYSICIAN CLINIC |
| 43 SCL HEALTH MEDICAL GROUP - SUPERIOR 3 SUPERIOR DRIVE SUPERIOR, CO 80027-8656 | OUTPATIENT PHYSICIAN CLINIC |
| 44 SCL HEALTH MEDICAL GROUP - WHEAT RID 8550 W 38TH AVE WHEAT RIDGE, CO 80033-1724 | OUTPATIENT PHYSICIAN CLINIC |
| 45 SCL HEALTH MEDICAL GROUP - LUNG & SL 1050 WELLINGTON AVE GRAND JUNCTION, CO 81501-8121 | OUTPATIENT PHYSICIAN CLINIC |
| 46 SCL HEALTH MEDICAL GROUP - OCCUPATIO 2686 PATTERSON RD GRAND JUNCTION, CO 81506-8817 | OUTPATIENT PHYSICIAN CLINIC |
| 47 CERTIFIED NURSE MIDWIVES 1960 N OGDEN ST DENVER, CO 80218-3669 | OUTPATIENT PHYSICIAN CLINIC |
| 48 SCL HEALTH - ST. MARY'S HOSPITAL AND 2698 PATTERSON RD GRAND JUNCTION, CO 81506 | OUTPATIENT PHYSICIAN CLINIC |
| 49 SCL HEALTH MEDICAL GROUP - ROCKY MOU 627 25 1/2 ROAD GRAND JUNCTION, CO 81505 | OUTPATIENT PHYSICIAN CLINIC |
| 50 SCL HEALTH MEDICAL GROUP - WHEAT RID 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 51 SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 80023-8964 | OUTPATIENT PHYSICIAN CLINIC |
| 52 SCL HEALTH MEDICAL GROUP - MATERNAL 710 WELLINGTON AVE GRAND JUNCTION, CO 81501 | OUTPATIENT PHYSICIAN CLINIC |
| 53 SCL HEALTH MEDICAL GROUP - BELMAR 325 S TELLER ST LAKEWOOD, CO 80226-7429 | OUTPATIENT PHYSICIAN CLINIC |
| 54 SCL HEALTH MEDICAL GROUP - DENVER UR 1960 N OGDEN ST DENVER, CO 80218-3671 | OUTPATIENT PHYSICIAN CLINIC |
| 55 SCL HEALTH MEDICAL GROUP - AURORA 23770 E SMOKEY HILL RD AURORA, CO 80016 | OUTPATIENT PHYSICIAN CLINIC |
| 56 SCL HEALTH MEDICAL GROUP - DENVER SP 1830 FRANKLIN ST DENVER, CO 80218-3667 | OUTPATIENT PHYSICIAN CLINIC |
| 57 SCL HEALTH MEDICAL GROUP - QUAIL CRE 2055 WEST 136TH AVE BROOMFIELD, CO 80023-9308 | OUTPATIENT PHYSICIAN CLINIC |
| 58 SAINT JOSEPH HOSPITAL - CANCER CENTE 1825 MARION ST DENVER, CO 80218 | OUTPATIENT PHYSICIAN CLINIC |
| 59 SCL HEALTH MEDICAL GROUP - FIRESTONE 8350 COLORADO BLVD FIRESTONE, CO 80504-6803 | OUTPATIENT PHYSICIAN CLINIC |
| 60 SCL HEALTH MEDICAL GROUP - HIGHLANDS 8671 S QUEBEC ST HIGHLANDS RANCH, CO 80130 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 61 SCL HEALTH HEART & VASCULAR INSTITUT 1818 N OGDEN ST DENVER, CO 80218 | OUTPATIENT PHYSICIAN CLINIC |
| 62 LUTHERAN MEDICAL CENTER - CANCER CEN 3550 LUTHERAN PKWY WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |
| 63 LUTHERAN MATERNAL FETAL MEDICINE 3455 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6012 | OUTPATIENT PHYSICIAN CLINIC |
| 64 SCL HEALTH MEDICAL GROUP - DENVER DI 1960 N OGDEN ST DENVER, CO 80218-3667 | OUTPATIENT PHYSICIAN CLINIC |
| 65 SCL HEALTH MEDICAL GROUP - DENVER S 1960 N OGDEN ST DENVER, CO 80218-3671 | OUTPATIENT PHYSICIAN CLINIC |
| 66 SCL HEALTH MEDICAL GROUP - GREEN VAL 4859 N YAMPA ST DENVER, CO 80249 | OUTPATIENT PHYSICIAN CLINIC |
| 67 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230 | OUTPATIENT PHYSICIAN CLINIC |
| 68 SCL HEALTH HEART & VASCULAR INSTITUT 3555 LUTHERAN PARKWAY WHEAT RIDGE, CO 80033-6023 | OUTPATIENT PHYSICIAN CLINIC |
| 69 LUTHERAN PALLIATIVE CARE 3210 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6019 | OUTPATIENT PHYSICIAN CLINIC |
| 70 SCL HEALTH MEDICAL GROUP - PEDIATRIC 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 71 SCL HEALTH MEDICAL GROUP - BROOMFIELD 12169 SHERIDAN BLVD BROOMFIELD, CO 80020-2459 | OUTPATIENT PHYSICIAN CLINIC |
| 72 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026 | OUTPATIENT PHYSICIAN CLINIC |
| 73 SCL HEALTH ST. MARY'S / PALLIATIVE C 2635 N 7TH ST GRAND JUNCTION, CO 81506 | OUTPATIENT PHYSICIAN CLINIC |
| 74 SCL HEALTH MEDICAL GROUP - DENVER CO 1960 N OGDEN ST DENVER, CO 80218-3671 | OUTPATIENT PHYSICIAN CLINIC |
| 75 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIR LAFAYETTE, CO 80026-3395 | OUTPATIENT PHYSICIAN CLINIC |
| 76 ST MARY'S METABOLIC AND BARIATRIC SU 2440 N 11TH STREET GRAND JUNCTION, CO 81501-8102 | OUTPATIENT PHYSICIAN CLINIC |
| 77 SCL HEALTH MEDICAL GROUP - INFECTIOU 2643 PATTERSON RD GRAND JUNCTION, CO 81506-1937 | OUTPATIENT PHYSICIAN CLINIC |
| 78 GOOD SAMARITAN MEDICAL CENTER - CANC 340 EXEMPLA CIR LAFAYETTE, CO 80026 | OUTPATIENT PHYSICIAN CLINIC |
| 79 SCL HEALTH MEDICAL GROUP - LARKRIDGE 16570 WASHINGTON ST THORNTON, CO 80023-8964 | OUTPATIENT PHYSICIAN CLINIC |
| 80 LUTHERAN MEDICAL CENTER - CANCER CEN 8300 W 38TH AVE WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |

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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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 81 SCL HEALTH MEDICAL GROUP - CENTRAL P 2807 ROSLYN ST DENVER, CO 80238-2624 | OUTPATIENT PHYSICIAN CLINIC |
| 82 SCLHFR LM SPINE CARE SCL HEALTH MEDI 1687 COLE BLVD LAKEWOOD, CO 80401 | OUTPATIENT PHYSICIAN CLINIC |
| 83 SCL HEALTH MEDICAL GROUP - VIRTUAL C 8550 W 38TH AVE WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |
| 84 SCL HEALTH MEDICAL GROUP - BRIGHTON 1606 PRAIRIE CENTER PARKWAY BRIGHTON, CO 80601 | OUTPATIENT PHYSICIAN CLINIC |
| 85 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIR LAFAYETTE, CO 80026-3392 | OUTPATIENT PHYSICIAN CLINIC |
| 86 SCL HEALTH MEDICAL GROUP - ENDOCRINO 2686 PATTERSON RD GRAND JUNCTION, CO 81506 | OUTPATIENT PHYSICIAN CLINIC |
| 87 SCL HEALTH MEDICAL GROUP - GREEN MOU 12792 C-1 W ALAMEDA PKWY LAKEWOOD, CO 80228-2850 | OUTPATIENT PHYSICIAN CLINIC |
| 88 SCL HEALTH MEDICAL GROUP - LOWRY 63 N QUEBEC ST DENVER, CO 80230 | OUTPATIENT PHYSICIAN CLINIC |
| 89 SCL HEALTH MEDICAL GROUP - CONGRESS 1400 JACKSON ST DENVER, CO 80206-2761 | OUTPATIENT PHYSICIAN CLINIC |
| 90 SCL HEALTH HEART AND VASCULAR INSTIT 1536 COLE BLVD STE 110 LAKEWOOD, CO 80401-3426 | OUTPATIENT PHYSICIAN CLINIC |

Schedule H (Form 990) 2021

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? 114

| Name and address | Type of Facility (describe) |
|---|-----------------------------|
| 91 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |
| 92 SCL HEALTH MEDICAL GROUP - LAFAYETTE 300 EXEMPLA CIRCLE LAFAYETTE, CO 80026-3395 | OUTPATIENT PHYSICIAN CLINIC |
| 93 SCL HEALTH MEDICAL GROUP / INPATIENT 2635 N 7TH ST GRAND JUNCTION, CO 81506-8209 | OUTPATIENT PHYSICIAN CLINIC |
| 94 SCL HEALTH MEDICAL GROUP - NEUROLOGY 750 HOSPITAL LOOP CRAIG, CO 81625 | OUTPATIENT PHYSICIAN CLINIC |
| 95 SCL HEALTH MEDICAL GROUP - LUTHERAN 3455 LUTHERAN PKWY WHEAT RIDGE, CO 80033 | OUTPATIENT PHYSICIAN CLINIC |
| 96 SCL HEALTH / HEART & VASCULAR INSTIT 296 STAFFORD LN DELTA, CO 81416-2243 | OUTPATIENT PHYSICIAN CLINIC |
| 97 SCL HEALTH MEDICAL GROUP - NEUROLOGY 1280 N MILDRED RD CORTEZ, CO 81321 | OUTPATIENT PHYSICIAN CLINIC |
| 98 SCL HEALTH ST. MARY'S / WOUND & HYPE 2635 N 7TH ST GRAND JUNCTION, CO 81501-8209 | OUTPATIENT PHYSICIAN CLINIC |
| 99 SCL HEALTH MEDICAL GROUP - WHEAT RID 3555 LUTHERAN PKWY WHEAT RIDGE, CO 80033-6000 | OUTPATIENT PHYSICIAN CLINIC |
| 100 SCL HEALTH MEDICAL GROUP - NEUROLOGY 350 MARKET AVE BASALT, CO 81621-7405 | OUTPATIENT PHYSICIAN CLINIC |

