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GOVERNMENT COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning _____, 2020, and ending _____, 20

2020

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

Name of exempt organization or person subject to tax

Taxpayer identification number

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

84-0425720

Name and title of officer or person subject to tax

**TERRI CHINN
VP FINANCE & CFO**

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>441,527,467.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____

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

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax ▶

Date ▶

Part III Certification and Authentication

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

84967218642

Do not enter all zeros

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

ERO's signature ▶

Date ▶

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

▶ 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.

A For the 2020 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 ST. MARY'S HOSPITAL & MEDICAL CENTER INC		D Employer identification number 84-0425720
	Doing business as		E Telephone number 970-298-2273
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	2635 N. 7TH STREET		G Gross receipts \$ 444,425,104.
	City or town, state or province, country, and ZIP or foreign postal code GRAND JUNCTION, CO 81501		
F Name and address of principal officer: BRYAN JOHNSON SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 0928	

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

J Website: ▶ **SEE SCHEDULE O**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1975** **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		
	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	10
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	2615
	6 Total number of volunteers (estimate if necessary)	6	330
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,079,223.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	723,028.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,114,915.	Current Year 15,082,705.
	9 Program service revenue (Part VIII, line 2g)	411,195,736.	405,695,153.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,287,356.	16,733,049.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,704,071.	4,016,560.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	435,302,078.	441,527,467.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,787,615.	14,866,146.
	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)	141,899,672.	144,129,295.
	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)	248,630,841.	244,474,234.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	404,318,128.	403,469,675.	
19 Revenue less expenses. Subtract line 18 from line 12	30,983,950.	38,057,792.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 775,758,827.	End of Year 869,438,754.
	21 Total liabilities (Part X, line 26)	28,793,664.	84,003,936.
	22 Net assets or fund balances. Subtract line 21 from line 20	746,965,163.	785,434,818.

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		
	TERRI CHINN, VP FINANCE & CFO 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 ▶			
	Firm's address ▶	Phone no.			

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.

4a (Code:) (Expenses \$ 337,422,835. including grants of \$ 14,866,146.) (Revenue \$ 408,231,821.) ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., (SMMC) IN GRAND JUNCTION, CO., IS THE LARGEST MEDICAL CENTER BETWEEN DENVER AND SALT LAKE CITY AND IS COMMITTED TO PUTTING PEOPLE FIRST. SERVING THE HEALTHCARE NEEDS OF WESTERN COLORADO AND EASTERN UTAH FOR OVER 120 YEARS, SMMC IS A FAITH-BASED, NONPROFIT PROVIDER AND IS PART OF SCL HEALTH, WHOSE VISION STATEMENT DECLARES THAT, "INSPIRED BY OUR FAITH, WE WILL PARTNER WITH OUR PATIENTS AND COMMUNITIES TO EXCEED THEIR EXPECTATIONS FOR HEALTH." FOUNDED IN 1896 BY THE SISTERS OF CHARITY OF LEAVENWORTH, SMMC HAS A RICH HISTORY OF SERVING THE MANY NEEDS OF ITS COMMUNITY, FROM ADVANCED MEDICAL CARE TO CHARITABLE GIVING.

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 337,422,835.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 2615		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 10		
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 in 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 in 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 in 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 **CA**
- 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 BOULEVARD, SUITE 4200, BROOMFIELD, CO 80021

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BASHEAL AGRAWAL, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	1,091,273.	48,483.
(2) BRIAN WITWER, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	1,084,374.	50,243.
(3) EDWARD MAURIN, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	1,053,586.	51,540.
(4) LEONARD LAPKIN, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	824,423.	50,941.
(5) BRYAN JOHNSON PRESIDENT	50.00 0.00	X		X				0.	580,188.	94,958.
(6) ANDREW JONES, MD VP CHIEF MEDICAL OFFICER SMG	50.00 0.00				X			0.	502,229.	81,795.
(7) DANIEL PRINSTER VP STRATEGY & BUS DEVELOPMENT SMG	50.00 0.00				X			0.	419,467.	68,885.
(8) TERRI CHINN VP FINANCE SMG	50.00 0.00			X				0.	398,679.	55,429.
(9) JUDITH WHITE HOUSE VP HUMAN RESOURCES SMG	50.00 0.00				X			0.	344,680.	56,845.
(10) GEORGE SCOTT, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	304,536.	45,341.
(11) RYAN JACKMAN, MD PHYSICIAN FAMILY MEDICINE	50.00 0.00					X		296,099.	0.	45,481.
(12) CHRISTOPHER HARGIS VP CHIEF OPERATING OFFICER SMG	50.00 0.00				X			0.	271,615.	50,751.
(13) SABRINA MITCHELL, MD MEDICAL DIR FAMILY MED	50.00 0.00					X		266,920.	0.	43,892.
(14) STEPHANIE LAPE, MD FORMER HIGHEST COMPENSATED	0.00 50.00						X	0.	279,683.	28,849.
(15) CHRISTOPHER UPTON, MD PHYSICIAN FAMILY MEDICINE	50.00 0.00					X		270,150.	0.	27,396.
(16) LYRAD RILEY, MD PHYSICIAN FAMILY MEDICINE	50.00 0.00					X		275,927.	0.	19,236.
(17) ANDREW GERDES, MD PHYSICIAN FAMILY MEDICINE	50.00 0.00					X		264,681.	0.	25,838.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MICHELLE SHIAO VP CHIEF NURSING OFFICER SMGJ	50.00 0.00				X		0.	204,834.	50,900.	
(20) LENNA WATSON RN CASE MGR	6.00 0.00	X					13,893.	0.	829.	
(21) JANET COMERFORD SECRETARY	2.00 0.00	X		X			0.	0.	0.	
(22) ROY ERB, MD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(23) MARK GRIFFIN, MD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(24) CONNIE KELLY CHAIR	2.00 0.00	X		X			0.	0.	0.	
(25) JEFF KUHR DIRECTOR	1.00 0.00	X					0.	0.	0.	
(26) TEYEN SHIAO, MD DIRECTOR	1.00 0.00	X					0.	0.	0.	
(27) MARTI STUDE DIRECTOR	1.00 0.00	X					0.	0.	0.	
1b Subtotal							1,387,670.	7,359,567.	897,632.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,387,670.	7,359,567.	897,632.	

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 **194**

	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
ANESTHESIA CONSULT OF WESTERN CO, 1120 WELLINGTON STREET, STE 206, GRAND	ANESTHESIA SERVICES	2,957,696.
ASSOCIATED REGIONAL & UNIVERSAL PATHOLOGIST 500 CHIPETA WAY, SALT LAKE CITY, UT 84127-0	PATHOLOGY LAB SERVICES	1,862,553.
GENERAL SURGEONS OF WESTERN CO., 2440 NORTH 11TH STREET, GRAND JUNCTION, CO	PHYSICIAN SERVICES	1,453,121.
OMNI LINEN SERVICES LLC 475 28 1/2 ROAD, GRAND JUNCTION, CO 81501	LINEN SERVICES	964,237.
TOTAL RENAL CARE INC PO BOX 781607, PHILADELPHIA, PA 19178-1607	MEDICAL SERVICES	883,578.

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 **36**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) VANCE WAGNER VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(29) CANDICE WALTON TREASURER	2.00 0.00	X		X				0.	0.	0.
(30) ANNE WORLEY DIRECTOR	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	3,042,140.				
	e Government grants (contributions)	1e	12,040,565.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			15,082,705.			
Program Service Revenue	2 a PATIENT REVENUE	Business Code	622110	398,186,307.	394,000,598.	4,185,709.	
	b IMAGING SERVICES		621512	5,872,497.	5,872,497.		
	c CANCER CARE SERVICES		621400	607,444.	607,444.		
	d AIR MEDICAL TRANSPORT SERVICES		621910	516,742.	516,742.		
	e CLINICALLY INTEGRATED NETWORK SVC		621990	479,605.	479,605.		
	f All other program service revenue		621999	32,558.	32,375.	183.	
	g Total. Add lines 2a-2f			405,695,153.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			17,041,601.		17,041,601.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	1,773,971.	966,720.			
		(ii) Personal					
		6b Less: rental expenses	1,668,088.	272,971.			
	6c Rental income or (loss)	105,883.	693,749.				
	d Net rental income or (loss)			799,632.		165,927.	633,705.
	7 a Gross amount from sales of assets other than inventory	(i) Securities		499,661.			
		(ii) Other					
		7b Less: cost or other basis and sales expenses		808,213.			
	7c Gain or (loss)		-308,552.				
	d Net gain or (loss)			-308,552.			-308,552.
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	101,221.					
b Less: cost of goods sold	10b	148,365.					
c Net income or (loss) from sales of inventory			-47,144.			-47,144.	
Miscellaneous Revenue	11 a MANAGEMENT SERVICES	Business Code	561000	1,776,990.	1,162,221.	614,769.	
	b CAFETERIA SALES		722514	1,245,766.	1,245,766.		
	c IMAGE STORAGE		518210	241,316.	128,681.	112,635.	
	d All other revenue						
	e Total. Add lines 11a-11d			3,264,072.			
12 Total revenue. See instructions			441,527,467.	404,045,929.	5,079,223.	17,319,610.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	14,535,698.	14,535,698.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	330,448.	330,448.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,181,255.	3,093,037.	88,218.	
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	111,622,904.	108,525,996.	3,096,908.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,319,969.	4,319,969.		
9 Other employee benefits	15,908,587.	15,351,975.	556,612.	
10 Payroll taxes	9,096,580.	9,030,808.	65,772.	
11 Fees for services (nonemployees):				
a Management				
b Legal	70,380.	70,380.		
c Accounting				
d Lobbying	5,999.		5,999.	
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.)	25,533,405.	16,829,325.	8,704,080.	
12 Advertising and promotion	1,808,433.	77,030.	1,731,403.	
13 Office expenses	1,087,275.	971,958.	115,317.	
14 Information technology	29,449,951.	3,884,070.	25,565,881.	
15 Royalties				
16 Occupancy	3,387,847.	3,353,247.	34,600.	
17 Travel	232,991.	182,035.	50,956.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	213,337.	195,690.	17,647.	
20 Interest	39,377.	39,377.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	27,772,038.	27,772,038.		
23 Insurance	2,268,409.	2,268,409.		
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	75,192,133.	75,192,133.		
b MEDICAID PROVIDER TAXES	28,218,394.	28,218,394.		
c BILLING & COLLECTION -	10,020,516.		10,020,516.	
d BAD DEBT EXPENSE	9,479,878.	9,479,878.		
e All other expenses	29,693,871.	13,700,940.	15,992,931.	
25 Total functional expenses. Add lines 1 through 24e	403,469,675.	337,422,835.	66,046,840.	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	7,800.	1	8,099.
	2 Savings and temporary cash investments	2,145,873.	2	2,513,284.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	61,566,602.	4	55,582,911.
	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	161,179.	7	230,966.
	8 Inventories for sale or use	10,118,294.	8	10,570,688.
	9 Prepaid expenses and deferred charges	2,928,887.	9	2,812,597.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 706,781,749.		
	b Less: accumulated depreciation	10b 377,236,634.		
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,908,437.	12	3,673,765.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	356,352,829.	15	464,501,329.
16 Total assets. Add lines 1 through 15 (must equal line 33)	775,758,827.	16	869,438,754.	
Liabilities	17 Accounts payable and accrued expenses	27,411,120.	17	79,544,002.
	18 Grants payable		18	
	19 Deferred revenue	989,656.	19	978,265.
	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		23	
	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	392,888.	25	3,481,669.
	26 Total liabilities. Add lines 17 through 25	28,793,664.	26	84,003,936.
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	746,965,163.	27	785,434,818.
	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	746,965,163.	32	785,434,818.
33 Total liabilities and net assets/fund balances	775,758,827.	33	869,438,754.	