Schedule H (Form 990) 2021

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? 114

| Name and address | Type of Facility (describe) |
|--|-----------------------------|
| 101 SCL HEALTH MEDICAL GROUP - NEUROLOGY 711 N TAYLOR ST GUNNISON, CO 81230-2243 | OUTPATIENT PHYSICIAN CLINIC |
| 102 SCL HEALTH HEART & VASCULAR INSTITUT 23770 E SMOKY HILL RD AURORA, CO 80016 | OUTPATIENT PHYSICIAN CLINIC |
| 103 SCL HEALTH MEDICAL GROUP- WHEATRIDGE 1960 N OGDEN ST DENVER, CO 80218 | OUTPATIENT PHYSICIAN CLINIC |
| 104 SCL HEALTH MEDICAL GROUP / PODIATRY 627 25 1/2 ROAD GRAND JUNCTION, CO 81505 | OUTPATIENT PHYSICIAN CLINIC |
| 105 ST MARY'S MEDICAL CENTER - CANCER CE 750 HOSPITAL LOOP CRAIG, CO 81625-8750 | OUTPATIENT PHYSICIAN CLINIC |
| 106 SCL HEALTH MEDICAL GROUP - NEUROLOGY 476 WEST WILLIAM WAY MOAB, UT 84532 | OUTPATIENT PHYSICIAN CLINIC |
| 107 ST MARY'S MEDICAL CENTER - CANCER CE 450 WEST WILLIAMS WAY MOAB, UT 84532-2185 | OUTPATIENT PHYSICIAN CLINIC |
| 108 SCL HEALTH MEDICAL GROUP - MATERNAL 711 N TAYLOR ST GUNNISON, CO 81230-2243 | OUTPATIENT PHYSICIAN CLINIC |
| 109 ST MARY'S MEDICAL CENTER - CANCER CE 501 AIRPORT ROAD RIFLE, CO 81650-8510 | OUTPATIENT PHYSICIAN CLINIC |
| 110 SCL HEALTH MEDICAL GROUP - LUNG NODU 1960 N OGDEN ST DENVER, CO 80218-3673 | OUTPATIENT PHYSICIAN CLINIC |

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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.

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.

PART I, LINE 7:

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

PART I, LINE 7, COLUMN (F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25(A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$ 19,744,503.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

LUTHERAN 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). IN 2021, LMC CONTINUED TO EXPAND SEVERAL PARTNERSHIPS INTENDED TO DIRECTLY ADDRESS THE HEALTH AND SAFETY NEEDS OF RESIDENTS OF JEFFERSON COUNTY. ONE EXAMPLE IS A STRENGTHENED COLLABORATION WITH COMMUNITY TABLE, RED ROCKS COMMUNITY COLLEGE, AND STRIDE. THROUGH THIS MULTISECTORIAL PARTNERSHIP WE HAVE BEEN ABLE TO IDENTIFY AND OFFER PROGRAMMING TO FOOD INSECURE JEFFERSON COUNTY RESIDENTS WHO HAVE A CHRONIC HEALTH CONDITION THAT IS MANAGEABLE THROUGH DIET. THROUGH EDUCATION, FREQUENT BIOMETRIC SCREENING, COOKING CLASSES, AND BUILDING TRUSTED RELATIONSHIPS COMMUNITY MEMBERS HAVE BEEN ABLE TO SEE CHANGES IN THEIR HEALTH RELATED TO CHANGES IN DIETARY HABITS AND FOOD ACCESS.

2021 ALSO SAW DEVELOPMENT OF A NEW PARTNERSHIP WITH THE JEFFERSON COUNTY PUBLIC LIBRARY. LMC IS FINANCIALLY SUPPORTING THE DEVELOPMENT OF NEW PROGRAMMING TARGETING THE MENTAL HEALTH NEEDS OF COMMUNITY MEMBERS EXPERIENCING UNSTABLE HOUSING AND SUBSTANCE USE ISSUES. WEEKLY PROGRAM MEETINGS WILL PROVIDE AN OPPORTUNITY FOR COMMUNITY MEMBERS TO MEET ONE-ON-ONE WITH A MENTAL HEALTH PROFESSIONAL.

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

Part VI Supplemental Information (Continuation)

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 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 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,

Part VI Supplemental Information (Continuation)

MEDICAID, THIRD-PARTY PAYOR PROGRAMS, CHARITY CARE, UNINSURED DISCOUNTS, AND OTHER ADMINISTRATIVE ADJUSTMENTS.

PART III, LINE 4:

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

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

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

CERTAIN PATIENT ACCOUNTS ARE WRITTEN OFF TO BAD DEBT BECAUSE THE ORGANIZATION DOES NOT HAVE SUFFICIENT INFORMATION TO DETERMINE IF THE 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

Part VI Supplemental Information (Continuation)

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 PAYOR (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 PAYORS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYORS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENT OR REIMBURSEMENT TO SCL HEALTH AT OTHER-THAN-STANDARD CHARGES.

BECAUSE ALL OF ITS PERFORMANCE OBLIGATIONS RELATE TO CONTRACTS WITH A DURATION OF LESS THAN ONE YEAR, SCL HEALTH HAS ELECTED TO APPLY THE OPTIONAL EXEMPTION NOT 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

Part VI Supplemental Information (Continuation)

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 PAYORS, 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 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

Part VI Supplemental Information (Continuation)

COSTS WE ARE PROVIDING A COMMUNITY BENEFIT AS WELL AS EASING THE BURDEN OF THE FEDERAL GOVERNMENT HAVING TO COVER THESE COSTS.

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

PART III, LINE 9B:

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

PART VI, LINE 2:

LUTHERAN MEDICAL CENTER:

AS PART OF LUTHERAN MEDICAL CENTER'S CORE VALUE OF SERVICE TO THE POOR AND

Part VI Supplemental Information (Continuation)

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. AN EXAMPLE OF THIS RESPONSIVE APPROACH CAN BE FOUND IN THE LMC PIVOT RELATED TO ITS VACCINE RESPONSE WHEN LAGS IN UPTAKE WERE IDENTIFIED. AS DATA REVEALED A DISPROPORTIONATELY LOW PARTICIPATION IN COVID VACCINATION AMONG COMMUNITY MEMBERS IDENTIFYING AS HISPANIC, LMC INITIATED A COMMUNICATION EFFORT. WIDE DISSEMINATION OF SPANISH LANGUAGE FLYERS, SPANISH SPEAKING COMMUNITY NAVIGATORS, AND CHANGES TO THE ID AND INSURANCE PREFERENCES ALL LEAD TO A 112% INCREASE IN UPTAKE IN THE POPULATION OF FOCUS.

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. INTERNAL TRACKING AND REVIEWS ARE COMPLETED IN ORDER TO CONFIRM THAT GSMC PROGRAMS ARE MEETING THEIR GOALS TO ADDRESS THE NEEDS OF THE COMMUNITY.

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,

Part VI Supplemental Information (Continuation)

PATIENTS RECEIVE INFORMATION ABOUT THE FINANCIAL ASSISTANCE POLICY WITH THEIR PATIENT BILLS AND THROUGH THE PATIENT PORTAL, MYCHART. THE FINANCIAL ASSISTANCE POLICY AND APPLICATION ARE POSTED ON THE HOSPITAL'S WEBSITE. THE POLICY AND APPLICATION ARE ALSO AVAILABLE UPON REQUEST.

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

PART VI, LINE 4:

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 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

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

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, THORNTON.

THE COMMUNITY SERVED BY LMC CONTAINS THE FOLLOWING DEMOGRAPHIC INFORMATION, UPDATED FOR 2021, USING THE RESOURCES OF COUNTY HEALTH RANKINGS, US CENSUS DATA, STATE HEALTH DEPARTMENT DATA AND THE EXISTING CHNA.

Part VI Supplemental Information (Continuation)

POPULATION

FROM 2015 - 2019, THE AVERAGE POPULATION OF THE LUTHERAN MEDICAL CENTER (LMC) SERVICE AREA WAS 595,832. JEFFERSON COUNTY'S POPULATION WAS 574,798. COLORADO'S TOTAL POPULATION WAS 5,610,349.

YOUTH, AGES 0 - 19 MAKE UP 20% OF THE POPULATION IN THE SERVICE AREA. 63.5% OF THE POPULATION WAS 20 TO 64 YEARS OLD AND 16.4% WERE 65 YEARS AND OLDER. THE SERVICE AREA HAD A LOWER PERCENTAGE OF YOUTH, AGES 0-19, AND A HIGHER PERCENTAGE OF ADULTS, AGES 45 AND OLDER, THAN IN THE STATE.

IN THE SERVICE AREA, LITTLETON (80127) HAD THE LARGEST PERCENTAGE OF YOUTH, AGES 5-17, (23.7%) AND KITTREDGE HAD THE SMALLEST PERCENTAGE OF YOUTH (4.2%). BUFFALO CREEK HAD THE HIGHEST PERCENTAGE OF SENIORS (26.8%) AND KITTREDGE HAD THE LOWEST PERCENT OF SENIORS IN THE SERVICE AREA (9.4%). THE MEDIAN AGE IN JEFFERSON COUNTY WAS 40.3 YEARS.

RACE AND ETHNICITY

IN THE SERVICE AREA, 80.2% OF THE POPULATION IS WHITE, 12.9% ARE HISPANIC/LATINX, 3.0% ARE ASIAN, AND 1.1% ARE BLACK/AFRICAN AMERICAN. THE LMC SERVICE AREA HAD MORE WHITE AND ASIAN RESIDENTS THAN JEFFERSON COUNTY.

IN THE SERVICE AREA, BUFFALO CREEK HAS THE HIGHEST PERCENTAGE OF WHITE RESIDENTS (98.7%). DENVER 80226 HAS THE HIGHEST PERCENTAGE OF HISPANIC OR LATINX RESIDENTS (31.6%). IDLEDALE 80453 HAS THE HIGHEST PERCENTAGE OF ASIANS (17.3%) AND DENVER 80235 HAS THE HIGHEST PERCENTAGE OF BLACKS (5.8%) IN THE SERVICE AREA.

LANGUAGE

Part VI Supplemental Information (Continuation)

OVER THREE-QUARTERS OF THE SERVICE AREA POPULATION, AGES 5 YEARS AND OLDER, SPEAK ONLY ENGLISH IN THE HOME (90.2%). 9.8% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 5.2% OF THE POPULATION SPEAKS SPANISH IN THE HOME. COLORADO'S RATES OF SPANISH SPEAKING AT THE HOME AND SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME WERE HIGHER THAN THE SERVICE AREA.

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, BROOMFIELD, GILPIN, JEFFERSON, AND WELD COUNTIES.

TOTAL POPULATION: ON AVERAGE, FROM 2015 TO 2019, THE POPULATION OF THE GSMC SERVICE AREA WAS 1,111,074. ADAMS COUNTY HAD A POPULATION OF 504,108, BOULDER COUNTY'S POPULATION WAS 322,510, AND BROOMFIELD COUNTY'S POPULATION WAS 67,886.

POPULATION BY GENDER: IN THE GSMC SERVICE AREA, 50.3% WERE MALE AND 49.7% WERE FEMALE.

POPULATION BY AGE: YOUTH AGES 0 TO 19 COMPRISE 26.5% OF THE POPULATION IN THE SERVICE AREA. JUST OVER 61% OF THE POPULATION WAS 20 TO 64 YEARS OLD, AND 12.6% WERE AGES 65 YEARS AND OLDER. ADAMS AND WELD COUNTIES HAD THE HIGHEST PERCENTAGE OF YOUTH, AGES 0-19, (29.3%). GILPIN COUNTY HAD THE HIGHEST PERCENTAGE OF SENIORS (17.9%) AS A PROPORTION OF THE TOTAL POPULATION.

POPULATION BY YOUTH, AGES 0-17 AND SENIORS, AGES 65+, AND MEDIAN AGE:

Part VI Supplemental Information (Continuation)

COMMERCE CITY HAD THE LARGEST PERCENTAGE OF YOUTH, AGES 5-17 (32.8%) AND BOULDER (80310- UNIVERSITY OF COLORADO) HAD THE SMALLEST PERCENTAGE OF YOUTH (0.3%) IN THE SERVICE AREA. BOULDER (80310-UNIVERSITY OF COLORADO) ALSO HAD THE SMALLEST PERCENTAGE OF SENIORS (0.0%). WHEAT RIDGE (80033) HAD THE HIGHEST PERCENTAGE OF SENIORS (19.8%) IN THE SERVICE AREA. THE SERVICE AREA HAD A MEDIAN AGE OF 36.4 YEARS. MEDIAN AGE IN ADAMS COUNTY WAS 33.8 YEARS AND IN 34.4 YEARS IN WELD COUNTY WHICH WERE LOWER THAN THE STATE MEDIAN OF 36.7 YEARS. ALL OTHER COUNTIES HAD MEDIAN AGES THAT WERE HIGHER THAN THE STATE MEDIAN WHICH INCLUDE BOULDER COUNTY 36.6, BROOMFIELD COUNTY 37.8, JEFFERSON COUNTY 40.3, AND GILPIN COUNTY 49.0.

RACE/ ETHNICITY: IN THE SERVICE AREA, 69.3% OF THE POPULATION IS WHITE, 22.7% ARE HISPANIC/LATINX, 3.9% ARE ASIAN, AND 1.2% ARE BLACK/AFRICAN AMERICAN. THE SERVICE AREA HAD A GREATER PERCENTAGE OF WHITE, LATINX, AND ASIAN-AMERICAN INDIVIDUALS THAN COLORADO OVERALL.

RACE/ ETHNICITY BY PLACE: OVER HALF OF THE POPULATION IN COMMERCE CITY (53.4%) IS HISPANIC OR LATINX. BROOMFIELD 80023 HAD THE HIGHEST PERCENTAGE OF ASIANS (7.4%) IN THE SERVICE AREA. GOLDEN (80403) HAD THE HIGHEST PERCENTAGE OF WHITES (90.9%) AND COMMERCE CITY (80022) HAD THE LARGEST PERCENTAGE OF AFRICAN AMERICANS (4.7%) IN THE SERVICE AREA.

CITIZENSHIP, 2019: AMONG AREA COUNTIES, 15.3% OF ADAMS COUNTY, 10.7% OF BOULDER COUNTY, 8.9% OF BROOMFIELD COUNTY, 8.7% OF WELD COUNTY, 6.4% OF JEFFERSON COUNTY, AND 4.6% GILPIN COUNTY RESIDENTS WERE FOREIGN BORN. THIS WAS HIGHER THAN THE 9.7% OF THE STATE POPULATION WHO WERE FOREIGN BORN. OF THE FOREIGN BORN IN WELD COUNTY, 64.3% WERE NOT U.S. CITIZENS, FOLLOWED BY ADAMS COUNTY 63.1%, BOULDER COUNTY 57.4%, GILPIN COUNTY 54.3%, JEFFERSON

Part VI Supplemental Information (Continuation)

COUNTY 45.7% AND BROOMFIELD HAD THE LOWEST PERCENTAGE, 41%, OF FOREIGN BORN RESIDENTS THAT WERE NOT U.S. CITIZENS.

LANGUAGE SPOKEN AT HOME FOR THE POPULATION 5 YEARS AND OVER: IN THE SERVICE AREA, 87.9% OF THE POPULATION, AGES 5 YEARS AND OLDER, SPEAK ONLY ENGLISH IN THE HOME. JUST UNDER 18% SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME, AND 12.1% OF THE POPULATION SPEAKS SPANISH AT HOME. ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS SPEAKING A LANGUAGE OTHER THAN ENGLISH AT HOME (29.0%) AND GILPIN COUNTY HAD THE LOWEST (6.7%). ADAMS COUNTY HAD THE HIGHEST RATE OF RESIDENTS WHO SPEAK SPANISH AT HOME (23.6%) AND GILPIN COUNTY HAD THE LOWEST RATE OF RESIDENTS WHO SPEAK SPANISH AT HOME (2.7%).

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 38TH, WELD COUNTY CAME IN 28TH, FOLLOWED BY GILPIN COUNTY AT 6TH, JEFFERSON COUNTY AT 15TH, BOULDER COUNTY 13TH, AND BROOMFIELD COUNTY RANKED 2ND.

ECONOMICS, 2020: THE MEDIAN HOUSEHOLD INCOME IN THE STATE WAS \$77,104. THE COUNTY INCOMES WERE (FROM HIGHEST TO LOWEST) BROOMFIELD (\$106,892), JEFFERSON (\$89,696), BOULDER (\$88,341), WELD (\$78,160), ADAMS (\$75,341), AND GILPIN (\$74,806).

Part VI Supplemental Information (Continuation)

SEE CONTINUATION BELOW

PART VI, LINE 5:

LUTHERAN MEDICAL CENTER:

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 MAINTAINING A HEALTHY LIFESTYLE. SUPPORT GROUPS FOR CANCER PATIENTS ARE ALSO OFFERED. ADDITIONALLY, LMC 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, AND SERVICES. THE OBJECTIVES OF THESE PROGRAMS 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.

Part VI Supplemental Information (Continuation)

COMMUNITY OUTREACH PROGRAMS: OUTREACH PROGRAMS WERE STILL IMPACTED IN 2021 BY COVID RESTRICTIONS AND NOT ALL CLASSES AND OUTREACH EFFORTS HAVE RETURNED TO THE NORMAL.

-GSMC PROVIDED FREE COVID VACCINATION CLINICS TO THE PUBLIC ADMINISTERING OVER 28,000 VACCINES.

-BABY'S FIRST RIDE- PROVIDED 1061 CAR SEAT CHECKS

-AGING MASTERY PROGRAM- THIS IS A COURSE TO HELP OLDER ADULTS IMPROVE HEALTHY BEHAVIORS AND TO LEARN BEHAVIORS THAT WILL INCREASE WELL-BEING AS THEY AGE. THE CLASS CONSISTS OF TEN 1.5 HOUR CLASSES AND COVER TOPICS SUCH AS: FALL PREVENTION; MEDICATION MANAGEMENT; HEALTHY EATING AND HYDRATION; FINANCIAL FITNESS; COMMUNITY ENGAGEMENT AND ADVANCE PLANNING. TWELVE PEOPLE ATTENDED THIS CLASS.

-CANCER SUPPORT GROUP: TWO GROUPS- ONE SPECIFICALLY FOR YOUNG ADULTS WITH CANCER. OFFERED BY THE CANCER CENTERS OF COLORADO AT GSMC

-STROKE SUPPORT GROUP- VIRTUAL GROUP DONE IN COLLABORATION WITH THE ROCKY MOUNTAIN STROKE CENTER.

-"DOING GOOD" GRANT - EIGHT GRANTS DISTRIBUTED IN 2021 WORTH NEARLY \$114,000. 1) VIA MOBILITY, 2) SISTER CARMEN COMMUNITY CENTER, 3) BROOMFIELD FISH, 4) BROOMFIELD PARKS AND RECREATION, 5) BICYCLE COLORADO, 6) CLINICA FAMILY HEALTH, 7) WOW! CHILDREN'S MUSEUM, 8) MENTAL HEALTH PARTNERS. LOCAL NON-PROFITS WROTE A 4 PAGE APPLICATION TO APPLY FOR THE FUNDS.