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	441,527,467.
2	Total expenses (must equal Part IX, column (A), line 25)	2	403,469,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	38,057,792.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	746,965,163.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	411,863.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	785,434,818.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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		X
b Were the organization's financial statements audited by an independent accountant? _____ 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	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

Employer identification number

84-0425720

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 2020 (line 6, column (f), divided by line 11, column (f)).....	14	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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

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

Section B. Total Support

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

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

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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 in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.		
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.		
1		
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.		
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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the 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.			
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.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in 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.			
2b			
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.			
3a			
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.			
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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

Employer identification number

84-0425720

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ST. MARY'S HOSPITAL FOUNDATION 2635 N. 7TH. STREET GRAND JUNCTION, CO 81502	\$ 3,042,140.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 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 ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

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

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

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

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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2017	(b) 2018	(c) 2019	(d) 2020	(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		5,999.
j Total. Add lines 1c through 1i			5,999.
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:

THE LOBBYING EXPENDITURES REPRESENT PORTIONS OF VARIOUS MEMBERSHIP DUES THAT ARE DESIGNATED AS LOBBYING EXPENSES BY THOSE ORGANIZATIONS IN WHICH ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. IS A MEMBER.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC **Employer identification number** 84-0425720

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,828,189.	9,505,839.	10,448,698.	9,191,033.	8,698,437.
b Contributions	90,400.	177,496.	14,387.	160,143.	179,832.
c Net investment earnings, gains, and losses	1,153,573.	1,316,281.	-330,803.	1,287,754.	525,331.
d Grants or scholarships					
e Other expenditures for facilities and programs	1,477,534.	171,427.	626,443.	190,232.	212,567.
f Administrative expenses					
g End of year balance	10,594,628.	10,828,189.	9,505,839.	10,448,698.	9,191,033.

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		9,719,439.		9,719,439.
b Buildings		514,433,974.	264,384,123.	250,049,851.
c Leasehold improvements		18,476,343.	16,402,034.	2,074,309.
d Equipment		154,718,356.	96,450,477.	58,267,879.
e Other		9,433,637.		9,433,637.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				329,545,115.

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	459,782,452.
(2) OTHER RECEIVABLES	1,536,628.
(3) OTHER LT ASSETS - ROU ASSETS	3,134,226.
(4) OTHER LT ASSETS - DEF TAX ASSET	48,023.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	464,501,329.

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) ACCRUED LIABILITY - FINANCING	
(3) LEASE	3,413,085.
(4) ACCRUED LIABILITY - OPERATING	
(5) LEASE	60,334.
(6) DEPOSITS	8,250.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,481,669.

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

ENDOWMENT FUNDS ARE HELD BY THE ST. MARY'S HOSPITAL FOUNDATION FOR THE BENEFIT OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

CUMMINGS FAMILY ENDOWMENT - ENDOWMENT FUND TO ASSIST CANCER PATIENTS WITH NON-MEDICAL EXPENSES.

SACCOMANNO RESEARCH INSTITUTE - ENDOWMENT FUND DEDICATED TO RESEARCH.

BRUCE E. DIXSON PULMONARY REHABILITATION ENDOWMENT - ASSIST LOW INCOME PULMONARY PATIENTS WITH NON-MEDICAL EXPENSES.

Part XIII Supplemental Information (continued)

WORLEY FAMILY INFECTION CONTROL ENDOWMENT -- SUPPORT OF INFECTION CONTROL SERVICES.

DR. LYNN JAMES PULMONARY ENDOWMENT - SUPPORT OF ST. MARY'S ASSOCIATES WITH PULMONARY SERVICES EDUCATION.

MARION & ALBERT MERLINO ENDOWMENT - SUPPORT NURSING EDUCATION.

TERRY EGGER ARMSTRONG ENDOWMENT - BEQUEST TO BE ABSORBED INTO THE TERRY EGGER ARMSTRONG NURSING EDUCATION ENDOWMENT. SUPPORT NURSING EDUCATION PROGRAMS.

TERRY EGGER ARMSTRONG NURSING EDUCATION ENDOWMENT - SUPPORT NURSING EDUCATION PROGRAMS.

MICAH S. MONTAG ENDOWMENT - SUPPORT PEDIATRIC SERVICES.

GREATEST NEED - SUPPORT GREATEST NEED AT THE HOSPITAL.

SISTER MICHEL PATIENT COMPASSION ENDOWMENT - ASSISTANCE FOR UNINSURED OR UNDERINSURED PATIENTS.

ROSE HILL HOUSE HOSPITALITY ENDOWMENT - SUPPORT THE OPERATIONS OF ROSE HILL HOSPITALITY HOUSE.

LEANN & LES ZETMEIR EDUCATION ENDOWED FUND - EDUCATIONAL ASSISTANCE FOR ASSOCIATES IN THE MEDICAL FIELD, WITH A PREFERENCE FOR ASSOCIATES PURSUING EDUCATIONAL OPPORTUNITIES IN THE AREAS OF PEDIATRICS OR INFECTION

Part XIII Supplemental Information (continued)

PREVENTION.

FEINZIG EDUCATION ENDOWMENT - EDUCATIONAL ASSISTANCE FOR ASSOCIATES IN THE MEDICAL FIELD, WITH A PREFERENCE FOR MINORITY OR NON-TRADITIONAL STUDENTS WITH FINANCIAL NEED.

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

Name of the organization **ST. MARY'S HOSPITAL & MEDICAL CENTER INC** Employer identification number **84-0425720**

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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
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?		
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

	(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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			7,729,889.	0.	7,729,889.	1.96%
b Medicaid (from Worksheet 3, column a)			103,502,990.	75,605,522.	27,897,468.	7.08%
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,655,430.	879,455.	775,975.	.20%
d Total. Financial Assistance and Means-Tested Government Programs			112,888,309.	76,484,977.	36,403,332.	9.24%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,099,518.	0.	2,099,518.	.53%
f Health professions education (from Worksheet 5)			13,315,349.	2,989,354.	10,325,995.	2.62%
g Subsidized health services (from Worksheet 6)			28,872,506.	20,273,764.	8,598,742.	2.18%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			13,653,556.	0.	13,653,556.	3.47%
j Total. Other Benefits			57,940,929.	23,263,118.	34,677,811.	8.80%
k Total. Add lines 7d and 7j			170,829,238.	99,748,095.	71,081,143.	18.04%

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	9,479,878.
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	
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	129,089,292.
6 Enter Medicare allowable costs of care relating to payments on line 5	6	151,288,997.
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-22,199,705.
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 PAVILION IMAGING, LLC	RADIOLOGY SERVICES	75.00%	.00%	25.00%
2 GRAND VALLEY SURGERY CENTER, LLC	OUTPATIENT SURGERY	43.06%	.00%	56.94%
3 SAN JUAN CANCER CENTER, LLC	OUTPATIENT SURGERY	33.33%	.00%	33.33%
4 MONUMENT HEALTH, LLC	CLINICALLY INTEGRATED NETWORK	45.00%	.00%	10.00%

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. MARY'S HOSPITAL & MEDICAL CENTER,
 2635 N. 7TH. STREET
 GRAND JUNCTION, CO 81502
 WWW.SCLHEALTH.ORG/LOCATIONS/
 STATE LICENSE #011160

Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
X	X					X			

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 **ST. MARY'S HOSPITAL & MEDICAL CENTER, INC**

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

	Yes	No
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>18</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	X	
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	X	
7 Did the hospital facility make its CHNA report widely available to the public?	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	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 **ST. MARY'S HOSPITAL & MEDICAL CENTER, INC**

	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 ST. MARY'S HOSPITAL & MEDICAL CENTER, INC

	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 ST. MARY'S HOSPITAL & MEDICAL CENTER, INC

		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

Schedule H (Form 990) 2020

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.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 5: IN CONDUCTING OUR 2018 COMMUNITY HEALTH NEEDS ASSESSMENT, PRIMARY DATA WAS COLLECTED THROUGH A SOCIAL CAPITAL SURVEY ADMINISTERED IN 2017 WHICH WAS COMPLETED BY MORE THAN 1500 RESIDENTS. THE ASSESSMENT WAS LED BY THE MESA COUNTY PUBLIC HEALTH DEPARTMENT IN COLLABORATION WITH LOCAL NON-PROFIT HOSPITALS; COLORADO CANYONS HOSPITAL AND MEDICAL CENTER; COMMUNITY HOSPITAL, ST. MARY'S MEDICAL CENTER, AND WEST SPRINGS HOSPITAL, INC.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6A: THE CHNA WAS CONDUCTED IN COLLABORATION WITH COLORADO CANYONS HOSPITAL AND MEDICAL CENTER; COMMUNITY HOSPITAL, AND WEST SPRINGS HOSPITAL, INC.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 6B: THE CHNA WAS CONDUCTED IN COLLABORATION WITH THE MESA COUNTY PUBLIC HEALTH DEPARTMENT.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