-EMS PROGRAM TO PROVIDE CONTINUING EDUCATION TO LOCAL EMS PROVIDERS- 624 ENCOUNTERS (FREDERICK-FIRESTONE FIRE DEPARTMENT, LAFAYETTE FIRE DEPARTMENT, PLEASANT VIEW FIRE DEPARTMENT)

-EMS PROGRAM TO PROVIDE EDUCATIONAL FOLLOW UP TO EMS PROVIDERS WHO DROPPED OFF PATIENTS AT GSMC- 782 ENCOUNTERS ANNUAL TRAUMA CONFERENCE FOR GSMC AND EMS PROVIDERS (VIRTUAL IN 2021) 282 ATTENDEES

Part VI Supplemental Information (Continuation)

-RECERTIFICATION FOR EMS PROVIDERS (39 ENCOUNTERS) PROVIDES PARAMEDIC REFRESHER COURSE, CPR AND AED TRAINING, BASIC EKG TRAINING

-IN KIND DONATIONS TO PROJECT CURE IN EXCESS OF \$90,000.

-QPR SUICIDE PREVENTION TRAINING- 70 STAFF AND COMMUNITY MEMBERS PARTICIPATED IN THIS 1 HOUR COURSE

-STUDENT CLINICALS- 212 STUDENTS COMPLETED THEIR CLINICAL ROTATIONS IN NURSING, PHARMACY, RADIOLOGY, LABORATORY, PHYSICAL MEDICINE, SURGERY AT GSMC

-WHAT DO YOU CONSIDER LETHAL- TEEN DRIVER TRAINING WHICH ADDRESSES DISTRACTED AND RECKLESS DRIVING. 28 PEOPLE ATTENDED THE CLASS IN 2021.

-FRIENDS DON'T LET FRIENDS FALL OBSTACLE COURSE- FALL PREVENTION TRAINING FOR OLDER ADULTS- 27 PEOPLE ATTENDED THE CLASS IN 2021.

-BICYCLE SAFETY AND HELMET DISTRIBUTION- 121 ATTENDED THE TRAINING AND 57 HELMETS WERE DISTRIBUTED

-FALL PREVENTION EDUCATION AT FESTIVALS AND FAIRS IN COLLABORATION WITH NORTH METRO FIRE- 270 ENCOUNTERS

-PROVIDED \$500 TO COMMUNITY REACH CENTER TO COVER COST FOR MENTAL HEALTH FIRST AID TRAINING.

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

Part VI Supplemental Information (Continuation)

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.

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 15,700 EMPLOYEES AND MORE THAN 500 EMPLOYED PHYSICIANS.

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.

Part VI Supplemental Information (Continuation)

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT 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:

HEALTH FACTORS RANKINGS: THE OVERALL RANKINGS IN HEALTH FACTORS REPRESENT WHAT INFLUENCES THE HEALTH OF A COUNTY. THEY ARE AN ESTIMATE OF THE FUTURE HEALTH OF COUNTIES AS COMPARED TO OTHER COUNTIES WITHIN A STATE. THE RANKS ARE BASED ON FOUR TYPES OF MEASURES: HEALTH BEHAVIORS, CLINICAL CARE, SOCIAL AND ECONOMIC, AND PHYSICAL ENVIRONMENT FACTORS. ADAMS COUNTY RANKED 41ST, FOLLOWED BY WELD COUNTY 27TH, JEFFERSON COUNTY 13TH, GILPIN COUNTY 8TH, BOULDER COUNTY 4TH AND BROOMFIELD COUNTY 2ND.

Part VI Supplemental Information (Continuation)

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. ALL COUNTIES WERE IN THE TOP HALF FOR HEALTH

OUTCOMES. ADAMS WAS THE LOWEST AT 30, FOLLOWED BY GILPIN COUNTY AT 28,

WELD COUNTY AT 19, JEFFERSON COUNTY AT 12, BOULDER COUNTY AT NUMBER 5

AND BROOMFIELD COUNTY AT 4 FOR COLORADO.

EMPLOYMENT STATUS FOR THE POPULATION 16 AND OVER (2019): WITHIN THE

SERVICE AREA, BOULDER (UNIVERSITY OF COLORADO) 80310 (11.9%) AND

WESTMINSTER 80030 (6.7%) HAD THE HIGHEST UNEMPLOYMENT RATES AND BLACK

HAWK HAD THE LOWEST UNEMPLOYMENT RATE (1.2%). AMONG THE COUNTIES IN THE

SERVICE REGION, GILPIN COUNTY HAD THE LOWEST UNEMPLOYMENT RATE (1.5%)

AND BOULDER COUNTY HAD THE HIGHEST (4.2%). THE UNEMPLOYMENT RATE FOR

THE HOSPITAL SERVICE AREA WAS 4.0%. COLORADO HAD A HIGHER UNEMPLOYMENT

RATE (4.3%) THAN THE SERVICE AREA.

POVERTY LEVELS, 2019: POVERTY THRESHOLDS ARE USED FOR CALCULATING

OFFICIAL POVERTY POPULATION STATISTICS AND ARE UPDATED EACH YEAR BY THE

CENSUS BUREAU. FOR 2021, THE FEDERAL POVERTY THRESHOLD FOR ONE PERSON

WAS \$12,880, AND FOR A FAMILY OF FOUR IT IS \$26,500.2 IN THE SERVICE

AREA, 9.2% OF THE POPULATION WAS LIVING AT OR BELOW 100% OF THE FEDERAL

POVERTY LEVEL (FPL), AND 22.1% WERE CONSIDERED LOW-INCOME (LIVING AT OR

BELOW 200% FPL). THESE POVERTY RATES WERE LOWER THAN THE COUNTY RATES.

OF THE COUNTIES IN THE SERVICE AREA, ADAMS COUNTY HAD THE HIGHEST RATE

OF RESIDENTS LIVING BELOW 200% OF THE FEDERAL POVERTY LEVEL (29.0%) AND

Part VI Supplemental Information (Continuation)

BROOMFIELD COUNTY HAD THE LOWEST RATE (13.6%). BOULDER COUNTY HAD THE HIGHEST RATE OF RESIDENTS LIVING BELOW 100% OF THE FEDERAL POVERTY LEVEL (11.7%) AND GILPIN COUNTY HAD THE LOWEST (4.9%).

FREE AND REDUCED-PRICE MEALS ELIGIBILITY, 2017 - 2018: THE NUMBER OF STUDENTS ELIGIBLE FOR THE FREE AND REDUCED-PRICE MEAL (FRPM) 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 FRPM PROGRAM WAS 54.3%. IN WELD COUNTY, 42.8% OF STUDENTS WERE ELIGIBLE FOR THE PROGRAM. ADAMS COUNTY HAD THE HIGHEST RATE OF STUDENTS ELIGIBLE FOR FREE AND REDUCED- PRICE MEALS (54.3%) AND BROOMFIELD COUNTY HAD THE LOWEST (18.1%). JUST UNDER 42% OF COLORADO STUDENTS WERE ELIGIBLE FOR THE FRPM PROGRAM.

EDUCATIONAL ATTAINMENT (25+): AMONG THE SERVICE AREA POPULATION, AGES 25 AND OLDER, 8.4% HAD NOT ATTAINED A HIGH SCHOOL DIPLOMA. 91.6% OF ADULTS WERE HIGH SCHOOL GRADUATES. 19.3% OF THE POPULATION IN THE SERVICE AREA HAD SOME COLLEGE WITH NO DEGREE, AND 43.9% HAD A BACHELOR'S DEGREE OR HIGHER. BOULDER COUNTY HAD THE HIGHEST RATE OF BACHELOR DEGREE ATTAINMENT AMONG ITS RESIDENTS (62.1%), AND ADAMS COUNTY HAD THE LOWEST (24.3%). ADAMS COUNTY HAD THE HIGHEST RATE OF ADULTS WITHOUT A HIGH SCHOOL DIPLOMA (16.2%) AND GILPIN COUNTY HAD THE LOWEST RATE (1.5%). GILPIN COUNTY HAD THE HIGHEST HIGH SCHOOL GRADUATION RATE (98.5%) AND ADAMS COUNTY HAD THE LOWEST (83.8%).

HIGH SCHOOL GRADUATES, 2015 - 2019: HIGH SCHOOL GRADUATION RATES ARE THE PERCENTAGE OF HIGH SCHOOL GRADUATES THAT GRADUATED FOUR YEARS AFTER STARTING NINTH GRADE. GILPIN COUNTY HAD THE HIGHEST HIGH SCHOOL

Part VI Supplemental Information (Continuation)

GRADUATION RATE (98.5%) AND ADAMS COUNTY HAD THE LOWEST (83.3%). THE STATE RATE WAS AT 91.7%. THE HEALTHY PEOPLE 2030 OBJECTIVE FOR HIGH SCHOOL GRADUATION IS 90.7%. ONLY ADAMS AND WELD COUNTIES WERE BELOW THE STATE AND HEALTHY PEOPLE 2030 RATES.

HOMELESS POINT-IN-TIME COUNT, JANUARY 2020: A HOMELESS POINT IN TIME (PIT) COUNT IS A FEDERALLY MANDATED COUNT OF PERSONS EXPERIENCING HOMELESSNESS AT ANY GIVEN NIGHT IN A COMMUNITY. IN 2020, THE WELD COUNTY PIT COUNT WAS JANUARY 28, AND, GIVEN THE NEWNESS OF THE NORTHERN COLORADO CONTINUUM OF CARE, ONLY A SHELTERED COUNT WAS COMPLETED. THE TOTAL NUMBER OF SHELTERED HOMELESS IN WELD COUNTY AT THE PIT COUNT IN 2020 WAS 240 PERSONS. ABOUT 73% OF THE SHELTERED HOMELESS WERE HOUSED IN EMERGENCY SHELTERS, 15% WERE CHRONICALLY HOMELESS AND 34% HAD A DISABLING CONDITION.

FERTILITY RATE, PER 1,000 WOMEN AGES 15-44: IN 2019, THE GENERAL FERTILITY RATE PER 1,000 WOMEN, AGES 15 TO 44, IN ADAMS COUNTY WAS 59.5. IN THE SERVICE AREA, GILPIN COUNTY HAD THE LOWEST GENERAL FERTILITY RATE IN THE SERVICE AREA (29.8 PER 1,000 WOMEN), AND WELD COUNTY HAD THE HIGHEST FERTILITY RATE (61.5 PER 1,000 WOMEN). COLORADO'S FERTILITY RATE WAS 53.7 PER 1,000 WOMEN.