FORM 990, SECTION B, LINE 7A:

HOSPITAL FACILITY'S WEBSITE:

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

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.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

FORM 990, SECTION B, LINE 7B:

OTHER WEBSITE:

[HTTPS://HEALTH.MESACOUNTY.US/WP-CONTENT/UPLOADS/](https://health.mesacounty.us/wp-content/uploads/)

CHNA-2018-2020-WEB.PDF

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

FORM 990, SECTION B, LINE 10A:

IMPLEMENTATION STRATEGY ON WEBSITE:

[HTTPS://WWW.SCLHEALTH.ORG/LOCATIONS/ST-MARYS-MEDICAL-CENTER/ABOUT/](https://www.sclhealth.org/locations/st-marys-medical-center/about/)

COMMUNITY-BENEFIT/COMMUNITY-HEALTH-IMPROVEMENT-PLAN/

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

PART V, SECTION B, LINE 11: THE THREE SIGNIFICANT HEALTH NEEDS IDENTIFIED IN THE 2018 CHNA WERE: SUICIDE, OBESITY AND ACCESS & UTILIZATION.

SUICIDE: MESA COUNTY'S SUICIDE DEATH RATE, 34.7 PER 100,000, IS DOUBLE THE NATIONAL RATE (13.4 PER 100,000) AND SIGNIFICANTLY HIGHER THAN THE RATE OF COLORADO (20.3 PER 100,000). MESA COUNTY'S SUICIDE DEATH RATE HAS INCREASED EACH YEAR SINCE 2013.

ST MARY'S IS A STRONG SUPPORTER OF ADDRESSING MENTAL HEALTH AND SUICIDE PREVENTION IN MESA COUNTY AND WORKS WITH LOCAL COMMUNITY BASED PROGRAMS TO DEVELOP AND IMPLEMENT RESOURCES AVAILABLE TO THE COMMUNITY. ST MARY'S SUICIDE PREVENTION COORDINATOR ROLE, WHICH WAS CREATED IN 2018, CONTINUES TO LEAD A UNIFIED SUICIDE PREVENTION EDUCATION PLAN.

Part V Facility Information (continued)

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

DUE IN A LARGE PART TO THE SUICIDE PREVENTION COORDINATORS ROLE, THERE CONTINUES TO BE AN INCREASED AVAILABILITY OF SUICIDE PREVENTION AND AWARENESS EDUCATION OFFERINGS. 603 COMMUNITY MEMBERS WERE TRAINED IN 29 AWARENESS AND PREVENTION CLASSES. 340 9TH-12TH GRADE STUDENTS TRAINED IN MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION.

OBESITY: 59.6% OF MESA COUNTY ADULTS (18+) ARE OVERWEIGHT OR OBESE, HIGHER THAN COLORADO FINDINGS. OVERWEIGHT RATES HAVE INCREASED SINCE 2011. HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MESA COUNTY, SIGNIFICANTLY HIGHER THAN COLORADO FINDINGS AS WELL. A NON-HEALTHY WEIGHT AND PHYSICAL INACTIVITY ARE RISK FACTORS.

IN 2020 WE CONTINUED TO MAINTAIN OUR GOLD LEVEL PARTNERSHIP WITH THE COLORADO HEALTHY HOSPITAL COMPACT (CHHC), A STATEWIDE PROGRAM DEDICATED TO HOSPITALS PROTECTING AND PROMOTING THE HEALTH OF OUR PATIENTS AND THEIR FAMILIES, VISITORS, AND STAFF.

IN 2020 ST. MARY'S MEDICAL CENTER PARTNERED WITH HOMEWARD BOUND OF THE GRAND VALLEY, THE ONLY YEAR ROUND HOMELESS SHELTER WITHIN A 200 MILE RADIUS OF GRAND JUNCTION TO LAUNCH A FOOD RECOVERY PROGRAM. SINCE THE PROGRAM'S INCEPTION 7,100 POUNDS OF FOOD THAT WOULD HAVE PREVIOUSLY BEEN THROWN AWAY, WAS INSTEAD PROPERLY STORED AND DONATED TO HOMEWARD BOUND. THIS EQUATES TO 4,260 MEALS AND \$9,419.67 WORTH OF FOOD WHICH HAS BEEN DONATED TO HUNGER RELIEF EFFORTS RATHER THAN THROWN IN THE TRASH, DESTINED FOR THE LANDFILL.

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.

ACCESS & UTILIZATION: THE INABILITY TO GET AN APPOINTMENT AS SOON AS NEEDED WAS IDENTIFIED AS THE TOP BARRIER TO RECEIVING CARE IN MESA COUNTY. MESA COUNTY IS A DESIGNATED HEALTH PROFESSIONAL SHORTAGE AREA (HPSA) FOR PRIMARY CARE BY THE COLORADO DEPARTMENT OF HEALTH AND ENVIRONMENT. ST. MARY'S, ALONG WITH SCL HEALTH SYSTEM, BEGAN THE WORK TO BUILD AND RECRUIT PHYSICIANS FOR A NEW PRIMARY CARE OFFICE. THE NEW 20,000 SQ. FT. MEDICAL OFFICE BUILDING CONSTRUCTION BEGAN IN THE SUMMER OF 2020 AND THE DOORS WILL OPEN TO PATIENTS IN AUGUST OF 2021. THE NEW OFFICE BUILDING WILL BE ABLE TO SUPPORT 12 PRIMARY CARE PROVIDERS. WE CURRENTLY HAVE 5 PHYSICIANS AND 2 APP'S PROVIDING CARE AT TEMPORARY LOCATIONS.

THE WESTERN SLOPE HAS 6 PSYCHIATRIC BEDS PER 100,000 RESIDENTS WHEREAS COLORADO HAS 19 PSYCHIATRIC BEDS PER 100,000 RESIDENTS. ST. MARY'S CONTINUES TO PROVIDE FINANCIAL SUPPORT TO MIND SPRINGS, INC. / WEST SPRINGS HOSPITAL. THE FINANCIAL SUPPORT MADE IT POSSIBLE FOR THE EXPANSION FROM 32 BEDS TO 64 BEDS. 16 MORE BEDS WILL BE CONSTRUCTED IN THE SECOND PHASE OF THE PROJECT.

THE REMAINING HEALTH NEEDS IDENTIFIED IN OUR 2018 CHNA ARE IMPORTANT TO ST MARY'S AND WE CONTINUE TO COLLABORATE WITH OTHER COMMUNITY ORGANIZATIONS TO ENSURE ALL NEEDS AND HEALTH INDICATORS ARE ADDRESSED.

THE MESA COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2018-2020 FOLLOWED A PUBLIC HEALTH FRAMEWORK, WHICH CONSIDERED TRADITIONAL PUBLIC HEALTH DATA IN ADDITION TO DATA RELATED TO: SOCIAL FACTORS; GENDER, RACE/ETHNICITY; INSTITUTIONAL FACTORS: LAWS AND REGULATIONS, GOVERNMENT AGENCIES, SCHOOLS; LIVING CONDITIONS: PHYSICAL ENVIRONMENT, SOCIAL ENVIRONMENT, ECONOMIC

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.

ENVIRONMENT, SERVICE ENVIRONMENT. AS A COMMUNITY WE BELIEVE IT IS IMPERATIVE TO UNDERSTAND THE SIGNIFICANT DIFFERENCES IN HEALTH OUTCOMES AND THE BARRIERS IMPEDING ACCESS TO RESOURCES AND OPPORTUNITIES. OUR HOPE IS WITH A FOCUS ON AN UPSTREAM APPROACH TO HEALTH, E.G. ADDRESSING SOCIAL DETERMINANTS OF HEALTH (SDOH); WE WILL DEVELOP AND IMPLEMENT TARGETED, SUSTAINABLE STRATEGIES.

AREAS OF OPPORTUNITY: CANCER AS CAUSE OF DEATH IN MESA COUNTY IS ABOVE THE STATE AVERAGE. MESA COUNTY CONTINUES TO HAVE A SIGNIFICANTLY HIGHER INCIDENCE OF LUNG AND BRONCHUS CANCER THAN STATE AND NATIONAL RATES. IT SHOULD ALSO BE NOTED MESA COUNTY HAS A STATISTICALLY LOWER INCIDENCE RATE FOR PROSTATE CANCER AND MELANOMA. THIS HEALTH NEED WAS NOT PRIORITIZED DURING THE PRIORITIZATION PROCESS BECAUSE OF RESOURCE CONSTRAINTS WITHIN OUR REGIONAL CANCER CENTER. HOWEVER, LONG-TERM INTERVENTIONS ARE NEEDED TO HAVE AN EFFECTIVE IMPACT ON CANCER. IT IS OUR HOPE BY ADDRESSING OTHER AREAS OF NEED, E.G. ACCESS TO HEALTH CARE SERVICES AND HEALTHY WEIGHT STATUS, THAT CANCER WILL BE INDIRECTLY AFFECTED IN THE YEARS TO COME.

HEART DISEASE IS THE LEADING CAUSE OF DEATH IN MESA COUNTY AND IS STATISTICALLY WORSE WHEN COMPARED TO THE REST OF COLORADO. HEALTHY BEHAVIORS CONTINUE TO BE ONE OF THE BEST METHODS TO ADDRESS CHRONIC DISEASES WHERE INDIVIDUAL BEHAVIORS CONTINUE TO HAVE AN IMPACT, INCLUDING PREVENTION. THIS NEED WAS NOT PRIORITIZED BECAUSE LONG-TERM INTERVENTIONS ARE NEEDED TO HAVE AN EFFECTIVE IMPACT. IT IS OUR HOPE BY ADDRESSING OTHER AREAS OF NEED, E.G. ACCESS TO HEALTH CARE SERVICES, HEALTHY WEIGHT STATUS, HEART DISEASE AND OTHER CHRONIC DISEASES WILL BE INDIRECTLY AFFECTED IN THE YEARS TO COME.

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.

TEEN PREGNANCY CONTINUES TO BE CONSISTENTLY HIGHER IN MESA COUNTY THAN IN COLORADO (22.3 PER 1,000 AGES 15 TO 19). THIS NEED WAS NOT PRIORITIZED BECAUSE OTHER COMMUNITY ORGANIZATIONS HAVE THE EXPERTISE TO EFFECTIVELY ADDRESS THE NEED.

TOBACCO IS THE NUMBER ONE CAUSE OF LUNG CANCER. APPROXIMATELY 9 OUT OF 10 LUNG CANCERS ARE CAUSED BY SMOKING. CHANGES IN LIFESTYLE, E.G. REDUCING TOBACCO USE, CAN SIGNIFICANTLY REDUCE CANCER MORBIDITY AND MORTALITY. WHEN COMPARED TO THE REST OF COLORADO, MORE ADULTS CURRENTLY SMOKE CIGARETTES, 21% OF ADULTS (18+YEARS), AS WELL AS HIGH SCHOOL STUDENTS (9.1%). THE 2020 COLORADO CANCER PLAN TARGET RATES FOR BOTH AGE GROUPS ARE: ADULTS: 12% AND STUDENTS: 5% RESPECTIVELY. THIS HEALTH NEED WAS NOT PRIORITIZED DURING THE PRIORITIZATION PROCESS BECAUSE SMMC IS PART OF A LONG-TERM COMMUNITY-WIDE PARTNERSHIP PROVIDING PREVENTION AND CESSATION PROGRAMS AND RESOURCES.

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.:

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

WWW.SCLHEALTH.ORG/LOCATIONS/ST-MARYS-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? 7

Name and address	Type of Facility (describe)
1 GRAND VALLEY SURGERY CENTER, LLC 710 WELLINGTON AVE GRAND JUNCTION, CO 81501	OUTPATIENT SURGERY
2 SAN JUAN CANCER CENTER, LLC 600 SOUTH 5TH STREET MONTROSE, CO 81401	OUTPATIENT CANCER TREATMENT
3 PAVILION IMAGING, LLC 750 WELLINGTON GRAND JUNCTION, CO 81501	RADIOLOGY SERVICES
4 CAREFLIGHT OF THE ROCKIES, LLC 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	AIR AMBULANCE SERVICES
5 ST MARY'S FAMILY MEDICINE CENTER 2698 PATTERSON RD ENT 42 GRAND JUNCTION, CO 81506-8818	OUTPATIENT PHYSICIAN CLINIC
6 ST MARY'S ADDICTION MEDICINE 2698 PATTERSON RD ENT 43 GRAND JUNCTION, CO 81506	OUTPATIENT PHYSICIAN CLINIC
7 ST MARY'S WOUND CARE CENTER 2635 N 7TH ST ENT 4 GRAND JUNCTION, CO 81501-8209	OUTPATIENT PHYSICIAN CLINIC

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, LN 7 COL(F):

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE ON SCHEDULE H, PART I, LINE 7 COLUMN (F) IS \$9,479,878.

Part VI Supplemental Information (Continuation)

PART II, COMMUNITY BUILDING ACTIVITIES:

PART III, LINE 1:

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

PART III, LINE 2:

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

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

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

PART III, LINE 4:

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

Part VI Supplemental Information (Continuation)

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

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 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

Part VI Supplemental Information (Continuation)

CHARGES INCURRED TO DATE IN RELATION TO TOTAL EXPECTED CHARGES. SCL HEALTH BELIEVES THIS METHOD PROVIDES A FAITHFUL DEPICTION OF THE TRANSFER OF SERVICES OVER THE TERM OF THE PERFORMANCE OBLIGATION BASED ON THE INPUTS NEEDED TO SATISFY THE OBLIGATION. THE CONTRACTUAL RELATIONSHIP WITH PATIENTS ALSO TYPICALLY INVOLVES A THIRD-PARTY PAYER (MEDICARE, MEDICAID, MANAGED CARE PLANS, AND COMMERCIAL INSURANCE COMPANIES), AND THE TRANSACTION PRICES FOR THE SERVICES PROVIDED ARE DEPENDENT UPON THE TERMS PROVIDED BY OR NEGOTIATED WITH THE THIRD-PARTY PAYERS. THE PAYMENT ARRANGEMENTS WITH THIRD-PARTY PAYERS FOR THE SERVICES PROVIDED TO THE RELATED PATIENTS TYPICALLY SPECIFY PAYMENT OR REIMBURSEMENT TO SCL HEALTH AT OTHER-THAN-STANDARD CHARGES.

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

NET PATIENT SERVICE REVENUE IS REPORTED AT ESTIMATED AMOUNTS FROM PATIENTS, THIRD-PARTY PAYERS, AND OTHERS FOR SERVICES RENDERED AND INCLUDES ESTIMATES OF IMPLICIT PRICE CONCESSIONS AND RETROACTIVE REVENUE ADJUSTMENTS DUE TO AUDITS, REVIEWS, AND INVESTIGATIONS. IMPLICIT PRICE CONCESSIONS RELATE PRIMARILY TO UNINSURED PATIENTS AND PATIENTS WITH

Part VI Supplemental Information (Continuation)

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 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:

Part VI Supplemental Information (Continuation)

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:

IN ADDITION TO THE COMMUNITY HEALTH NEEDS ASSESSMENT ST. MARY'S PERIODICALLY ENGAGES OUTSIDE CONSULTATION TO ASSESS SPECIFIC HEALTHCARE ISSUES DEVELOPING IN THE COMMUNITY.

ST MARY'S UTILIZED DATA FROM THE COLORADO HOSPITAL ASSOCIATION TO ASSESS SERVICES LEAVING MESA COUNTY AND WESTERN COLORADO FOR DENVER. RESEARCH REVEALED OPPORTUNITIES TO STRENGTHEN LOCALLY BASED SERVICES WHICH HELPS FAMILIES ACCESS EXISTING SUPPORT STRUCTURES IN TIMES OF NEED.

ST. MARY'S RECEIVED CONSULTATION DATA AND RESEARCH INFORMATION FROM SG2 HEALTHCARE INTELLIGENCE TO ANALYZE PREVALENCE AND UTILIZATION RATES TO FACILITATE COMPARISONS WITH COUNTY, STATE, OR NATIONAL TRENDS.

Part VI Supplemental Information (Continuation)

ST. MARY'S PARTICIPATED IN COLLABORATIVE MEETINGS WITH LOCAL NON-PROFIT ORGANIZATIONS, SERVICE PROVIDERS AND GOVERNMENTAL AGENCIES TO ASSESS ANECDOTAL EVIDENCE, EXAMPLES OF NEEDS AND DISCUSSED ADDITIONAL PARTNER OPPORTUNITIES TO ADDRESS IDENTIFIED NEEDS.

ST MARY'S REVIEWED VARIOUS REPORTS FROM COMMUNITY PARTNERS TO ENHANCE KNOWLEDGE OF COMMUNITY NEEDS AND AVAILABLE RESOURCES THUS GUIDING OUR NEED FOR ACTION.

PART VI, LINE 3:

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

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

PART VI, LINE 4:

MESA COUNTY, THE 2018 CHNA DEFINED COMMUNITY, IS LOCATED ON THE WESTERN

Part VI Supplemental Information (Continuation)

BORDER OF COLORADO, 250 MILES WEST OF DENVER. THE COUNTY, ONE OF 64 IN COLORADO, SPANS 3,313 SQUARE MILES. THE GRAND VALLEY, WHICH IS THE MOST DENSELY POPULATED AREA ON COLORADO'S WESTERN SLOPE, COVERS MORE THAN 38 SQUARE MILES AND HAS AN ELEVATION OF 4,586 FEET. MESA COUNTY INCLUDES THE CITIES OF GRAND JUNCTION AND FRUITA, THE TOWNS OF COLLBRAN, DEBEQUE, AND PALISADE, AND SMALLER UNINCORPORATED AREAS.

ACCORDING TO THE 2017 DATA OF UNITED STATES CENSUS BUREAU QUICKFACTS:

POPULATION: THE ESTIMATED POPULATION OF MESA COUNTY IS 151,616 REPRESENTING A 3.3% CHANGE SINCE 2010.

GENDER: MALE 49.5% FEMALE 50.5%

AGE: MEDIAN AGE- 38.8 YEARS. PERSONS <5 5.8%; UNDER 18 21.8%; 65 AND OVER 18.4%

RACIAL AND ETHNIC DIVERSITY: WHITE 81.4% HISPANIC/LATINO 14.6, REMAINDER OF POPULATION IS BLACK/AFRICAN AMERICAN, AMERICAN INDIAN/ALASKA NATIVE, AND ASIAN.

EDUCATION: 90.2% OF PERSONS AGE 25+ARE HIGH SCHOOL GRADUATES OR HIGHER AND 27.2% OF PERSONS AGE 25 AND OLDER HAVE EARNED A BACHELOR'S DEGREE OR HIGHER.

LANGUAGE: 6.4% OF PERSONS AGE 5 YEARS AND OLDER SPEAK A LANGUAGE OTHER THAN ENGLISH AT HOME.

Part VI Supplemental Information (Continuation)

ECONOMICS: THE MEDIAN HOUSEHOLD INCOME IN 2017 WAS \$51,971 AS COMPARED TO THE STATE AVERAGE OF \$65,458. THE PERCENTAGE OF PERSONS LIVING IN POVERTY IN MESA COUNTY IS 14.9% COMPARED TO THE STATE AVERAGE OF 10.3%.

LIFE EXPECTANCY: IN MESA COUNTY THE OVERALL LIFE EXPECTANCY IS 78.8 YEARS, IN COLORADO IT IS 80.2 AND IN THE UNITED STATES IT IS 79.1.