LATE ENTRY INTO PRENATAL CARE (AFTER FIRST TRIMESTER) / NO CARE, 2017-2019: ADEQUATE PRENATAL CARE CAN PREVENT HEALTH RISKS IN WOMEN AND PREVENT HEALTH PROBLEMS FOR THE MOTHER AND CHILD. THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 80.5% OF WOMEN TO RECEIVE EARLY AND ADEQUATE PRENATAL CARE. 90.1% OF WOMEN IN HSR 16 (BOULDER AND BROOMFIELD COUNTIES) RECEIVED CARE IN THE FIRST TRIMESTER (8.9% DID NOT). HSR 17,

Schedule H (Form 990)

Part VI Supplemental Information (Continuation)

GILPIN COUNTY, HAD THE LOWEST RATE OF PRENATAL CARE AMONG PREGNANT WOMEN IN THE SERVICE AREA (88.3%) AND HSR 21, JEFFERSON COUNTY HAD THE HIGHEST RATE (94.7%). 89.9% OF PREGNANT WOMEN IN COLORADO RECEIVED PRENATAL CARE (10.1% DID NOT).

LOW BIRTH WEIGHT (UNDER 2,500 G), 2018: 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. BOULDER COUNTY HAD A 7.8% RATE AND BROOMFIELD COUNTY HAD A 9.3% RATE OF LOW-BIRTH WEIGHT AMONG SINGLE BABY BIRTHS. GILPIN COUNTY HAD THE HIGHEST RATE OF LOW-BIRTH-WEIGHT SINGLE BIRTHS (14.3%), AND BOULDER COUNTY HAD THE LOWEST RATE (7.8%). 9.4% OF COLORADO BIRTHS WERE LOW WEIGHT.

INFANT MORTALITY RATE, 2018: THE INFANT MORTALITY RATE IS THE NUMBER OF DEATHS OF INFANTS (LESS THAN ONE YEAR OLD) PER 1,000 LIVE BIRTHS. THE HEALTHY PEOPLE 2030 OBJECTIVE HAS AN INFANT MORTALITY RATE GOAL OF 5.0 PER 1,000 LIVE BIRTHS. THE INFANT MORTALITY RATE IN BOULDER COUNTY WAS 3.7 PER 1,000 LIVE BIRTHS AND IN WELD COUNTY IT WAS 4.8 PER 1,000 LIVE BIRTHS. THE RATES IN ALL COUNTIES EXCEPT ADAMS COUNTY ARE LOWER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE. JEFFERSON COUNTY HAD THE LOWEST INFANT MORTALITY RATE (3.6), AND ADAMS COUNTY HAD THE HIGHEST INFANT MORTALITY RATE (5.2). COLORADO HAD AN INFANT MORTALITY RATE OF 4.6.

AGE-ADJUSTED DEATH RATE, ALL CAUSES, 2020: WHEN ADJUSTED FOR AGE, THE DEATH RATE FOR ADAMS COUNTY WAS 925.4 PER 100,000 PERSONS, JEFFERSON COUNTY WAS 712.3, WELD COUNTY 697.1, GILPIN COUNTY 628.9, BOULDER COUNTY WAS 600.3 PER 100,000 PERSONS AND IN BROOMFIELD COUNTY THE DEATH

Part VI Supplemental Information (Continuation)

RATE WAS 581.2 PER 100,000 PERSONS. ALL COUNTIES EXCEPT ADAMS COUNTY WERE BELOW THE STATE RATE OF 738.7.

PREMATURE DEATH RATE 2018: A PREMATURE DEATH RATE IS A DEATH RATE FOR A PERSON UNDER THE AGE OF 75. THE PREMATURE DEATH RATE IN BOULDER COUNTY WAS 205.4 PER 100,000 PERSONS AND IN BROOMFIELD COUNTY, THE PREMATURE DEATH RATE WAS 209.6 PER 100,000 PERSONS. ADAMS COUNTY HAD THE HIGHEST PREMATURE AGE-ADJUSTED DEATH RATE AMONG THE COUNTIES IN THE SERVICE REGION (318.8 PER 100,000 PERSONS), AND BOULDER COUNTY HAD THE LOWEST (205.4 PER 100,000 PERSONS).

CANCER DEATH RATE, AGE-ADJUSTED DEATH RATES PER 100,000 PERSONS, 2020: ADAMS COUNTY HAD THE HIGHEST AGE-ADJUSTED RATE OF DEATH FOR ALL CANCERS AT 140.3 AND GILPIN COUNTY WAS THE LOWEST AT 105.4 PER 100,000 PERSONS. ADAMS COUNTY AND WELD COUNTY (133.2 PER 100,000) WERE HIGHER THAN THE STATE RATE OF DEATH BY CANCER (125.1) AND HIGHER THAN THE HEALTHY PEOPLE 2030 OBJECTIVE OF 122.7 PER 100,000 PERSONS FOR ALL CANCERS. ALL OTHER COUNTIES WERE BELOW THE STATE AND HEALTHY PEOPLE 2030 RATES.

HEART DISEASE DEATH RATE, AGE - ADJUSTED DEATH RATE PER 100,000 PERSONS, 2020: ADAMS COUNTY HAS AN AGE- ADJUSTED RATE OF DEATH DUE TO HEART DISEASE OF 149.7 FOLLOWED BY JEFFERSON COUNTY OF 127.2, GILPIN COUNTY 107.0, WELD COUNTY 115.8, BROOMFIELD COUNTY 91.5, AND BOULDER COUNTY OF 106.8 PER 100,000 PERSONS. THE RATE FOR THE STATE OF COLORADO WAS 124.7.

STROKE DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2020: THE RATE OF DEATH FOR CEREBROVASCULAR DISEASE IN ADAMS COUNTY WAS 43.8, BOULDER

Part VI Supplemental Information (Continuation)

COUNTY 37.2, JEFFERSON COUNTY 31.1, BROOMFIELD COUNTY 23.3 AND WELD COUNTY 27.5 PER 100,000 PERSONS. THE RATE FOR THE STATE OF COLORADO WAS 34.9.

SCHEDULE H, PART VI, LINE 4

UNINTENTIONAL INJURY DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS, 2020: ADAMS COUNTY HAD THE HIGHEST RATE AT 65.6 FOLLOWED BY GILPIN COUNTY AT 61.6, JEFFERSON COUNTY 60.8, WELD COUNTY 54.7, BOULDER COUNTY 42.4, AND BROOMFIELD COUNTY 39.6 PER 100,000 PERSONS. THESE ALL EXCEED THE HEALTHY PEOPLE 2030 OBJECTIVE FOR UNINTENTIONAL INJURY DEATHS OF 43.2 PER 100,000 PERSONS.

DIABETES DEATH RATE, AGE ADJUSTED PER 100,000 PERSONS, 2020: THE AGE - ADJUSTED DEATH RATE FOR DIABETES WAS HIGHEST IN ADAMS COUNTY AT 24.3 FOLLOWED BY WELD COUNTY 20.9, BROOMFIELD COUNTY 12.1, JEFFERSON COUNTY 12.0, AND BOULDER COUNTY 10.6 PER 100,000 PERSONS.

PNEUMONIA DEATH RATE, AGE- ADJUSTED PER 100,000 PERSONS, 2020: THE DEATH RATE FROM PNEUMONIA HIGHEST IN ADAMS COUNTY WAS 6.7, FOLLOWED BY BROOMFIELD COUNTY AT 5.9, WELD COUNTY 5.8, BOULDER COUNTY 5.6, AND JEFFERSON COUNTY AT 5.3 PER 100,000 PERSONS. THE RATE FOR THE STATE OF COLORADO WAS 5.8 PER 100,000 PERSONS.

SUICIDE DEATH RATE, AGE-ADJUSTED PER 100,000 PERSONS, 2020: THE COUNTY WITH THE HIGHEST RATE OF DEATH BY SUICIDE WAS ADAMS COUNTY AT 22.0 PER 100,000, FOLLOWED BY WELD COUNTY 17.0, JEFFERSON COUNTY 19.3, BOULDER COUNTY 17.7, AND BROOMFIELD COUNTY 8.6 PER 100,000 PERSONS. ALL COUNTIES EXCEPT BROOMFIELD AND THE STATE RATE OF 21.4

Part VI Supplemental Information (Continuation)

EXCEED THE HEALTHY PEOPLE OBJECTIVE OF 12.8 DEATHS PER 100,000 PERSONS.

DRUG-INDUCED DEATH RATE, AGE - ADJUSTED PER 100,000 PERSONS. 2020: THE HIGHEST RATE OF DRUG- INDUCED DEATHS IS SEEN IN GILPIN COUNTY AT 57.8, FOLLOWED BY JEFFERSON COUNTY 29.2, ADAMS COUNTY 26.7, WELD COUNTY 16.2, BOULDER COUNTY 15.7 AND BROOMFIELD COUNTY 13.9 PER 100,000 PERSONS. THE AGE-ADJUSTED DRUG-INDUCED DEATH RATE FOR THE STATE IS 25.5.

ALCOHOL LIVER DISEASE, AGE- ADJUSTED PER 100,000 PERSONS, 2016: THE RATE OF DEATH DUE TO ALCOHOL LIVER DISEASE WAS HIGHEST IN ADAMS COUNTY AT 19.9 FOLLOWED BY JEFFERSON COUNTY 12.4, BOULDER COUNTY 9.9, WELD COUNTY 9.3, AND BROOMFIELD COUNTY 6.1 PER 100,000 PERSONS. THE RATE FOR THE STATE WAS 13.5.

HIV/ AIDS MORTALITY, AGE- ADJUSTED PER 100,000 PERSONS, 2020: THE RATE OF DEATH DUE TO HIV/AIDS WAS 1.0 IN ADAMS COUNTY AND 0.9 IN JEFFERSON COUNTY. THE RATES FOR THE OTHER COUNTIES WERE TOO LOW TO BE RECORDED. THE STATE RATE WAS 0.7.

HEALTH INSURANCE COVERAGE, CIVILIAN NONINSTITUTIONALIZED POPULATION, AGES 18-64: HEALTH INSURANCE COVERAGE IS CONSIDERED A KEY COMPONENT TO ACCESS HEALTH CARE. THE HEALTHY PEOPLE 2030 OBJECTIVE IS FOR 92.1% OF THE POPULATION TO HAVE HEALTH INSURANCE COVERAGE. IN THE SERVICE AREA, 93.8% OF THE POPULATION WAS INSURED. INSURANCE COVERAGE IN HSR 16 (BOULDER AND BROOMFIELD COUNTIES) WAS 94.7%. INSURANCE COVERAGE WAS HIGHER IN HSR 18, WELD COUNTY (95.9%) THAN IN HSR 14, ADAMS COUNTY (90.9%). INSURANCE COVERAGE WAS HIGHEST IN HSR 21, JEFFERSON COUNTY (97.4%), AND LOWEST IN HSR 17, GILPIN COUNTY (88.2%). HEALTH INSURANCE

Part VI Supplemental Information (Continuation)

COVERAGE RANGED FROM 85.3% IN DENVER 80260 TO 99.4% IN BOULDER 80310.

COLORADO HAD 93.5% INSURANCE COVERAGE ACROSS THE STATE.

UNINSURED CHILDREN, AGE 0-18 2019: THE PERCENTAGE OF UNINSURED CHILDREN UNDER THE AGE OF 18 WAS HIGHEST ADAMS AND WELD COUNTIES (4.6%) FOLLOWED BY JEFFERSON COUNTY (3.5%), BOULDER COUNTY (2.1%). BROOMFIELD COUNTY (2.0%) HAD THE LOWEST RATE OF UNINSURED CHILDREN IN THE SERVICE AREA. EXCEPT FOR ADAMS AND WELD COUNTIES, ALL COUNTIES HAD LOWER RATES THAN THE STATE RATE OF 4.5%.

ADULTS WITH UNMET MEDICAL NEED DUE TO COST: NEARLY 15% OF ADULTS IN HSR 17 (GILPIN, CLEAR CREEK, PARK AND TELLER COUNTIES) AND 12% OF ADULTS IN HRS 18, WELD COUNTY HAD AN UNMET MEDICAL NEED AND WERE NOT ABLE TO AFFORD CARE. HSR 16 (BOULDER AND BROOMFIELD COUNTIES) HAD THE LOWEST RATES OF FOREGONE MEDICAL CARE DUE TO COST AMONG COUNTIES IN THE SERVICE AREA (8.1%), AND HSR 14, ADAMS COUNTY HAD THE HIGHEST RATE (16.9%). JUST UNDER 13% OF COLORADO RESIDENTS DID NOT GET NEEDED CARE.

PRIMARY CARE PHYSICIANS, NUMBER AND RATIO, 2019: THE PRIMARY CARE PHYSICIAN RATIO REPRESENTS THE NUMBER OF LICENSED PHYSICIANS PER 1,000 PERSONS. WELD COUNTY HAD THE LOWEST RATE OF PRIMARY CARE PHYSICIANS IN THE SERVICE AT 0.9 PER 1,000 PERSONS AND GILPIN AND BOULDER COUNTIES HAD THE HIGHEST RATE OF PHYSICIANS AT 2.5 PER 1,000 PERSONS. THERE WERE 3.1 LICENSED PHYSICIANS PER 1,000 PERSONS IN COLORADO.

ADULTS WITH UNMET DENTAL CARE DUE TO COST, 2019: MORE THAN 18% OF ADULTS DID NOT GET THE DENTAL CARE THEY NEEDED IN HSR 16, (BOULDER AND BROOMFIELD COUNTIES) BECAUSE OF COST. HSR 17, GILPIN COUNTY, HAD THE

Part VI Supplemental Information (Continuation)

HIGHEST RATE OF FOREGONE DENTAL CARE DUE TO COST (26.4%), AND HSR 18, WELD COUNTY, HAD THE LOWEST RATE (16.8%). HSR 16, (BOULDER AND BROOMFIELD COUNTIES) HAD THE HIGHEST RATES OF ADULT DENTAL VISITS (82.1%), AND HSR 14, ADAMS COUNTY HAD THE LOWEST (69.1%). NEARLY 74% OF COLORADO RESIDENTS HAD A DENTAL VISIT LAST YEAR AND 20.6% NEEDED DENTAL CARE BUT DID NOT GET IT DUE TO COST.

MENTAL HEALTH PROVIDERS, NUMBER AND RATIO, 2020: MENTAL HEALTH PROVIDERS INCLUDE PSYCHIATRISTS, CLINICAL PSYCHOLOGISTS, CLINICAL SOCIAL WORKERS, PSYCHIATRIC NURSE SPECIALISTS, AND MARRIAGE AND FAMILY THERAPISTS WHO MEET CERTAIN QUALIFICATIONS AND CERTIFICATIONS. BOULDER COUNTY HAD THE MOST MENTAL HEALTH PROVIDERS (6.3 PER 1,000 PERSONS) IN THE SERVICE AREA AND WELD HAD THE FEWEST (1.7 PER 1,000 PERSONS). GILPIN COUNTY HAD THE MOST MENTAL HEALTH TREATMENT FACILITIES AT 1.66 PER 10,000 PERSONS AND BOULDER COUNTY HAD THE LEAST (0.12 PER 10,000 PERSONS). COLORADO HAD 2.7 MENTAL HEALTH PROVIDERS PER 1,000 PERSONS AND 0.28 MENTAL HEALTH TREATMENT FACILITIES PER 10,000 PERSONS.

FAIR OR POOR HEALTH, ADULTS, 2018: WHEN ASKED TO SELF-REPORT ON HEALTH STATUS WITHIN THE PAST MONTH. ADAMS COUNTY HAD THE HIGHEST RATE OF SELF-REPORTED POOR PHYSICAL HEALTH (11.8%), AND BROOMFIELD COUNTY HAD THE LOWEST RATE (8.2%). 9.1% OF ADULTS IN COLORADO REPORTED POOR PHYSICAL HEALTH FOR 14 OR MORE DAYS WITHIN THE LAST MONTH.

ASTHMA PREVALENCE, PERCENT OF ADULT POPULATION (18 AND OLDER), 2018: THE PREVALENCE OF ASTHMA IS 11.3% IN ADAMS COUNTY, BEING THE HIGHEST, 9.7% IN JEFFERSON COUNTY, 8.7% IN WELD COUNTY, 8.0% IN BROOMFIELD COUNTY, 6.9% IN GILPIN COUNTY AND 6.7% IN BOULDER COUNTY, BEING THE

Part VI Supplemental Information (Continuation)

LOWEST PERCENTAGE. ONLY ADAMS AND JEFFERSON COUNTY RATES WERE HIGHER THAN THE STATE RATE OF 8.9%.

ADULT DIABETES PREVALENCE, 2018: THE PERCENTAGE OF ADULT DIABETES IS THE HIGHEST IN WELD COUNTY 8.6%, FOLLOWED BY ADAMS COUNTY WITH 8.4%, JEFFERSON COUNTY 6.3%, BROOMFIELD AND BOULDER COUNTY 5.9%, AND GILPIN COUNTY 4.0%, BEING THE LOWEST. ONLY ADAMS AND WELD COUNTY RATES WERE HIGHER THAN THE STATE RATE OF 6.8%.

HIGH BLOOD PRESSURE, 2018: THE PERCENTAGE OF HIGH BLOOD PRESSURE IS THE HIGHEST IN GILPIN COUNTY 33.7%, FOLLOWED BY ADAMS COUNTY WITH 26.3%, WELD COUNTY 25.1%, JEFFERSON COUNTY 24.6%, BROOMFIELD COUNTY 23.9%, AND BEING THE LOWEST, BOULDER COUNTY OF 22.6%. ONLY GILPIN AND ADAMS COUNTY RATES WERE HIGHER THAN THE STATE RATE OF 25.8%.

SEXUALLY TRANSMITTED INFECTIONS, PER 100,000 PERSONS, 2018: RATES OF HIV, CHLAMYDIA AND GONORRHEA WERE HIGHEST IN ADAMS COUNTY COMPARED TO OTHER SERVICE AREA COUNTIES. CHLAMYDIA HAD THE HIGHEST INCIDENCE RATES OF A SEXUALLY TRANSMITTED INFECTION: 571.2 PER 100,000 PERSONS IN ADAMS COUNTY AND 458.2 PER 100,000 PERSONS IN WELD COUNTY. GILPIN COUNTY HAD THE LOWEST RATES OF GONORRHEA (49.2 PER 100,000 PERSONS), AND CHLAMYDIA (65.6 PER 100,000 PERSONS) AMONG THE COUNTIES IN THE SERVICE AREA.

ADULT OVERWEIGHT (BMI 25.5 TO 29.9) AND ADULT OBESE (BMI > 30), 2018: IN THE SERVICE AREA, ADAMS COUNTY HAD THE HIGHEST RATE OF OVERWEIGHT OR OBESE ADULTS AS A PERCENTAGE OF THE POPULATION (67.6%), AND WELD COUNTY HAD THE HIGHEST RATE OF ADULT OBESITY (29.3%). JUST MORE THAN 58% OF COLORADO IS OVERWEIGHT OR OBESE AND 22.6% OF THE POPULATION IS OBESE.

Part VI Supplemental Information (Continuation)

PHYSICAL ACTIVITY, 2018: IN THE SERVICE AREA, BOULDER COUNTY HAD THE LOWEST RATE OF PHYSICAL INACTIVITY (9.8%), AND BROOMFIELD COUNTY HAD THE HIGHEST LEVEL OF ACCESSIBILITY TO LOCATIONS FOR PHYSICAL ACTIVITY (99.5%). SLIGHTLY MORE THAN 90% OF COLORADO RESIDENTS HAD ACCESS TO LOCATIONS FOR PHYSICAL ACTIVITY AND 16.1% OF COLORADO RESIDENTS REPORTED NO LEISURE TIME PHYSICAL ACTIVITY.