PART VI, LINE 5:

ST. MARY'S IS DEDICATED TO PROVIDING SPECIALIZED SERVICES, EXPERIENCED PROFESSIONALS, AND THE LATEST IN TECHNIQUES AND TECHNOLOGY CLOSE TO HOME FOR THE PEOPLE OF WESTERN COLORADO AND EASTERN UTAH.

COMMUNITY ACTIVITIES INCLUDE A VARIETY OF CLASSES ON WEIGHT MANAGEMENT, DIABETES EDUCATION, HEALTHY SPINE /BACK PAIN, SUPPORT GROUPS FOR CANCER PATIENTS AND THEIR CAREGIVERS, STOP THE BLEED TRAINING, CLASSES FOR PROSPECTIVE PARENTS INCLUDING EDUCATION ON KIDS SAFETY AT KIDSFEST AND HEALTHY KIDS GROUP.

ST. MARY'S RELIES ON THE GENEROSITY OF VOLUNTEERS. VOLUNTEERS WORK IN THE HOSPITAL AND THROUGHOUT THE COMMUNITY PROVIDING THE FRIENDLY FACE AND PERSONAL TOUCH PATIENTS AND THEIR FAMILIES NEED DURING A STRESSFUL TIME. VOLUNTEERS WERE ACTIVE FROM JANUARY 1 THROUGH MARCH 16 THEN PLACED ON LEAVE UNTIL A FEW VOLUNTEERS WERE BROUGHT BACK TO FILL ESSENTIAL, LOW RISK POSITIONS FOR THE REMAINDER OF 2020.

IN 2020 THERE WERE:

-83 VOLUNTEERS

-14,012 HOURS OF SERVICE (THIS IS THE EQUIVALENT OF 7 FTES)

-85 DIFFERENT POSITIONS SERVE A VARIETY OF ROLES

Part VI Supplemental Information (Continuation)-38 DEPARTMENTS IN THE HOSPITAL UTILIZED VOLUNTEERS

IN 2020 THE COMMUNITY TRANSFORMATION GROUP, COMPRISED OF MORE THAN 60 ORGANIZATIONS, INCLUDING ST. MARY'S, CONTINUED WORKING ON TRANSFORMING OUR COMMUNITY INTO "A CARING, CONNECTED AND VIBRANT COMMUNITY WHERE EACH HAS THE RELATIONSHIPS AND OPPORTUNITIES WE NEED TO THRIVE". WITH THE CONTINUED GUIDANCE OF A STEERING COMMITTEE ENGAGED IN PRODUCTIVE CONVERSATION WITH THE NEWLY FORMED CLIFTON COMMUNITY OUTREACH GROUP TO LEARN ABOUT THE DESIRED NEEDS OF THE CLIFTON COMMUNITY. WITH DATA GATHERED BY THE CLIFTON OUTREACH GROUP OUR TRANSFORMATION COMMITTEE DRAFTED LONG TERM GOALS, WITH ST. MARY'S REPRESENTATION, THIS GROUP ALSO SUBMITTED A NEW GRANT REQUEST THROUGH CDPHE THAT CONTINUES FOCUSING ON THE SOCIAL CONNECTEDNESS OF OUR NEIGHBORHOODS. THE TRANSFORMATION GROUP CENTERS THEIR EFFORTS ON ADDRESSING SOCIAL DETERMINANTS OF HEALTH AND FOSTERING PREVENTIVE MEASURES RATHER THAN THOSE WHICH ARE REACTIVE AND POSTVENTION IN NATURE. RESULTS FROM 2020 INCLUDED:

-SUCCESSFUL 2ND ANNUAL COMMUNITY CLEANUP PROJECT - MORE THAN 140 TONS OF TRASH AND DEBRIS COLLECTED DURING ONE FALL CLEAN UP PROJECT CREATING A SAFER ENVIRONMENT FOR COMMUNITY

-FOOD SECURITY - COLLABORATIVE EFFORT BETWEEN FOOD BANK OF THE ROCKIES AND CLIFTON COMMUNITY OUTREACH TO DELIVER FOOD BOXES DIRECTLY TO AT RISK RESIDENT HOMES DURING HEIGHT OF COVID 19 PANDEMIC AND CONTINUING TODAY. PURPOSEFUL COLORADO PROVIDED HOLIDAY BASKETS FOR 10 FAMILIES IN NEED.

-ROCKY MOUNTAIN ELEMENTARY PARTNERSHIP - ACTIVE MEMBERS OF THE TRANSFORMATION COMMITTEE WITH SUPPORT OF ST MARY'S BROUGHT MOVIE NIGHTS TO ROCKY MOUNTAIN ELEMENTARY IN THE SAME FASHION AS THE DRIVE IN BY SECURING A RADIO FREQUENCY TO BROADCAST MOVIE SO NO RISK TO FAMILIES DURING TIME OF COVID.

Part VI Supplemental Information (Continuation)

-ESTABLISHING SMART STRATEGIES - THE TRANSFORMATION COMMITTEE WITH THE DATA INPUT OF CLIFTON COMMUNITY OUTREACH STRATEGICALLY CHOSE TWO STRATEGIES TO MOVE FORWARD IN 2021. FIRST, BUILD PUBLIC SUPPORT FOR CREATING COMMUNITY SPACES. SECOND, BUILD COMMUNITY SUPPORT TO ALTER THE PHYSICAL ENVIRONMENT. BOTH STRATEGIES ALIGN WITH THE COMMUNITY OUTREACH GOALS FOR A HEALTHY, SUSTAINED, AND SUPPORTIVE ENVIRONMENT.

AS LEADING MEMBER OF THE MESA COUNTY SUICIDE PREVENTION COUNCIL, ST. MARY'S CONTINUED TO STRENGTHENED SEVERAL COMMUNITY PARTNERSHIPS TO INCREASE EDUCATIONAL OFFERINGS FOCUSED ON MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION. ST. MARY'S SUICIDE PREVENTION COORDINATOR CONTINUES TO LEAD THE UNIFIED SUICIDE PREVENTION EDUCATION PLAN AND NOW THE COLORADO NATIONAL COLLABORATIVE. MENTAL HEALTH FIRST AID, QPR, AND ASIST WAS OFFERED AND OPEN TO THE COMMUNITY FOR FREE. PARTICIPANTS REPRESENTED THE COMMUNITY AT LARGE AND THE FOLOWING ORGANIZATIONS.

-PARTNERED WITH MESA COUNTY SCHOOL DISTRICT 51 AND NAMI (NATIONAL ALLIANCE ON MENTAL HEALTH) WESTERN SLOPE TO OFFER NAMI ENDING THE SILENCE

-PARTNERED WITH MIND SPRINGS HEALTH TO OFFER MENTAL HEALTH FIRST AID AND QPR

-PARTNERED WITH COLORADO MESA UNIVERSTIY TO OFFER APPLIED SUICIDE INTERVENTION SKILLS TRAINING

-603 COMMUNITY MEMBERS TRAINED IN 11 AWARENESS AND PREVENTION CLASS OFFERINGS

-640 9TH -12TH GRADE STUDENTS TRAINED IN MENTAL HEALTH AWARENESS AND SUICIDE PREVENTION.

FOCUSING ON OUR AGING POPULATION, ST. MARY'S SPONSORS MEALS ON WHEELS OF MESA COUNTY, AN UNDUPLICATED NUTRITIONAL MEAL PROGRAM FOR SENIORS,

Part VI Supplemental Information (Continuation)

PROVIDING HOME DELIVERY AND OFFERING NINE REGIONAL DINING SITES EVERY WEEKDAY TO THE FRAIL AND HOMEBOUND IN MESA COUNTY. IN 2020:

-160,043 MEALS SERVED

-1,413 UNDUPLICATED CLIENTS

-AVERAGED 640 MEALS PER DAY

-MORE THAN 150,000 MILES LOGGED

ST. MARY'S SPONSORS THE AMERICORPS SENIORS FOSTER GRANDPARENT PROGRAM, A VOLUNTEER PROGRAM HELPING ACTIVE SENIOR ADULTS SERVE AS ROLE MODELS, MENTORS AND FRIENDS TO CHILDREN WITH EXCEPTIONAL NEEDS THUS IMPROVING THE LIVES OF CHILDREN IN THE COMMUNITY. THEIR SERVICE HELPS CHILDREN WHO ARE AT-RISK AND NEEDING ONE-ON-ONE TUTORING AND MENTORING. IN 2020, 95% OF OUR VOLUNTEERS WERE UNABLE TO SERVE DUE TO THE COVID PANDEMIC.

ST. MARY'S SPONSORS THE AMERICORPS SENIORS SENIOR COMPANION PROGRAM, A PROGRAM PROVIDING SUPPORT AND FRIENDSHIP TO THOSE WHO NEED ASSISTANCE WITH MEDICAL APPOINTMENTS, GROCERY SHOPPING, ERRANDS AND OTHER EVERYDAY TASKS NECESSARY TO MAINTAINING INDEPENDENCE. WITHOUT THIS HELP AND FRIENDSHIP, MANY OLDER ADULTS WOULD BE FORCED TO LEAVE THEIR HOMES FOR ASSISTED LIVING FACILITIES OR NURSING HOMES. IN 2020:

-29 VOLUNTEERS

-21,234 VOLUNTEER HOURS

-156 CLIENTS

-80% OF CLIENTS REPORTED DECREASED FEELINGS OF BOREDOM, LONELINESS, OR SADNESS

-95% OF CLIENTS MAINTAINED/IMPROVED ABILITY TO LIVE INDEPENDENTLY

-100% OF CLIENTS MAINTAINED/IMPROVED QUALITY OF LIFE

Part VI Supplemental Information (Continuation)

ST. MARY'S ROSE HILL HOSPITALITY HOUSE PROVIDES PATIENTS AND FAMILIES WITH CLOSE, SAFE AND AFFORDABLE ACCOMMODATIONS WHILE RECEIVING TREATMENT AT ST. MARY'S. IN 2020:

-835 GUEST STAYS

-IN RESPONSE TO THE PANDEMIC, ROSE HILL CLOSED FROM MID MARCH TO THE END OF MAY. DURING THE CLOSURE:

-PUBLIC SPACES WERE ADAPTED TO ACCOMMODATE SOCIAL DISTANCING.

-GUEST ROOMS WERE PAINTED, MINIFRIDGES, MICROWAVES, COFFEE MAKERS WERE ADDED.

-PROCEDURES WERE IMPLEMENTED TO MINIMIZE EXPOSURE INCLUDING REQUIREMENT OF MASKS, LIMITED CAPACITY

ST. MARY'S PROVIDES MEDICAL TRAINING EDUCATION FOR SEVERAL PROFESSIONS INCLUDING: FAMILY MEDICINE RESIDENCY, NURSING STUDENTS, RADIOLOGY STUDENTS, AND OFFER OTHER HEALTH CARE PROFESSIONALS WORKING TOWARDS COMPLETION OF A PROGRAM. STUDENTS FROM PROGRAMS AT OUR LOCAL UNIVERSITY AS WELL AS FROM PROGRAMS OUTSIDE MESA COUNTY WHO COMPLETE CLINICAL ROTATIONS AT ST. MARY'S. THIS INVESTMENT ENSURES PROVIDERS WILL BE PREPARED TO CARE FOR FUTURE GENERATIONS.

BLOOD PRODUCTS FROM ST. MARY'S REGIONAL BLOOD CENTER ARE NEEDED ACROSS WESTERN COLORADO AND EASTERN UTAH. IN ADDITION TO SERVING ST. MARY'S TRAUMA, SURGICAL, AND CANCER PATIENTS THE CENTER PROVIDES 20 HOSPITALS, 16 OF WHICH ST. MARY'S IS THE SOLE PROVIDER OF BLOOD PRODUCTS. IN 2020, 7273 DONORS PRESENTED TO GIVE BLOOD AND THE BLOOD CENTER COLLECTED 12,026 UNITS OF PRODUCT. 923 DONORS GAVE 1924 PLATELET PRODUCTS. OUR DONORS COME FROM ALL OVER WESTERN COLORADO AND EASTERN UTAH. ST. MARY'S BLOODMOBILES ARE SPECIALLY EQUIPPED TO GO ALMOST ANYWHERE TO REACH PEOPLE WHO WANT TO GIVE

Part VI Supplemental Information (Continuation)

BLOOD, IN FACT, 49% OF ALL THE DONATIONS CAME FROM THE BUS!

IN 2020, ST. MARY'S CONTINUED TO PROVIDE INCREASING COMMUNITY BENEFIT TO INCLUDE TRADITIONAL CHARITY CARE AND THE UNPAID COST OF MEDICAID. OUR BOARD OF DIRECTORS REPRESENTS MEDICAL AND BUSINESS PROFESSIONALS, AND ALL PROVIDE HOURS OF SERVICE IN SUPPORT OF OUR HOSPITAL.

PART VI, LINE 6:

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

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

AS OUR HEALTH SYSTEM GROWS, WE'RE LEVERAGING THAT GROWTH TO ACHIEVE BENEFITS OF SCALE - IDENTIFYING COST AND OTHER ADVANTAGES THAT WE GAIN DUE TO OUR SIZE. WE'RE ALSO WORKING TO STREAMLINE AND UNIFY OUR SYSTEM-WIDE PROCESSES TO ELIMINATE COSTLY DUPLICATION OF EFFORT. WE ACTIVELY ENCOURAGE OUR PEOPLE TO PURSUE CREATIVE IDEAS THAT IMPROVE EFFICIENCY, SERVICE AND

Part VI Supplemental Information (Continuation)

THE OVERALL CARE EXPERIENCE. WHEN OUR ASSOCIATES OR LEADERSHIP TEAMS IDENTIFY BEST PRACTICES IN ANY AREA OF CARE, WE RAPIDLY REPLICATE THOSE ACROSS ALL CARE SITES.

THE ORGANIZATION PROMOTES THE HEALTH OF THE COMMUNITY BY DELIVERING DIRECT 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 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

2020

**Open to Public
Inspection**

Name of the organization **ST. MARY'S HOSPITAL & MEDICAL CENTER INC** Employer identification number **84-0425720**

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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
SCL HEALTH - FRONT RANGE, INC. 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	84-1103606	501(C)(3)	12,427,554.	0.			PROGRAM SUPPORT
ST. MARY'S HOSPITAL FOUNDATION 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	23-7001007	501 (C)(3)	895,733.	0.			PROGRAM SUPPORT
MIND SPRINGS HEALTH 515 28-3/4 RD. GRAND JUNCTION, CO 81501	84-0625890	501 (C)(3)	500,000.	0.			PROGRAM SUPPORT
QUALITY HEALTH NETWORKS 744 HORIZON CT STE 210 GRAND JUNCTION, CO 81506	20-1632384	501 (C)(3)	300,000.	0.			PROGRAM SUPPORT
HOMeward BOUND OF THE GRAND VALLEY, INC. - 2853 NORTH AVENUE - GRAND JUNCTION, CO 81501	26-0052916	501 (C)(3)	200,000.	0.			PROGRAM SUPPORT
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	74-2321009	501 (C)(3)	50,000.	0.			PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **14.**

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

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

Schedule I (Form 990) 2020

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRAND JUNCTION ECONOMIC PARTNERSHIP - 122 NORTH 6TH STREET - GRAND JUNCTION, CO 81501	84-0972492	501 (C)(3)	20,000.	0.			PROGRAM SUPPORT
HOLY FAMILY ELEMENTARY SCHOOL 786 26-1/2 ROAD GRAND JUNCTION, CO 81506	86-0297730	501 (C)(3)	15,500.	0.			PROGRAM SUPPORT
MASIMO AMERICAS INC. 52 DISCOVERY IRVINE, CA 92618	01-0956020	501(C)(3)	14,966.	0.			PROGRAM SUPPORT
HOPEWEST 3090 N 12TH ST. UNIT B GRAND JUNCTION, CO 81506	84-1207388	501 (C)(3)	12,750.	0.			PROGRAM SUPPORT
CITY OF GRAND JUNCTION 437 COLORADO AVE GRAND JUNCTION, CO 81501	84-6000592	GOV'T	11,000.	0.			PROGRAM SUPPORT
COUNSELING & EDUCATION CENTER 2708 PATTERSON RD GRAND JUNCTION, CO 81506	74-2232416	501(C)(3)	10,000.	0.			PROGRAM SUPPORT
WESTERN COLORADO COMMUNITY FOUNDATION - 225 N FIFTY ST, STE 505 - GRAND JUNCTION, CO 81501	84-1354894	501(C)(3)	8,627.	0.			PROGRAM SUPPORT
DISTRICT 51 FOUNDATION 2115 GRAND AVENUE GRAND JUNCTION, CO 81501	27-3662704	501(C)(3)	8,000.	0.			PROGRAM SUPPORT

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
TRANSPORTATION SERVICES	2829	0.	253,829.	FMV	TRANSPORTATION FOR INDIVIDUALS IN NEED TO SEE CAREGIVERS.
HOMELESS SHELTER LAUNDRY SERVICE	0	0.	33,593.	FMV	HOMELESS SHELTER LAUNDRY SERVICE
PRESCRIPTION DRUGS	394	0.	6,698.	FMV	PRESCRIPTION DRUGS FOR INDIGENT CARE
MEDICAL SUPPORT	158	0.	32,050.	FMV	REHAB THERAPY, WHEELCHAIR TRAINING, VARIOUS OTHER MEDICAL SUPPLIES
HOUSING	21	0.	4,278.	FMV	HOUSING PROVIDED FOR INDIVIDUALS IN NEED

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:

PROCESS FOR MONITORING GRANTS AND AWARDS

THE ORGANIZATION'S PROCESS FOR MONITORING GRANTS AND AWARDS REQUIRES THAT EACH GRANT APPLICANT COMPLETE A LETTER OF REQUEST EXPLAINING THE NEED THAT THE ORGANIZATION WOULD LIKE TO ADDRESS. AFTER A MEETING WITH THE APPLYING ORGANIZATION'S REPRESENTATIVE, THE REQUESTOR MUST COMPLETE A COMMUNITY BENEFIT CONTRIBUTION RESTRICTION FORM, PROVIDED BY THE HOSPITAL, WHICH DETAILS IN WRITING HOW THE CONTRIBUTION IS TO BE USED FOR AN ACTIVITY OR

Part IV Supplemental Information

PROGRAM THAT MEETS THE HOSPITAL'S COMMUNITY BENEFIT REQUIREMENTS.

WITH THIS LETTER OF REQUEST, THE APPLICANT MUST SUBMIT A LISTING OF THEIR BOARD OF DIRECTORS, A YEARLY FINANCIAL STATEMENT AND AN EXPLANATION OF HOW THE MONIES AWARDED FROM PREVIOUS GRANTS WERE USED. IF THE GRANT IS AWARDED, THE HOSPITAL THEN INQUIRES OF THE RECIPIENT THE FOLLOWING YEAR FOR DOCUMENTATION ON HOW THE GRANT MONIES WERE USED.