SCHEDULE H, PART VI, LINE 4

CIGARETTE/E-CIGARETTE SMOKING, 2016-2018: THE HEALTHY PEOPLE 2030 OBJECTIVE IS 5% OF THE POPULATION WHO SMOKE CIGARETTES. ALL SERVICE AREA COUNTIES EXCEED THIS RATE. 8% OF PREGNANT MOTHERS IN JEFFERSON COUNTY AND 7.8% IN GILPIN COUNTY SMOKED DURING THEIR PREGNANCY. AMONG STUDENTS WHO REPORTED USING AN E-CIGARETTE IN THE PAST 30 DAYS, RATES RANGED FROM 23.4% IN HSR 14, ADAMS COUNTY, TO 29.3% IN HSR 18, WELD COUNTY. HSR 17, GILPIN COUNTY, HAD THE HIGHEST RATES OF STUDENTS REPORTING SMOKING CIGARETTES IN THE LAST 30 DAYS (8.7%). ABOUT 15% OF COLORADO ADULTS SMOKE CIGARETTES AND 5.7% OF COLORADO HIGH SCHOOL STUDENTS REPORTED SMOKING CIGARETTES ONE OR MORE TIMES IN THE PAST 30 DAYS. 26.1% OF STUDENTS REPORTED USING AN ELECTRONIC VAPOR PRODUCT ONE OR MORE TIMES WITHIN THE PAST 30 DAYS, AND 6.1% OF PREGNANT WOMEN IN COLORADO REPORTED SMOKING CIGARETTES.

FREQUENT MENTAL DISTRESS, ADULT, 2018: THE PERCENTAGE OF THE ADULT POPULATION REPORTING MORE THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH WAS 10.0% IN BOULDER COUNTY AND 11.8% IN ADAMS COUNTY. BROOMFIELD COUNTY HAD THE HIGHEST LEVEL OF FREQUENT MENTAL DISTRESS AMONG ADULTS (15.4%) IN THE SERVICE AREA, AND JEFFERSON COUNTY HAD THE LOWEST LEVEL

Part VI Supplemental Information (Continuation)

OF FREQUENT MENTAL DISTRESS AMONG ADULTS (9.8%). JUST UNDER 11% OF COLORADO ADULTS REPORTED FREQUENT MENTAL DISTRESS.

BINGE DRINKING, ADULTS, 2016- 2018: BINGE DRINKING IS DEFINED AS FIVE OR MORE DRINKS ON ONE OCCASION FOR MEN AND FOUR OR MORE DRINKS FOR WOMEN. THE HEALTHY PEOPLE 2030 OBJECTIVE IS THAT ONLY 25.4% OF ADULTS ENGAGE IN BINGE DRINKING IN THE PAST MONTH. HEAVY DRINKING IS DEFINED AS MORE THAN TWO DRINKS PER DAY FOR MEN AND MORE THAN ONE DRINK A DAY FOR WOMEN. IN THE SERVICE AREA, HSR 16 (BOULDER AND BROOMFIELD COUNTIES) HAD THE HIGHEST RATES OF DRINKING AMONG STUDENTS WITH 36.6% OF STUDENTS REPORTING HAVING HAD AT LEAST 1 DRINK IN THE PAST 30 DAYS. HSR 21, JEFFERSON COUNTY, HAD THE HIGHEST LEVEL OF BINGE DRINKING (21.4%) IN THE SERVICE AREA. SEVEN PERCENT OF COLORADO RESIDENTS REPORTED HEAVY DRINKING WITHIN THE PAST MONTH AND 19.1% REPORTED BINGE DRINKING WITHIN THE PAST MONTH. JUST UNDER 30% OF HIGH SCHOOL STUDENTS REPORTED HAVING AT LEAST 1 DRINK IN THE PAST 30 DAYS IN COLORADO.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|----------------------------------|---|---------------------------------------|------------------------------------|
| LUTHERAN MEDICAL CENTER FOUNDATION 8300 WEST 38TH AVENUE WHEAT RIDGE, CO 80033 | 20-8846152 | 501 (C) (3) | 655,782. | 0. | | | PROGRAM SUPPORT |
| GOOD SAMARITAN MEDICAL CENTER FOUNDATION - 200 EXEMPLA CIRCLE - LAFAYETTE, CO 80026 | 84-1649162 | 501 (C) (3) | 636,868. | 0. | | | PROGRAM SUPPORT |
| PROJECT CURE INTERNATIONAL HEADQUARTERS - 10377 E. GEDDES AVENUE - CENTENNIAL, CO 80112 | 84-1568566 | 501 (C) (3) | 0. | 486,206. | BOOK | SURGICAL SUPPLIES | PROGRAM SUPPORT |
| METRO COMMUNITY PROVIDER NETWORK 2255 S. ONEIDA STREET DENVER, CO 80224 | 74-2477108 | 501 (C) (3) | 31,500. | 0. | | | PROGRAM SUPPORT |
| JEFFERSON COUNTY LIBRARY FOUNDATION INC - 10790 W 50TH AVE, SUITE 200 - WHEAT RIDGE, CO 80033 | 23-7029313 | 501 (C) (3) | 30,000. | 0. | | | PROGRAM SUPPORT |
| COLLEGE TRACK COLORADO 1391 SPEER BLVD SUITE 405 DENVER, CO 80204 | 94-3279613 | 501 (C) (3) | 20,000. | 0. | | | PROGRAM SUPPORT |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **17.**

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) 2021

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 noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| MENTAL HEALTH PARTNERS 1455 DIXON AVE LAFAYETTE, CO 80026 | 84-0520493 | 501 (C) (3) | 15,225. | 0. | | | PROGRAM SUPPORT |
| SISTER CARMEN COMMUNITY CENTER 655 ASPEN RIDGE DR. LAFAYETTE, CO 80026 | 84-0820308 | 501 (C) (3) | 15,000. | 0. | | | PROGRAM SUPPORT |
| CLINICA FAMILY HEALTH SERVICES 1345 PLAZA COURT N. LAFAYETTE, CO 80026 | 84-0743432 | 501 (C) (3) | 15,000. | 0. | | | PROGRAM SUPPORT |
| CITY AND COUNTY OF BROOMFIELD 13201 LOWELL BLVD BROOMFIELD, CO 80020 | 84-6014589 | BROOMFIELD COUNTY | 15,000. | 0. | | | PROGRAM SUPPORT |
| BROOMFIELD FISH 6 GARDEN CENTER BROOMFIELD, CO 80020 | 84-1591870 | 501 (C) (3) | 15,000. | 0. | | | PROGRAM SUPPORT |
| BICYCLE COLORADO 1525 MARKET STREET, SUITE 100 DENVER, CO 80202 | 84-1201078 | 501 (C) (3) | 15,000. | 0. | | | PROGRAM SUPPORT |
| WOW CHILDRENS MUSEUM 110 N HARRISON AVE LAFAYETTE, CO 80026 | 84-1421537 | 501 (C) (3) | 15,000. | 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 |
| VIA MOBILITY SERVICES 2855 63RD ST. BOULDER, CO 80301 | 84-0777296 | 501 (C) (3) | 8,775. | 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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| | | | | | |
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| | | | | | |

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 for instructions and the latest information.

OMB No. 1545-0047

2021

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 |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input 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 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 | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | |
| 3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> 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 | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | | |
| a Receive a severance payment or change-of-control payment? | 4a | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | X |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | | |
| a The organization? | 5a | X |
| b Any related organization? | 5b | X |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | | |
| a The organization? | 6a | X |
| b Any related organization? | 6b | X |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III | 7 | X |
| 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | X |
| 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? | 9 | |

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

Schedule J (Form 990) 2021

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (1) LYDIA JUMONVILLE FORMER OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 1,302,227. | 439,629. | 390,552. | 448,852. | 21,261. | 2,602,521. | 378,434. |
| (2) MARK KORTH MEMBER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 934,809. | 251,834. | 4,670. | 156,290. | 26,080. | 1,373,683. | 0. |
| (3) JANIE WADE TREASURER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 867,860. | 222,790. | 4,636. | 136,927. | 25,770. | 1,257,983. | 0. |
| (4) ADAM SMITH, MD PHYSICIAN | (i) | 895,637. | 310,349. | 1,774. | 14,915. | 32,807. | 1,255,482. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) JAMES TREADWELL, MD PHYSICIAN | (i) | 646,544. | 514,751. | 15,190. | 17,400. | 34,227. | 1,228,112. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) JOHN WICKLUND PRESIDENT REGIONAL WESTERN CO & LMC | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 588,508. | 172,200. | 295,916. | 14,500. | 19,267. | 1,090,391. | 0. |
| (7) JASON SHOFNOS, MD PHYSICIAN | (i) | 843,709. | 175,849. | 2,344. | 15,271. | 31,460. | 1,068,633. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) JAKE CHANIN, MD PHYSICIAN | (i) | 564,939. | 403,142. | 958. | 17,400. | 14,082. | 1,000,521. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) BASHEAL AGRAWAL, MD PHYSICIAN | (i) | 854,692. | 56,438. | 870. | 17,400. | 32,559. | 961,959. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) JENNIFER ALDERFER PRESIDENT GSMC & SYSTEM TRANSFORM OF | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 530,437. | 151,178. | 106,331. | 82,438. | 13,715. | 884,099. | 67,888. |
| (11) THOMAS MYDLER, MD VP CHIEF MEDICAL OFFICER 1/1-4/1 | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 195,753. | 74,838. | 332,961. | 51,882. | 24,413. | 679,847. | 44,881. |
| (12) THOMAS DONOHOE SECRETARY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 424,612. | 76,120. | 1,614. | 64,520. | 28,830. | 595,696. | 0. |
| (13) JAMES DOYLE FORMER OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 320,899. | 93,174. | 132,603. | 9,524. | 20,061. | 576,261. | 0. |
| (14) KAREN SCREMIN FORMER OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 0. | 78,404. | 439,473. | 49,404. | 6,539. | 573,820. | 48,455. |
| (15) STEVEN BROWN, MD VP CHIEF MEDICAL OFFICER | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 366,304. | 74,160. | 52,928. | 17,400. | 20,807. | 531,599. | 0. |
| (16) ANDREA BURCH VP CHIEF OPERATING/NURSING OFFICER L | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (ii) | 312,221. | 60,771. | 23,627. | 49,171. | 30,030. | 475,820. | 22,896. |