**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

2020

Open to Public Inspection

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

Employer identification number

84-0425720

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BASHEAL AGRAWAL, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	907,649.	169,753.	13,871.	17,100.	31,383.	1,139,756.	0.
(2) BRIAN WITWER, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	897,338.	169,753.	17,283.	17,100.	33,143.	1,134,617.	0.
(3) EDWARD MAURIN, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	869,553.	169,753.	14,280.	17,100.	34,440.	1,105,126.	0.
(4) LEONARD LAPKIN, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	801,681.	0.	22,742.	17,100.	33,841.	875,364.	0.
(5) BRYAN JOHNSON PRESIDENT	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	405,013.	129,322.	45,853.	68,000.	26,958.	675,146.	30,782.
(6) ANDREW JONES, MD VP CHIEF MEDICAL OFFICER SMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	367,331.	92,151.	42,747.	54,658.	27,137.	584,024.	40,893.
(7) DANIEL PRINSTER VP STRATEGY & BUS DEVELOPMENT SMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	242,256.	62,616.	114,595.	39,788.	29,097.	488,352.	24,744.
(8) TERRI CHINN VP FINANCE SMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	290,436.	72,173.	36,070.	45,295.	10,134.	454,108.	28,520.
(9) JUDITH WHITE HOUSE VP HUMAN RESOURCES SMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	247,311.	62,173.	35,196.	37,101.	19,744.	401,525.	24,569.
(10) GEORGE SCOTT, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	300,585.	875.	3,076.	16,880.	28,461.	349,877.	0.
(11) RYAN JACKMAN, MD PHYSICIAN FAMILY MEDICINE	(i)	252,128.	5,833.	38,138.	15,681.	29,800.	341,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CHRISTOPHER HARGIS VP CHIEF OPERATING OFFICER SMG	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	269,936.	0.	1,679.	25,501.	25,250.	322,366.	0.
(13) SABRINA MITCHELL, MD MEDICAL DIR FAMILY MED	(i)	254,024.	9,167.	3,729.	12,973.	30,919.	310,812.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) STEPHANIE LAPE, MD FORMER HIGHEST COMPENSATED	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	232,299.	0.	47,384.	15,391.	13,458.	308,532.	0.
(15) CHRISTOPHER UPTON, MD PHYSICIAN FAMILY MEDICINE	(i)	236,683.	7,500.	25,967.	6,802.	20,594.	297,546.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) LYRAD RILEY, MD PHYSICIAN FAMILY MEDICINE	(i)	260,568.	13,750.	1,609.	15,681.	3,555.	295,163.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) ANDREW GERDES, MD PHYSICIAN FAMILY MEDICINE	(i)	222,553.	10,000.	32,128.	12,181.	13,657.	290,519.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) MICHELLE SHIAO VP CHIEF NURSING OFFICER SMGJ	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	184,219.	19,024.	1,591.	24,836.	26,064.	255,734.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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, LINE 4B:

PAYMENTS FROM A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

A RELATED ORGANIZATION PROVIDES NONQUALIFIED DEFERRED COMPENSATION PLANS (NQDC) KNOWN AS SUPPLEMENTAL EXECUTIVE RETIREMENT PROGRAM (SERP) FOR 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

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.

WHOSE BENEFITS WERE CONVERTED FROM DB TO DC WOULD HAVE BEEN DISPROPORTIONATELY AND NEGATIVELY AFFECTED BY THE CHANGE, SO THE COMMITTEE DETERMINED IT WOULD BE APPROPRIATE TO GRANT "TRANSITION CREDITS" IN ORDER TO MITIGATE THE NEGATIVE IMPACT OF THE CHANGE ON THEIR RETIREMENT BENEFITS. THIS IS A COMMON APPROACH EMPLOYED BY OTHER ORGANIZATIONS UNDERGOING A SIMILAR TRANSITION. THE TRANSITION CREDITS VEST IN ACCORDANCE WITH THE TERMS OF THE DC SERP (I.E., AFTER THREE YEARS) AND ARE PAID TO THE EXECUTIVE UPON VESTING.

NQDC SERP PLANS PRIOR TO 2014

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

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

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 RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2. ANY DISTRIBUTIONS FROM THIS PLAN ARE REPORTED BELOW.

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

NQDC SERP PLANS STARTING IN 2014

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

STARTING IN 2014, FOR CONTRIBUTIONS TO THE NQDC SERP PLAN, CERTAIN PARTICIPANTS ARE VESTED OR BECAME VESTED IN THE PLAN DURING 2020. VESTED AMOUNTS ARE PAYABLE TO THE RECIPIENT. THE VESTED AMOUNTS ARE TAXABLE TO THE

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.

RECIPIENT IN THE CURRENT YEAR. THE TAXABLE AMOUNTS ARE INCLUDED ON THE RECIPIENT'S W-2.

THE AMOUNTS WITHDRAWN FROM THE NQDC SERP PLANS IN 2020 WERE: BRYAN JOHNSON - \$30,782, TERRI CHINN - \$33,426, ANDREW JONES, MD - \$40,893, DANIEL PRINSTER - \$170,488, JUDITH WHITE HOUSE - \$50,673,

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

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.

DETERMINE TOTAL AMOUNT EARNED (RATHER THAN THE AMOUNT VESTED/PAID OUT)

DURING THE YEAR, SUBTRACT THE AMOUNT IN COLUMN F FROM COLUMN E.

PART I, LINE 7:

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

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

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.

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.

ADDITIONAL OFFICER AND BOARD DISCLOSURES

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

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.

RESPONSIBLE FOR ADVISING THE COMMITTEE ON ALL MATTERS RELATING TO EXECUTIVE COMPENSATION INCLUDING SUPPORTING THE COMMITTEE'S EFFORTS TO ENSURE THAT THE LEVEL OF COMPENSATION PROVIDED OFFICERS AND SENIOR MANAGEMENT IS REASONABLE, APPROPRIATE AND CONSISTENT WITH THE PAY PHILOSOPHY SET BY THE BOARD.

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

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

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

Open To Public Inspection

Name of the organization **ST. MARY'S HOSPITAL & MEDICAL CENTER INC** Employer identification number **84-0425720**

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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
ROY ERB, MD	DIRECTOR OWNS >10%	1,670,958.	SEE PART V		X
MAEGAN JOHNSON	SEE PART V	16,164.	EMPLOYMENT		X
MICHELLE SHIAO	SEE PART V	204,834.	EMPLOYMENT		X

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: ROY ERB, MD

(D) DESCRIPTION OF TRANSACTION: SEE PART V - ROY ERB, MD (BOARD MEMBER), IS PART OF A PHYSICIAN GROUP THAT OWNS 25% OF PAVILION IMAGING, LLC. BOTH THE ORGANIZATION AND THE BOARD MEMBER TOGETHER OWN GREATER THAN 10% OF PAVILION IMAGING, LLC. THE AMOUNT IN PART IV, COLUMN (C) REPRESENTS THE ORGANIZATION'S INVESTMENT IN THE JOINT VENTURE.

(A) NAME OF PERSON: MAEGAN JOHNSON

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - BRYAN JOHNSON (OFFICER) IS THE PARENT OF AN EMPLOYEE OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

(A) NAME OF PERSON: MICHELLE SHIAO

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT - TEYEN SHIAO (BOARD MEMBER) IS THE SPOUSE OF AN EMPLOYEE OF ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

Employer identification number

84-0425720

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

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

FORM 990, PAGE 1, BOX J

ORGANIZATION WEBSITE:

WWW.SCLHEALTH.ORG/LOCATIONS/ST-MARYS-MEDICAL-CENTER/

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS SMMC CELEBRATED ITS 100TH ANNIVERSARY IN 1996, ITS LEADERS
RECOMMITTED TO THE RENOWNED STATEMENT OF MOTHER XAVIER ROSS, FOUNDER OF
THE SISTERS OF CHARITY OF LEAVENWORTH. IN ALL ST. MARY'S ACTIONS, WE
WILL: "... LOOK FORWARD TO THE GOOD THAT IS YET TO BE."

THROUGHOUT OUR HISTORY, THE GENEROSITY OF WESTERN COLORADANS HAS
ENABLED SMMC TO GROW TO MEET HEALTHCARE NEEDS. CONTRIBUTIONS OF LAND,
FUNDS, TIME, AND TALENT ALLOWED US TO KEEP PACE WITH AN EXPANDING
POPULATION AND MEDICAL ADVANCES.

SMMC IS A FULL-SERVICE HOSPITAL PROVIDING QUALITY HEALTHCARE TO
PATIENTS REGARDLESS OF THEIR ABILITY TO PAY. AS THE LARGEST HEALTHCARE
FACILITY IN A 250-MILE RADIUS, SMMC PROVIDES MANY ADVANCED HEALTHCARE
SERVICES NOT OFFERED BY ANY OTHER FACILITIES IN WESTERN COLORADO AND
EASTERN UTAH, INCLUDING COMPREHENSIVE CARDIAC SERVICES, OPEN HEART
SURGERY, COMPREHENSIVE CANCER CARE, A NEWBORN INTENSIVE CARE, AND LEVEL

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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II TRAUMA SERVICES. SMMC IS LICENSED FOR 346 BEDS.

SMMC OPERATES THE ONLY LEVEL II TRAUMA CENTER BETWEEN DENVER, CO AND SALT LAKE CITY, UT. WITH A 24-7 EMERGENCY DEPARTMENT STAFFED WITH EXPERIENCED EMERGENCY MEDICINE, TRAINED PHYSICIANS AND NURSES, TRAUMA AND NEUROSURGEONS ALWAYS AVAILABLE, AND AIR MEDICAL TRANSPORT SERVICES. SMMC CARES FOR SERIOUSLY ILL AND INJURED PATIENTS. THE TRANSPORT HELICOPTER ALSO ASSISTS IN RESCUE OR EVACUATION EFFORTS.

MOST OF SMMC'S OUTPATIENT HEALTHCARE SERVICES ARE DELIVERED IN CLINIC FACILITIES CONVENIENTLY LOCATED NEAR BUT SEPARATE FROM THE MAIN HOSPITAL CAMPUS. WITH THEIR OWN ENTRANCES AND PARKING LOTS, THESE FACILITIES KEEP PATIENTS OUT OF THE TRAFFIC AND ACTIVITY FLOW OF THE HOSPITAL BUT CLOSE TO THE MAJOR CONCENTRATION OF MEDICAL SERVICES AND PHYSICIAN OFFICES IN THE COUNTY. SMMC'S ADVANCED MEDICINE PAVILION HOUSES OUT-PATIENT MEDICAL AND RADIOLOGY CANCER CARE, IMAGING, BLOOD DONATION, AND LABORATORY SERVICES. SMMC'S LIFE CENTER CONTAINS REHABILITATION, WELLNESS, AND WEIGHT LOSS/MANAGEMENT SERVICES. A THIRD FREE-STANDING FACILITY HOUSES SMMC'S FAMILY MEDICINE RESIDENCY PROGRAM, WHICH TRAINS PHYSICIANS TO CARE FOR FAMILIES IN SMALL TOWNS AND RURAL AREAS; SMMC'S FAMILY MEDICINE CENTER, A MEDICAL CLINIC SPECIALIZING IN PRE-NATAL, OBSTETRICAL, PEDIATRIC, FAMILY, AND GERIATRIC CARE; AND SMMC'S WOUND CLINIC.