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|------------------------------------|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| (17) SCOTT DAY | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP HUMAN RESOURCE OPERATIONS LMC | (ii) | 253,092. | 50,401. | 36,005. | 40,634. | 18,321. | 398,453. | 25,253. |
| (18) SEAN FADDEN | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| FORMER OFFICER | (ii) | 243,550. | 44,987. | 21,773. | 37,506. | 27,051. | 374,867. | 21,233. |
| (19) PETER BENKOWSKI | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP STRATEGY & BUS DEVELOPMENT GSMC | (ii) | 213,725. | 43,672. | 21,455. | 35,210. | 28,780. | 342,842. | 19,642. |
| (20) JUSTIN SCHMIEDEL | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP CHIEF OPERATING OFFICER GSMC | (ii) | 219,619. | 51,512. | 566. | 39,132. | 25,551. | 336,380. | 0. |
| (21) MEGAN DURNING | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP STRATEGY & BUS DEVELOPMENT LMC | (ii) | 229,780. | 45,021. | 26,836. | 34,603. | 0. | 336,240. | 26,315. |
| (22) HILDA DALFONSO | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP FINANCE GSMC | (ii) | 198,104. | 38,936. | 744. | 31,392. | 1,395. | 270,571. | 0. |
| (23) MARY DEINES | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP CHIEF NURSING OFFICER GSMC | (ii) | 244,246. | 0. | 3,625. | 0. | 20,581. | 268,452. | 0. |
| (24) PATRICE FARRELL-DELINE | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| FORMER KEY EMPLOYEE | (ii) | 164,268. | 32,136. | 1,837. | 23,917. | 21,816. | 243,974. | 0. |
| (25) CALVIN BEASLEY | (i) | 160,405. | 32,963. | 829. | 26,344. | 22,009. | 242,550. | 0. |
| VP INTEGRATIVE SVCS LMC | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (26) TONI GREEN-CHEATWOOD | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP CHIEF MEDICAL OFFICER | (ii) | 144,228. | 0. | 38,735. | 0. | 8,575. | 191,538. | 0. |
| (27) ASHLEY DENTON | (i) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| VP FINANCE LMC | (ii) | 142,275. | 4,233. | 382. | 5,490. | 16,229. | 168,609. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
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Part III Supplemental Information

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

PART I, LINE 3:

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

THE ORGANIZATION'S OFFICERS AND SENIOR MANAGEMENT ARE PAID BY A RELATED ORGANIZATION, SISTERS OF CHARITY OF LEAVENWORTH HEALTH SYSTEM, INC. (SCL HEALTH). COMPENSATION FOR THE OFFICERS AND SENIOR MANAGEMENT IS MANAGED BY THE 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

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.

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.

- 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

Part III Supplemental Information

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

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

PART I, LINES 4A-B:

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 2021 WERE: THOMAS MYDLER - \$273,446, KAREN SCREMIN - \$384,479.

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

Part III Supplemental Information

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

EXECUTIVES (SENIOR MANAGEMENT) TO COMPENSATE FOR REGULATORY IMPOSED LIMITATIONS IN QUALIFIED RETIREMENT PLANS AND TO PROVIDE A BENEFIT CONSISTENT WITH OTHER NOT FOR PROFIT HEALTH SYSTEMS. THESE PLANS ENABLE THE EXECUTIVE TO EARN BENEFITS DURING EACH YEAR THAT THEY PARTICIPATE.

IN 2014, IN AN EFFORT TO REDUCE LONG-TERM 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

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.

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

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

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.

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

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN
PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2021. 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 2021 WERE: JENNIFER
ALDERFER - \$67,888, J. GRANT WICKLUND - \$281,185, PETER BENKOWSKI -
\$19,642, STEVEN BROWN, MD - \$45,160, ANDREA BURCH - \$22,896, SCOTT DAY -
\$25,253, MEGAN DURNING - \$26,315, THOMAS MYDLER, MD - \$44,881, JAMES DOYLE
- \$123,276, SEAN FADDEN - \$21,233, LYDIA JUMONVILLE - \$378,434, KAREN
SCREMIN - \$48,455.

IN ACCORDANCE WITH THE REQUIREMENTS OF SCHEDULE J, DEFERRED COMPENSATION

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.

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

Part III Supplemental Information

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

THE 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 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

Part III Supplemental Information

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

THE 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 15,700 FULL-TIME ASSOCIATES AND MORE THAN 500 EMPLOYED PHYSICIANS. SCL 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

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.

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.

Part IV Business Transactions Involving Interested Persons.

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

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? | |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
| | | | | Yes | No |
| AMELIA BROWN | SEE PART V | 165,841. | EMPLOYMENT | | X |
| BRIAN BURCH | SEE PART V | 10,646. | EMPLOYMENT | | X |
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Part V Supplemental Information.

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

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

(A) NAME OF PERSON: AMELIA BROWN

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - KEY EMPLOYEE JUSTIN

SCHMIEDEL IS THE SPOUSE OF AN EMPLOYEE OF SCL HEALTH - FRONT RANGE, INC.

(A) NAME OF PERSON: BRIAN BURCH

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - KEY EMPLOYEE ANDREA BURCH

IS THE PARENT OF AN EMPLOYEE OF SCL HEALTH - FRONT RANGE, INC.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

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) 2021

Name of the organization

SCL HEALTH - FRONT RANGE, INC.

Employer identification number

84-1103606

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 27,461 INPATIENT ADMISSIONS AND 257,739 TOTAL

OUTPATIENT VISITS WHILE PROVIDING SURGICAL SERVICES TO 13,193

RECIPIENTS. TOTAL BIRTHS AT SCLHFR WERE 3,686. TOTAL ER VISITS WERE

95,517. TOTAL LAB TESTS PERFORMED WERE 1,433,267.

-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

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

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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

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

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

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

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

| | |
|--|--|
| Name of the organization SCL HEALTH - FRONT RANGE, INC. | Employer identification number 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 V, LINE 1A

EXPLANATION FOR NUMBER REPORTED IN BOX 3 OF FORM 1096

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

Name of the organization

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BE FILED.

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

MEMBERS OR STOCKHOLDERS

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

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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 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.

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

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

- 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

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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 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.

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

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

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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)

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

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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.

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 VII, SECTION B, LINE 2

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

INDEPENDENT CONTRACTORS

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

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

CONTRACT LABOR:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 51,672,229. |
| MANAGEMENT AND GENERAL EXPENSES | 4,053,722. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 55,725,951. |

PURCHASED SERVICES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 19,779,342. |
| MANAGEMENT AND GENERAL EXPENSES | 1,551,703. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 21,331,045. |

PROFESSIONAL FEES:

| | |
|---------------------------------|-------------|
| PROGRAM SERVICE EXPENSES | 39,471,485. |
| MANAGEMENT AND GENERAL EXPENSES | 3,096,565. |
| FUNDRAISING EXPENSES | 0. |
| TOTAL EXPENSES | 42,568,050. |

| | |
|--|--------------|
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A | 119,625,046. |
|--|--------------|

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

TRANSFER FROM FOUNDATION FOR REIMBURSEMENT OF CAPITAL

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

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 | 352,362,803. | 613,910,067. | SCL HEALTH - FRONT RANGE, INC. |
| SCL HEALTH MEDICAL GROUP - DENVER, LLC - 46-3778226, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021 | PHYSICIAN SERVICES | COLORADO | 165,600,026. | 214,848,964. | 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 | 100,062,556. | 123,667,273. | 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) 2021

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 | |
| 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 |
| SUMMIT SURGERY CENTER, LLC - 81-0536068, 434 SOUTH CLARK STREET, BUTTE, MT 59701 | OP SURGERY | MT | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | (i) Section 512(b)(13) controlled entity? | |
|--|---------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
| | | | | | | | | Yes | No |
| CARITAS, INC. AND SUBSIDIARIES - 48-0941069 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021 | HEALTHCARE | KS | N/A | C CORP | N/A | N/A | N/A | | X |
| WEST END ASSOCIATION, INC. - 85-4261243 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021 | 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 |
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Part III Continuation of Identification of Related Organizations Taxable as a Partnership

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportion- ate allocations? | | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|--------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
| | | | | | | | Yes | No | | Yes | No | |
| GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501 | OP SURGERY | CO | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502 | MANAGEMENT SERVICES | CO | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| PAVILION IMAGING LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501 | RADIOLOGY | CO | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401 | OP CANCER | CO | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021 | MEDICAL AIR TRANSPORT | CO | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103 | RENTAL REAL ESTATE | MT | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
| YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101 | OP SURGERY | MT | N/A | N/A | N/A | N/A | | X | N/A | | X | N/A |
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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 |
|--|-----|----|
| 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | | X |
| b Gift, grant, or capital contribution to related organization(s) | X | |
| c Gift, grant, or capital contribution from related organization(s) | X | |
| d Loans or loan guarantees to or for related organization(s) | | X |
| e Loans or loan guarantees by related organization(s) | X | |
| f Dividends from related organization(s) | | X |
| g Sale of assets to related organization(s) | | X |
| h Purchase of assets from related organization(s) | | X |
| i Exchange of assets with related organization(s) | | X |
| j Lease of facilities, equipment, or other assets to related organization(s) | | X |
| k Lease of facilities, equipment, or other assets from related organization(s) | | X |
| l Performance of services or membership or fundraising solicitations for related organization(s) | | X |
| m Performance of services or membership or fundraising solicitations by related organization(s) | X | |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | X |
| o Sharing of paid employees with related organization(s) | | X |
| p Reimbursement paid to related organization(s) for expenses | | X |
| q Reimbursement paid by related organization(s) for expenses | | X |
| r Other transfer of cash or property to related organization(s) | | X |
| s Other transfer of cash or property from related organization(s) | | X |

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) GOOD SAMARITAN MEDICAL CENTER FOUNDATION | B | 636,868. | CASH |
| (2) GOOD SAMARITAN MEDICAL CENTER FOUNDATION | C | 325,071. | CASH |
| (3) LUTHERAN MEDICAL CENTER FOUNDATION | B | 655,782. | CASH |
| (4) LUTHERAN MEDICAL CENTER FOUNDATION | C | 1,600,159. | 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