RELEVANT STATISTICS FOR 2020:

ADMISSIONS - 11,184

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

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84-0425720

OUTPATIENT VISITS - 204,331

BIRTHS - 1,339

SURGERIES - 7,038

LAB TESTS - 820,566

EMERGENCY ROOM VISITS - 38,642

ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. IS RELATED TO SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC, A SINGLE MEMBER LIMITED LIABILITY COMPANY OWNED BY A RELATED ORGANIZATION, SCL HEALTH - FRONT RANGE, INC. SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC IS A GROUP OF PHYSICIAN CLINICS THAT PROVIDE PROFESSIONAL SERVICES TO THE ST. MARY'S HOSPITAL COMMUNITY AND SUPPORTS THE MISSION OF ST. MARY'S HOSPITAL.

ALTHOUGH SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC IS NOT OWNED DIRECTLY BY ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., ST. MARY'S HOSPITAL & MEDICAL CENTER, INC. IS REQUIRED TO FUND ALL OPERATING LOSSES OF SCL HEALTH MEDICAL GROUP - GRAND JUNCTION, LLC THROUGH EQUITY TRANSFERS TO SCL HEALTH - FRONT RANGE, INC. IN 2020, THE HOSPITAL PROVIDED \$21,520,253 IN SUPPORT OF THE LOSSES OF THE PHYSICIAN CLINICS.

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 ST. MARY'S HOSPITAL & MEDICAL CENTER, INC.

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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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, ST. MARY'S HOSPITAL & MEDICAL CENTER, INC., APPROVES MEMBERS OF ST. MARY'S HOSPITAL & MEDICAL CENTER, 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 APPROVAL OR REMOVAL OF BOARD MEMBERS AND THE PRESIDENT/CEO. SCLHS ALSO HAS CERTAIN RESERVE POWERS OVER ANY CHANGE IN OWNERSHIP OF THE CORPORATION, CHANGE IN MISSION, ACQUISITION OF ASSETS, DISPOSAL OF ASSETS, LEASING OF ASSETS, INCURRENCE OF DEBT, MERGER OR DISSOLUTION, APPROVAL OF STRATEGIC PLANS AND BUDGETS, APPOINTMENT OF AUDITORS AND OVERSIGHT AND APPROVAL OF COMPENSATION AND BENEFITS FOR DIRECTORS, OFFICERS, KEY EMPLOYEES AND PHYSICIANS.

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

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

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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REVENUE SERVICE.

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

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INTEREST POLICY;

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

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

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

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TO THE FOLLOWING:

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

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

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

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

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

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

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
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DECISION-MAKING ACTIVITIES.

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

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

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

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

COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR

Name of the organization

ST. MARY'S HOSPITAL & MEDICAL CENTER INC

Employer identification number

84-0425720

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

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

Name of the organization ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Employer identification number 84-0425720
--	--

- 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:

PART VI, LINE 19

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

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

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

BOOK/TAX DIFFERENCE IN JOINT VENTURE	-1,702.
BOOK/TAX DIFFERENCE IN PERSONAL PROPERTY EQUIPMENT RENTAL	184,817.
TRANSFER FROM FOUNDATION FOR REIMBURSEMENT OF CAPITAL ACQUISITIONS	228,748.
TOTAL TO FORM 990, PART XI, LINE 9	411,863.

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

2020
Open to Public Inspection

Name of the organization **ST. MARY'S HOSPITAL & MEDICAL CENTER INC** Employer identification number **84-0425720**

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

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

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

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

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

Schedule R (Form 990) 2020

SEE PART VII FOR CONTINUATIONS

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
BRIGHTON COMMUNITY HOSPITAL ASSOCIATION - 84-0482695, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	INTEGRITY HEALTH		X
PLATTE VALLEY MEDICAL CENTER FOUNDATION - 74-2255936, 1600 PRAIRIE CENTER PARKWAY, BRIGHTON, CO 80601	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	BRIGHTON COMMUNITY HOSPITAL		X
MOUNT ST. VINCENT HOME, INC. - 84-0405260 4159 LOWELL BOULEVARD DENVER, CO 80211	RESIDENT CARE	COLORADO	501(C)(3)	LINE 10	SCLHS		X
NJH-SJH, INC. - 47-1194849 500 ELDORADO BLVD., SUITE 4300 DENVER, CO 80211	MANAGEMENT OF RELATED TAX EXEMPT HOSPITALS AND HEALTHCARE SERVICES	COLORADO	501(C)(3)	LINE 12A, I	SCLHS		X
SAINT JOSEPH HOSPITAL, INC. - 84-0417134 1375 EAST 19TH AVENUE DENVER, CO 80218	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS		X
SAINT JOSEPH HOSPITAL FOUNDATION - 84-0735096, 1375 EAST 19TH AVENUE, DENVER, CO 80218	SUPPORT RELATED TAX EXEMPT ORGANIZATIONS	COLORADO	501(C)(3)	LINE 7	SAINT JOSEPH HOSPITAL, INC.		X
SCL HEALTH - FRONT RANGE, INC. - 84-1103606 500 ELDORADO BLVD., SUITE 4300 BROOMFIELD, CO 80021	HOSPITAL SERVICES	COLORADO	501(C)(3)	LINE 3	SCLHS		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 FOUNDATION - 23-7001007 2635 NORTH 7TH STREET GRAND JUNCTION, CO 81501	SUPPORTING ORGANIZATION	COLORADO	501(C)(3)	LINE 12A, I	ST. MARYS HOSPITAL & MEDICAL CENTER,	X	
CARITAS CLINICS, INC. - 48-1009910 818 NORTH 7TH STREET LEAVENWORTH, KS 66048	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SCLHS		X
MARIAN CLINIC, INC. - 48-1046905 3164 SE 6TH AVENUE TOPEKA, KS 66607	CLINIC SERVICES	KANSAS	501(C)(3)	LINE 3	SCLHS		X

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
GRAND VALLEY SURGICAL CENTER, LLC - 84-1505075, 710 WELLINGTON AVENUE, SUITE 21, GRAND JUNCTION, CO 81501	OP SURGERY	CO	ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.	RELATED	-48,640.	510,876.		X	N/A	X		43.06%
HEALTHCARE MANAGEMENT, LLC - 84-1238904, P.O. BOX 1929, GRAND JUNCTION, CO 81502	MANAGEMENT SERVICES	CO	ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.	RELATED	61,085.	925,195.		X	N/A	X		9.86%
PAVILION IMAGING, LLC - 03-0516198, 750 WELLINGTON AVENUE, GRAND JUNCTION, CO 81501	RADIOLOGY	CO	ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.	RELATED	6,782,245.	1,670,958.		X	N/A	X		75.00%
SAN JUAN CANCER CENTER, LLC - 20-2856331, 600 SOUTH 5TH STREET, MONTROSE, CO 81401	OP CANCER	CO	ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.	RELATED	543,505.	1,580,744.		X	N/A	X		33.33%
CAREFLIGHT OF THE ROCKIES, LLC - 47-3525381, 500 ELDORADO BLVD., SUITE 4300, BROOMFIELD, CO 80021	MEDICAL AIR TRANSPORT	CO	ST. MARY'S HOSPITAL AND MEDICAL CENTER, INC.	RELATED	516,742.	2,319,815.		X	N/A	X		56.27%
MED-MAP, LLC - 81-0491356 P.O. BOX 1295 BILLINGS, MT 59103	RENTAL REAL ESTATE	MT	N/A	N/A	N/A	N/A		X	N/A	X		N/A
YELLOWSTONE SURGERY CENTER, LLC - 72-1519467, 1144 NORTH 28TH STREET, BILLINGS, MT 59101	OP SURGERY	MT	N/A	N/A	N/A	N/A		X	N/A	X		N/A

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

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

	Yes	No
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) GRAND VALLEY SURGICAL CENTER, LLC	A	554,389.FMV	
(2) GRAND VALLEY SURGICAL CENTER, LLC	L	96,089.FMV	
(3) GRAND VALLEY SURGICAL CENTER, LLC	R	102,690.FMV	
(4) GRAND VALLEY SURGICAL CENTER, LLC	S	172,840.FMV	
(5) PAVILION IMAGING, LLC	A	1,233,353.FMV	
(6) PAVILION IMAGING, LLC	L	2,387,506.FMV	

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) PAVILION IMAGING, LLC	Q	2,531,052.	FMV
(8) PAVILION IMAGING, LLC	R	2,142,641.	FMV
(9) PAVILION IMAGING, LLC	S	8,714,207.	FMV
(10) ST. MARY'S HOSPITAL FOUNDATION	B	895,733.	FMV
(11) ST. MARY'S HOSPITAL FOUNDATION	C	3,042,140.	FMV
(12) SAN JUAN CANCER CENTER, LLC	L	228,000.	FMV
(13) SAN JUAN CANCER CENTER, LLC	S	763,000.	FMV
(14) CAREFLIGHT OF THE ROCKIES, LLC	A	396,480.	FMV
(15) CAREFLIGHT OF THE ROCKIES, LLC	G	36,455.	FMV
(16) CAREFLIGHT OF THE ROCKIES, LLC	L	105,867.	FMV
(17) CAREFLIGHT OF THE ROCKIES, LLC	Q	3,347,923.	FMV
(18) HEALTH CARE MANAGEMENT	S	187,463.	FMV
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

GRAND VALLEY SURGICAL CENTER, LLC

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

NAME OF RELATED ORGANIZATION:

HEALTHCARE MANAGEMENT, LLC

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

NAME OF RELATED ORGANIZATION:

PAVILION IMAGING, LLC

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

NAME OF RELATED ORGANIZATION:

SAN JUAN CANCER CENTER, LLC

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

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

CAREFLIGHT OF THE ROCKIES, LLC

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

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 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. ST. MARY'S HOSPITAL & MEDICAL CENTER INC	Taxpayer identification number (TIN) 84-0425720
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. 2635 N. 7TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. GRAND JUNCTION, CO 81501	

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

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

KYLE ENGMAN - 500 ELDORADO BOULEVARD, SUITE 4200 -

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

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

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	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-EO and Form 8879-EO for payment instructions.